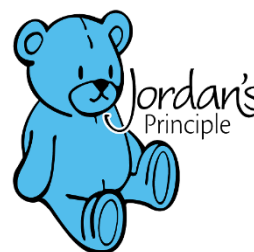




**SOUTHERN CHIEFS' ORGANIZATION  
JORDAN'S PRINCIPLE  
APPLICATION FORM**



Please complete this form to make a Jordan's Principle application to Southern Chiefs' Organization.

REFERRAL SOURCE (if applicable)	
Name:	Phone:
Program:	Date: dd: ____ mm: ____ yyyy: ____
Reason for Referral:	
CHILD'S INFORMATION	
First/Middle Name:	Last Name:
Child's Date of Birth: dd: ____ mm: ____ yyyy: ____	Child's gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/>
Address:	
City/Community:	Province/Territory:
Postal Code:	Telephone Number:
Does the child live on reserve: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the child in CFS Care: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of agency:
Name of School attending:	
Grade:	
Does child have a Status number? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , name of First Nation and Status number:	
If <b>no</b> , name of parent(s) First Nation and Status number:	
Copies of Identification attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Status, MB Health card)	
PARENT/GUARDIAN'S INFORMATION	
First Name:	Last Name:
Relationship to child:	Source of Income: <input type="checkbox"/> Employed <input type="checkbox"/> EI <input type="checkbox"/> EIA <input type="checkbox"/> Other:
Address (if different from above):	
City/Community:	Province/Territory:
Postal Code:	Telephone Number:
Language preference:	Email address:

CHILD'S NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

### REASON FOR REQUEST

Please indicate the products/services requested: \*Please note: Some Items may be covered by NIHB/CFS

Is this child receiving or has received services from another Jordan's Principle provider?

☐ Yes ☐ No

Please provide name of provider organization:

### HISTORY

Has a request been submitted to a provincial or federal program? ☐ Yes ☐ No

If yes, please provide the name of program/service or documents.

If partially covered, please provide details:

### DECLARATION

I declare that the information provided is true and accurate and it does not contain a request for any benefit or service previously paid for by Jordan's Principle, Indigenous Services Canada or by any other plan or program.

Initials: \_\_\_\_\_

### CONSENT TO SHARE INFORMATION

Name of Child/Children:

Parent/Guardian Name:

### PRIVACY NOTICE STATEMENT

The personal information you provide is protected in accordance with the Privacy Act and collected under the authority of the Privy Council Order-in-Council PC Number 2017-1464. We require this information to determine eligibility and process requests for health, social and educational assistance under the Jordan's Principle Initiative. Your personal information may be used within the Southern Chiefs' Organization and the Department of Indigenous Services Canada for the alignment of health, social and educational benefits and for audit purposes. With consent, personal information may be disclosed to health, social and educational services professionals, and service coordinators for processing Jordan's Principle requests. Your personal information may be disclosed without your consent, but only in accordance with subsection 8(2) of the Privacy Act. This information collection is described in Info Source, available online at [infosource.gc.ca](http://infosource.gc.ca). Your rights under the Privacy Act: You have the right of access to, correction and protection of your personal information. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

I, \_\_\_\_\_ have read and reviewed the privacy notice above and attest that I agree to the sharing of information with **Southern Chiefs' Organization Jordan's Principle** for the sole purpose of providing services to the child/children noted above.

Parent/Guardian Signature:

Date: