



Jordan's Principle Group Request Form - Saskatchewan

SECTION 1: COMMUNITY/ORGANIZATION INFORMATION

Date of Request (mm/dd/year):

Community/Organization Name:

If this request is for more than one community please specify which communities this request covers:

SECTION 2: REQUEST SUBMITTED BY

Name & Title/Position:

Community/Organization Name:

Mailing Address (unit number, street name, P.O. Box, city, province/territory, postal code):

Telephone #:

Email Address:

SECTION 3: REQUEST INFORMATION

1. Provide a detailed description of the product, support and/or service you are requesting for the specific group of children.

2. Explain the identified needs of the specific children that require the requested product, support and/or service. For example, what is the demonstrated gap in service?

3. What are the implications if the specific group of children do not receive the product, support and/or service?



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4. Is there any funding already available to support any of the products, supports and/or services for the specific group of children? If so, please explain how there remains an unmet need.

5. Has this request been submitted to any other program or government department? If yes, provide the name of program or department and the outcome of the request.

6. Provide information that demonstrates the group of children's unique needs to support evidence of substantive equality, cultural needs, and/or in the best interest of the children, etc. For further information on substantive equality please visit: _____

SECTION 4: SUPPORTING DOCUMENTATION & CONSENT

7. Written attestation that parent/guardian consent is on file for all children who have personal and/or health information submitted with the request and is available upon request, if applicable. ☐ Yes, letter is attached

8. Written attestation that eligibility and age have been verified and documentation is on file and available upon request, if applicable. ☐ Yes, letter is attached. Please note: list of children may be requested for allied health services, equine therapy and assisted technology device requests for example.

9. Attach a letter from a health, social, and/or education professional within the circle of care summarizing the identified need for the group of children which (A) links the requested products/services to the identified needs (B) includes attestation that assessments/referrals/prescriptions for the specific children are available and on file (C) directly recommends the product/services. ☐ Yes, letter is attached.

10. Attach a letter of support from Chief or a member of leadership for this request, if applicable. ☐ Yes, letter is attached.



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11. If this request is for **mental health counselling** provide who the registered(1) therapist is if a service provider has already been selected. Complete the section below, if applicable.

Registered Therapist Name: _____

Clinical Supervisor Name: _____ Position Title: _____

Process for aftercare and follow up:

SECTION 5: DECLARATION

I, _____ (First Name) _____ (Last Name) have the **financial signing authority** to accept and manage the funds on behalf of _____ (community/organization name) and the information provided is accurate to the best of my knowledge and it does not contain a request for any product, service or support previously paid for the Department of Indigenous Services Canada or any other plans or programs. If the request is approved the funding should flow through _____ (community/organization name).

Further, where my organization engages a health, social or educational service provider, for the purposes of fulfilling the activities under this request, I shall ensure that the provider is a registered member in good standing of the college or professional association applicable to the providers profession and that the provider is entitled to practice his or her profession in accordance with the laws of Saskatchewan. Where a community-based worker or cultural practitioner is engaged for the same purpose, I shall ensure the provider is qualified to carry out the activities within their area of practice.

Signature: _____ Date (mm/dd/yyyy): _____ Email address: _____

¹ is registered in good standing with a legislated professional regulatory body and eligible for independent practice in the province/territory in which the service is being provided (professional regulatory bodies include Saskatchewan Association of Social Workers, Saskatchewan College of Psychologists, Registered Psychiatric Nurses Association of Saskatchewan, Canadian Counselling and Psychotherapy Association and Professional Association of Christian Counsellors and Psychotherapists).



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SECTION 5: BUDGET SUMMARY

Fiscal Year is April 1, 2021 to March 31, 2022

Community Name	Type of product/ support and/or service requested	# of children in request with High Cost Special Education ⁽²⁾	# of children in request with Intensive Support Plans ⁽³⁾	Total # of First Nations children under the age of 18 in request	Cost per session or hour	# of sessions/hours required per week	# of weeks for the remainder of the fiscal year	Total service costs for the fiscal year	Mileage costs if provider outside the community (break down by kms per trip)	Other travel costs	Total funding for the fiscal year
<i>EXAMPLE (EX): ABC Community</i>	<i>EXAMPLE: Mental Health Therapy</i>	6	4	36	<i>EX: \$90.00 per hr</i>	<i>EX: 18 children at 1hr per week = 18</i>	<i>EX: 16 weeks</i>	<i>EX: \$90.00 hr for 18 children at 1 hour per week over 16 weeks = \$43,200.</i>	<i>EX: 16 trips at 54kms return at .20 cents/km = \$172.80</i>	<i>EX: 2 nights' accommodation at 120.00 per night for 16 weeks = \$3840.00</i>	<i>EX: \$43,200.00 + \$172.00 + \$3840.00 = \$47,212.00</i>
Total					\$	\$	\$	\$	\$		\$
								TOTAL FUNDING REQUEST			\$

Please fax the completed request form to 1-833-246-4065.

If you require assistance with this request or need more information, please contact 1-833-752-4453.

² Children residing on reserve may be eligible for a High Cost Special Education (HCSE) designation which provides extra supports.

³ Children residing off reserve may be eligible for Intensive Supports (IS) which provides extra supports.