

**DEPARTMENT OF INDIGENOUS SERVICES CANADA
REIMBURSEMENT FORM FOR MENTAL HEALTH SERVICES – CHRT ORDER par. 426**

Please identify if you are a:

Child over 16 years

Parent/Guardian

Authorized Representative of the Parent/Guardian

First Nation, Tribal Council, First Nation Organization, Child and Family Service Agencies, Health Facility or other, please specify _____

SECTION 1 – Child’s Information

Given Name:	Family Name:
Is the child a Registered Indian as per the Indian Registration system? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Eligible	
If yes, child’s Registration Number: _____	
If eligible, mother or father’s Registration Number: _____	
Street Address:	
City/Community:	Province/Territory:
Postal Code:	Telephone Number:
Parent/Guardian Name(s):	

SECTION 2 – Claimant’s Information

Payment to:

Child over 16 years

Parent/Guardian

Authorized Representative of the Parent/Guardian

First Nation, Tribal Council, First Nation Organization, Child and Family Service Agencies
Or other, please specify _____

Name: _____

Street Address: _____

City/Community:	Province/Territory:
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Postal Code:	Telephone Number:
Email Address:	
Mailing Address (if different from home/business address)	
Street Address:	
City/Community:	Province/Territory:
Postal Code:	

SECTION 3: Authorized Representative's Information (if applicable)	
Given Name:	Family Name:
Relationship to child:	
Relationship to parent/guardian:	
Street Address:	
City:	Province/Territory:
Postal Code:	Language preference:
Telephone number:	Email address:

SECTION 4 – Mental Health Services	
<ul style="list-style-type: none"> • Please indicate the mental health services or supports received and attach documentation of expenses. Documentation could include receipts, other proof of payment, direct deposit enrollment request forms, invoices, accounting statements, or a signed statement that explains what services or support were received and their cost. • For services such as transportation or services that required multiple trips/visits please provide details indicating the service dates. • If a reimbursement is being submitted by a service provider or vendor, you will also be required to provide a signed confirmation from the child/parent/guardian indicating that products or services have been received. 	
List services and/or support received:	Cost

EXTERNAL USE

Protected B when completed

By Mail:

Jordan's Principle
Sir Charles Tupper Building
2720 Riverside Drive, 4th Floor,
Address Locator: 6604E
Ottawa, Ontario
K1A 0K9

Electronically:

Please send your email to: Ontariojordansprinciple-principlejordanlontario@hc-sc.gc.ca

FOR INTERNAL USE

FOR GOVERNMENT OF CANADA USE ONLY

Case Tracking Number:

DRAFT

Instructions

Type or print in CAPITAL LETTERS using black or dark blue ink.

Child's Information
<p>Given Name and Family Name Write the name of the child who received mental health services and/or supports.</p> <p>Address information Provide the complete physical address where the child resides. Please include the telephone number to best reach the child/parent/guardian if additional information is required.</p>

Claimant's Information
<p>Payment to Select the person from the list provided who is requesting to be reimbursed or paid for products, services and/or supports.</p> <p> <input type="radio"/> Child over 16 years <input type="radio"/> Parent/Guardian <input type="radio"/> Authorized Representative of the Parent/Guardian <input type="radio"/> First Nation, Tribal Council, First Nation Organization, Child and Family Service Agencies Or other, please specify _____ </p> <p>Claimant's address information Provide the complete physical address where the claimant resides/is located along with the telephone number to best reach the claimant in the event that additional information is required.</p> <p>Mailing address information If different from the physical address, provide the complete mailing address of the claimant. This address will be used when payment by cheque is selected.</p>

Authorized Representative (if applicable)
<p>In order for a representative to make a reimbursement request on behalf of the parent/guardian, please ensure the parent/guardian signs the reimbursement form and prepares an authorization in writing or by calling the Focal Point.</p>

Mental Health Services and/or Supports
<p>List the mental health services and/or supports received List each mental health service and supports on separate lines with the associated cost of each, and attach proof of payment.</p>

Signature & Authorization
<p>Confirmation of receipt Select the person attesting that the approved mental health services and/or supports were received by the child. Where possible, the person receiving the mental health services and/or supports or their parent/guardian should sign.</p> <p>Government of Canada signature For Government of Canada use only.</p>

Requirements Checklist
Supporting documents related to your reimbursement may include: <ul style="list-style-type: none"><input type="checkbox"/> completed Financial Reimbursement Form<input type="checkbox"/> receipt(s) or invoice(s)<input type="checkbox"/> proof of payment for the mental health services and/or supports<input type="checkbox"/> Direct Deposit Enrolment Request Form (when payment is made by direct deposit)<input type="checkbox"/> A signed statement that details what services were provided and their costs
Note: All documents submitted throughout the financial reimbursement process will not be returned to the individual/organization. Please keep a copy for your records. All documentation must be in English or French. Additional documents or information may be requested in support of this application.

Privacy Notice Statement (will work with PMD to Expand for Indigenous Services)
The personal information you provide to Government of Canada is governed in accordance with the Privacy Act. We only collect the necessary information we need to assess the request for reimbursement. Collection of information for this purpose is authorized under the <i>Department of Health Act</i> . We require this information for the adjudication and payment of reimbursements and for audit purposes. Your personal information may be disclosed without your consent, but only in accordance with subsection 8(2) of the Privacy Act. For more information: This personal information collection is described in Info Source, available online at infosource.gc.ca . In addition to protecting your personal information, the <i>Privacy Act</i> gives you the right to request access to and correction of your personal information. For more information about these rights, or about our privacy practices, please contact the Health Canada/Public Health Agency of Canada's Access to Information and Privacy (ATIP) Coordinator at 613-954-9165 or atip-aiprp@hc-sc.gc.ca . 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.

