



SECWÉPEMC HEALTH CAUCUS

Referral to Jordan’s Principle Service Coordination

Individual Request

Referral Completed by: _____ P#: _____ Date: _____

How Urgent is this Request? 0 1 2 3 4 5 6 7 8 9 10 (Very Urgent)

Date Service Needed by (i.e. Appointment dates, Deadlines): _____

Child/Youth’s Legal Full Name:	OTHER, Guardian/Parent Legal Full Name:
Guardian/Parent Legal Full Name:	First Nation: Status #:
First Nation: Status #:	
Address: On or Off Reserve: Child(s) address if different then above:	Phone: Cell: Work: Email:

Describe the child’s unmet need:
Please add any additional info that would be helpful to this application.
Examples:
Funding denied through other services (list);
Family in financial hardship, or on limited income (describe);
Child/family has been disadvantaged, historically or currently (describe);
Child/family experiencing systemic barriers (describe).

**Although this information is at your willingness/comfort level to share, Jordan’s Principle does take these aspects into consideration when determining eligibility for services. Including Substantive equality, the Child’s best Interests and culturally appropriate services.*

Has this request been made / submitted to another Service Coordinator or directly to ISC already?: Yes No
Are the parents/guardians aware of this referral? Yes No

Please submit referral form by email to:
Carrie Higginbottom, Jordan’s Principle Coordinator
Secwepemc Health Caucus, 208 – 520 Chief Eli LaRue Way, Kamloops, BC V2H 1H1
Work: 250-571-1000 Cell: 250-571-5337 Email: jpl@secwepemchealth.ca