



Chippewas of Nawash Unceded
Native Child Welfare | 23 Lighthouse Rd
Neyaashiinigmiing ON | N0H2T0
T (519)534-3818 | F (519)534-4932
nawashjpnavigator@nawash.ca

Ahnee,

Thank you for your inquiry to Jordan's Principle.

The following forms are required to complete your Jordan's Principle request to Indigenous Services Canada(ISC). Your Intake Form will be filled out using this information. Some helpful tips are also noted below to provide guidance when filling out your Substantive Equality Questionnaire. If you require further assistance however, please do not hesitate to reach out. You may email these back to me or drop them off at the Health Centre for review.

Listed below are the attached forms and information that is required to create a complete application:

- **Check list** – *for your info*
- **Intake Form Part 2**
- **Consent form** x2(*one for Nawash and one for IFN*)
- **Invoice/Receipts/Quote**
- **Personal statement/testimony**-*can be a short letter of request in your own words, directly identify the “unmet need” of the child, how the request will address this need, possible effects if the request is not granted, possible hardships etc*
- **Substantive Equality Questionnaire** – *Substantive Equality is a legal principle that aims to achieve true equality. Jordan's Principle recognizes the complex social, economic, physical, mental and spiritual needs that First Nation's people may have because of previous and ongoing discrimination and injustice in Canada. It recognizes that some children need additional supports to achieve the same outcomes as other children who have not been similarly disadvantaged. This questionnaire seeks to address the inequalities that stem from an individual's particular circumstances, so that publicly funded supports are provided according to a standard that meets their particular needs and circumstances on a substantively equal basis with non-First Nation's children.*
- **Support letter** *A letter of support provided by a community worker/health/social/education professional directly involved in the child's circle of care which states the need and how the product or service is going to assist the child. It directly identifies each item/service and why the request should be provided to ensure substantive equality, culturally appropriate service provision and/or why it would safeguard the best interests of the child. The letter should be on a letterhead, dated, states the professional's role in the child's circle of care, diagnosis and/or identified need, direct recommendation of the requested intervention(s), as well as signature and credentials if any. The more specific the letter is, the better it demonstrates why the request should be provided and will make your application stronger.*

Please reach out if you have any questions or require assistance.

Amanda King
Jordan's Principle Navigator
Chippewas of Nawash



Chippewas of Nawash First Nation
Jordan's Principle



CHECKLIST

Amanda King
Chippewas of Nawash NCW Building
23 Lighthouse Rd.
Neyaashiinigmiing ON
Phone 519-374-3447
Email nawashjpnavigator@nawash.ca

Office use only:

IFN # IFN – _____ – _____

HC# HC – ON – _____

What to make sure you have for a Jordan's Principle Application:

Signed Consent form (x2-one for IFN/one for Nawash)

Completed Intake form

Intake form Part 2

Substantive Equality form

Quotes for items/services being requested OR receipts for reimbursement

Letter of support (stating the need of the child and how they would benefit)

from one or more of the following:

- medical/health professional – i.e. doctor, community nurse
- elder or traditional healer
- mental health counsellor or social worker
- third party professional – i.e. chief, councilor, etc.

Any:

- Assessment
- IEP
- Diagnosis *that is relevant to the request

Consent to Disclose Personal Health Information

To apply for Jordan's Principle Funding
Through the Independent First Nations



I, _____,
(Parent/Guardian/Legal Trustee, etc.)

1 Give consent for the release of personal health information, educational documentation (including but not limited to assessments and IEP)

2 Permission to use photos or videos and/or the first name of my child/ren for celebratory and promotional purposes _____ *Initials*

Independent First Nations Jordan's Principle Navigators

concerning _____
(name of child)

Date of Birth: _____ Status Number _____

This information will be appropriately safeguarded, only used to apply for funding for the child specified above and will not be disclosed for any other purpose.

I understand the purpose for disclosing this personal health and/or educational information to the person noted above. I understand that there may be a limited usage of photos or videos. I understand that I can refuse to sign this consent form.

Signed: _____ Date: _____
(Parent/Guardian/Legal trustee, etc.)

Home Tel.: _____ Work Tel.: _____

Email: _____

Address: _____

Witness signature: _____

Printed Name of Witness: _____

Date: _____ Home Tel.: _____



Consent to Disclose Personal Information

To apply for Jordan's Principle Funding
through Chippewas of Nawash Unceded and the Independent First Nations

I, _____,
(Parent/Guardian/Legal Trustee, etc.)

1 Give consent for the release of personal health information, educational documentation
(including but not limited to assessments and IEP)

2 Permission to use photos or videos and/or the first name of my child/ren for celebratory and
promotional purposes _____ *Initials*

concerning _____
(name of child)

Date of Birth: _____ Status Number _____

**This information will be appropriately safeguarded, only used to apply for funding for the child
specified above and will not be disclosed for any other purpose.**

**I understand the purpose for disclosing this personal health and/or educational information to
the person noted above. I understand that there may be a limited usage of photos or videos.
I understand that I can refuse to sign this consent form.**

Signed: _____ **Date:** _____
(Parent/Guardian/Legal trustee, etc.)

Home Tel.: _____ **Work Tel.:** _____

Email: _____

Address: _____

Witness signature: _____

Printed Name of Witness: _____

Date: _____ **Home Tel.:** _____

[Type here]



INTAKE FORM PT2

Amanda King
Chippewas of Nawash NCW Building
23 Lighthouse Rd.
Neyaashiinigmiing ON
Phone 519-374-3447
Email nawashjpnavigator@nawash.ca

<p>Office use only:</p> <p>IFN # IFN – _____ – _____</p> <p>HC# HC – ON – _____</p>

Child's Name: _____

Date: _____

What are challenges impacting the child's daily activities? (check all that apply)

- Vision
- Hearing
- Speech
- Mobility
- Personal care and hygiene (eating, bathing, dressing, using the toilet)
- Cognitive activities (e.g. learning, remembering, concentrating)
- Mental health (e.g. mood, emotions, anxiety, depression)
- Environmental sensitivities (e.g. lighting, noise, crowds)
- Allergies
- Metabolic
- Cardiac/respiratory
- Other (please list in box below)

If diagnosis is currently available, specify here (check all that apply)

- Allergies
- Anemia
- Anxiety disorder
- Arthritis
- Asthma
- Attention Deficit Disorder/Attention Deficit Hyperactivity (ADD/ADHD)
- Autism spectrum disorder
- Blindness or serious vision problems
- Cancer

- Chronic ear infections
- Developmental delay/disorder
- Diabetes
- Epilepsy
- Fetal Alcohol Spectrum Disorder (FASD)
- Hearing impairment
- Heart condition
- Hepatitis
- Infection
- Injury
- Kidney problem
- Learning disorder
- Mood disorder (e.g. depression)
- Post-traumatic stress
- Speech/language difficulties
- Stomach/gastro-intestinal difficulties
- Suicide risk
- Thyroid problems
- Trauma
- Tuberculosis
- Diagnosis not currently available
- Other



Chippewas of Nawash First Nation
Jordan's Principle



SUBSTANTIVE EQUALITY FORM

Amanda King
Chippewas of Nawash NCW Building
23 Lighthouse Rd.
Neyaashiinigmiing ON
Phone 519-374-3447
Email nawashjpnavigator@nawash.ca

Office use only:
IFN # IFN – _____ – _____
HC# HC – ON – _____

Child's Name: _____

Date: _____

Questions	Yes	No
Is the need for the service greater because of the historical trauma faced by your family?		
If the request is not granted, will the difference between your child and the child of another race be greater?		
Is this service available in your community?		
Is this service required for the child to participate in educational activities?		
Do you need this to access culturally appropriate activities?		
Is the support needed to avoid interruption in the child's care?		
Is the support needed to maintain family stability/avoid being placed in care/caregiver unable to give supports needed?		
Does the individual child's health condition, family, or community context (geographic, historical or cultural) lead to a different or greater need for services as compared to the circumstances of other children (ie. Extraordinary costs associated with daily living due to a remote location?)		
Would the requested service support the community/family's ability to serve, protect and nurture its children in a manner that strengthens the community/family's resilience, healing and self-determination?		

If you answered yes to any of these questions above, please provide details below: