# Jordan’s Principle Request Form

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| **SECTION 1: CHILD’S INFORMATION** | |
| Child’s Name, first and last: Click or tap here to enter text. | |
| Child’s Date of Birth: Click or tap to enter a date. | Gender:  Female  Male  Unspecified |
| Indian Status Card # (if registered): Click or tap here to enter text. | |
| **SECTION 2: PARENT/GUARDIAN INFORMATION** | |
| Mother or Guardian’s Full Name, first and last: Click or tap here to enter text. | |
| Telephone # : Click or tap here to enter text. | Email: Click or tap here to enter text. |
| Father or Guardian’s Full Name, first and last: Click or tap here to enter text. | |
| Phone # : Click or tap here to enter text. | Email: Click or tap here to enter text. |
| **SECTION 3: REASON FOR REQUEST** | |
| **Reason for Request: (What is your child’s unmet need?)**  Click or tap here to enter text. | |
| **Description of the Requested product and services: (list all)** Click or tap here to enter text. | |
| **Identify the duration:**  Is it a one time service/product?  yes  no  Will the product need to be replaced at some point?  Yes  No  Unknown  How long do you require the product? Click or tap here to enter text. | |
| **History of the request:**  Has this been previously submitted to another program or service, for instance Non-Insured health Benefits (NIHB) or another private insurance company? Yes  No  Is the request partially covered? Yes  No  If yes, what portion is covered and by whom: Click or tap here to enter text. | |
| **Any supporting documents from educational, social or health professionals:**  - Did your doctor or another professional prescribe or refer this for your child? Some examples could be massage or speech therapy, or even ergonomic equipment.  - Supporting document from a teacher, or others. For example, a teacher may recommend a special type of electronic device that will assist in your child’s learning.  Please email to your regional service coordinator, Agnes Brown [agnes.brown@ahousaht.ca](mailto:agnes.brown@ahousaht.ca)  Ahousaht Administration Office: (250) 670-9531 ext.# 303 or Mobile # : (778)269-5008  Fax: 250-670-9696 | |

Regional areas that are covered: Ahousaht, Hesquiaht , Tla-o-qui-aht, Ucluelet , Toquaht, Tseshaht, Hupačasath, Métis- All these First Nations listed as well, as well as both Off Reserve and on Reserve