

**DEPARTMENT OF INDIGENOUS SERVICES CANADA
JORDAN'S PRINCIPLE
Information Sharing Consent**

Child Name:	
Parent/Guardian Name:	
Authorized Representative:	

Note: Authorized Representatives (person acting on behalf of Parent/Guardian) also attest to receiving verbal consent from parent/guardian and reviewing privacy notice statement.

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 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 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. 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
(Parent or Authorized Representative)

to the sharing of information with **MAKOON TRANSITION INC.** for the sole purpose of providing services to the child noted above.

Signature

Date

**DEPARTMENT OF INDIGENOUS SERVICES CANADA
JORDAN'S PRINCIPLE
Information Sharing Consent**

Child Name:	
Parent/Guardian Name:	
Authorized Representative:	

Note: Authorized Representatives (person acting on behalf of Parent/Guardian) also attest to receiving verbal consent from parent/guardian and reviewing privacy notice statement.

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I, _____ have read and reviewed the privacy notice above and attest that I agree
(Parent or Authorized Representative)
to the sharing of information with _____ for the sole purpose
(Name of the involved CFS Agency)
of providing services to the child noted above.

Signature

Date

**DEPARTMENT OF INDIGENOUS SERVICES CANADA
JORDAN'S PRINCIPLE
REQUEST FORM**

Please complete this Form to make a request, and send it to the [Focal Point in your region](#).

Please note: If immediate or urgent care is required for a child, please call 911 or your local emergency services number, or visit the nearest health facility.

Please identify if you are a:

- Child over 16 years
 Parent/Guardian
 Authorized Representative of the Parent/Guardian

(In order for a representative to make a request on behalf of the parent/guardian, please ensure the parent/guardian gives the representative oral confirmation, the representative then must attest to this confirmation.)

SECTION 1: Child's Information

Given Name:	Family Name:
Child's Date of Birth (yyyy/mm/dd):	Child's sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified
Address(i.e. civic address, apartment/unit number) :	
City/Community:	Province/Territory:
Postal Code:	Telephone Number:
Does the child live or ordinarily live on reserve: <input type="radio"/> Yes <input type="radio"/> No	Is the child in CFS Care: <input type="radio"/> Yes – Federal Ward <input type="radio"/> Yes – Provincial Ward <input type="radio"/> No
Is Child registered: <input type="radio"/> No <input type="radio"/> Yes – Registration Number:	
If Child is not registered, please provide name and registration number of both parents. If treaty number is not available for parent, please provide Name and Date of Birth of parents:	

SECTION 2: Parent/Guardian's Information

Given Name:	Family Name:
Relationship to child:	Language preference:
Address, if different from above (i.e. civic address, apartment/unit number) :	
City:	Province/Territory:
Postal Code:	Telephone number:
Email address:	

SECTION 3: Authorized Representative's Information (if applicable)

Given Name:	Family Name:
Relationship to child:	Relationship to parent/guardian:
Address (i.e. civic address, apartment/unit number):	
City:	Province/Territory:
Postal Code:	Language preference:
Telephone number:	Email address:

SECTION 4: Declaration & Signature

I declare the information to be true and accurate and that it does not contain a request for any benefit or service previously paid for by Department of Indigenous Services Canada or by any other plan(s)/program(s) that is noted in the statement or explanation of benefits.

I declare that I have read and reviewed the privacy notice below and attest that I agree to the sharing of information with the Department of Indigenous Services Canada for the sole purpose of providing services to the child noted in the Request Form

Representative Requester: In addition to the above declaration, I confirm that I have received consent from parent/guardian to complete Request Form on their behalf.

Please identify if you are a:

- Child over 16 years
 Parent/Guardian
 Representative Requester

Signature:

Print Name:

Date (yyyy/mm/dd):

FOR INTERNAL USE**FOR GOVERNMENT OF CANADA USE ONLY**

Request Tracking Number:

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