



Jordan's Principle-CFI Application Guide - FNIHB Saskatchewan

Today's Date: _____

Child's Name: _____ Child's DOB (MM/DD/YYYY): __/__/____

If child lives on-reserve, in which community: _____

Address: _____

Child's 10-digit Treaty/Registration Number: _____

OR Parents' numbers if child not yet registered: _____

If child is school age, does the child have a high cost special education designation?

Yes ___ No ___ Unknown ___

Basic details of the child's current challenges/request (ie: medical, health, social, educational):

Other service providers/programs accessed by this child/family: _____

Has an assessment been completed by a health, educational or social professional?

Yes ___ No ___ Pending ___ Unknown ___

Diagnosis & specialty of professional making diagnosis: _____

Request Submitted by: _____

Requestor Contact (phone number or email): _____

Signature of Parent/Guardian: _____

This form is "Protected 'B'" once completed. Treat this information in a confidential manner.

Service or product being requested and associated cost:

Product/Service	Cost (for ongoing costs like respite, provide cost/month)	Comments (for services, include service provider contact info)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Which health/social/educational professional recommended this product or service:

Other program(s) approached for coverage of this request and what happened when you asked? (through INAC, FNIHB, school, health region, etc)

Is there a similar program or service the child could access if he/she were non-First Nations or lived off-reserve? If so, which program or service?

Signature of Parent/Guardian: _____

If you require assistance with this application, or need more information, please contact:

FNIHB-SK:

Carmen Bresch
(306) 780-7296
carmen.bresch@canada.ca

Wendy Laxdal
(306) 780-6706
wendy.laxdal@canada.ca

Maureen Sebastian
(306) 780-5566
maureen.sebastian@canada.ca

Please fax completed applications to our confidential fax number, (306) 780-5965.

This form is "Protected 'B'" once completed. Treat this information in a confidential manner.