



## 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: \_\_\_\_\_

Child's 10-digit Treaty/Registration Number: \_\_\_\_\_

**OR** Parent's number 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:

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

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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?

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Signature of Parent/Guardian: \_\_\_\_\_

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

FNIHB-SK:

Malinda Phillips  
(306) 780-7296  
[malinda.pelletier@canada.ca](mailto:malinda.pelletier@canada.ca)

Wendy Laxdal  
(306) 780-6706  
[wendy.laxdal@canada.ca](mailto:wendy.laxdal@canada.ca)

Dawn Sinclair  
(306) 780-5566  
[dawn.sinclair@canada.ca](mailto:dawn.sinclair@canada.ca)

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

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