**Jordan’s Principle 2020 CHRT 36 Order**

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| **CONSENT TO COMMUNICATE WITH THE FIRST NATION FOR CONFIRMATION OF RECOGNITION** |

**Consent to Communicate for the purposes of Jordan’s Principle eligibility criteria “The child is recognized by their Nation for the purposes of Jordan’s Principle” (2020 CHRT 36)**

Parent/Guardian or child at Age of Consent who are submitting a Jordan’s Principle request under the eligibility criteria “The child is recognized by their Nation for the purposes of Jordan’s Principle” will be required to:

1) Obtain confirmation of recognition from the First Nation; or

2) Complete this form providing consent for Indigenous Services Canada (“ISC”) to communicate with the First Nation to obtain confirmation of recognition.

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| **Note: A non-urgent request is considered incomplete and will not be processed until confirmation of recognition is determined.****For urgent requests where the child is at risk of irremediable harm or is in palliative care, ISC can obtain verbal confirmation. If verbal confirmation is unavailable, ISC can confirm recognition after a decision.** **If immediate or urgent care is required for a child, please call 911 or your local emergency services number.** |

A child’s recognition confirmation can be provided in writing by the appropriate First Nation official through the Confirmation of Recognition form by email or fax.

To be completed by parent/guardian or child at Age of Consent.

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of parent/guardian or child at Age of Consent):

* Understand that the personal information of the child and/or parent/guardian will be used by Indigenous Services Canada to determine whether the child is recognized as a member of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of First Nation) in \_\_\_\_\_\_\_\_\_\_\_\_\_ (province/territory).

I give my consent to Indigenous Services Canada to contact the authorized First Nation official, to confirm recognition of the child as First Nation for the purposes of Jordan’s Principle.

I give my consent to Indigenous Services Canada to share personal information about the child and/or parent/guardian with the appropriate authority of the First Nation to confirm child’s recognition.

* I understand that Indigenous Services Canada will only share personal information about the child and/or parent/guardian with the authorized First Nation official relevant to the process of recognition.
* I understand that personal information is protected under the *Privacy Act*. I am aware that every individual has a right to access their personal information and that the information may only be used or disclosed as set out in the Act.
* I understand I can withdraw my consent at any time by contacting ISC at 1-855-572-4453 or sac.principedejordancan-nccjordansprinciple.isc@canada.ca.
* I have read the above and understand the consent I am providing.

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_