



Jordan's Principle – CFI Application INAC Saskatchewan Region

Today's Date: _____

Contact Information

Name: _____

Contact Address: _____

Phone Number: _____ Email Address: _____

Relationship to the Child: _____

Application Information

Child's Name: _____

Age: _____ Date of Birth (M/D/Y): _____

Applicant Address: _____

Reserve: On ☐ Off ☐ Treaty Number: _____

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

Yes ☐ No ☐ Unknown ☐

Basic details of the child's needs (medical, health, social, educational):

Once completed - this form is confidential.

Service or product being requested and amount:

Product	Amount	Comments
Total	\$ 0.00	

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

Yes ☐ No ☐ Pending ☐ Unknown ☐

If a diagnosis is available, please state type and date (if known):

Type: _____ Date (M/D/Y): _____

If this service/product has been recommended by a health professional, which assessor recommended it: _____

Have you approached any other Program at Health Canada or Indigenous & Northern Affairs Canada for coverage of this request? If Yes, which Program:

What was the outcome:

Parent Signature: _____ Date Signed: _____

If you require further space, please attach documentation to this application.

Once the form is complete, please send to Randine Akapew

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

INAC:

Randine Akapew
INAC Regional Focal Point
(306) 501-2342
Randine.Akapew@aandc.gc.ca

Wendy Remarchuk
Backup Regional Focal Point
(306) 501-4184
Wendy.Remarchuk@aandc.gc.ca

Fax: (306) 790-4634

Once completed - this form is confidential.