

CANADIAN HUMAN RIGHTS TRIBUNAL

B E T W E E N:

**FIRST NATIONS CHILD AND FAMILY CARING SOCIETY OF CANADA and
ASSEMBLY OF FIRST NATIONS**

Complainants

- and -

CANADIAN HUMAN RIGHTS COMMISSION

Commission

- and -

**ATTORNEY GENERAL OF CANADA
(representing the Minister of Indigenous Services Canada)**

Respondent

- and -

**CHIEFS OF ONTARIO,
AMNESTY INTERNATIONAL and
NISHNAWBE ASKI NATION**

AFFIDAVIT #2 OF ANDREA AUGER

I, Andrea Auger, of the City of Ottawa, in the Province of Ontario, SOLEMNLY AFFIRM THAT:

1. I am a member of the Pays Plat First Nation and am the Reconciliation and Research Manager of the complainant, the First Nations Child and Family Caring Society of Canada (“the Caring Society”). As such, I have personal knowledge of the matters hereinafter deposed to, save and except for those matters stated to be based on information and belief and where so stated, I believe them to be true.

2. I have worked at the Caring Society since 2008. Part of my duties, alongside other Caring Society team members such as Jennifer King, Brittany Matthews, and Jacquie Surges, is to assist families, First Nations service coordinators and professionals who contact the Caring Society seeking assistance in moving Jordan's Principle requests forward. In this context, I assist First Nations families and First Nations service coordinators in having their case determined and/or funded by Canada per the Canadian Human Rights Tribunal ("CHRT") decisions. I also provide general information regarding Jordan's Principle, the Canadian Human Rights Tribunal orders, and facilitating contact with Indigenous Services Canada ("ISC") at both the regional and headquarters levels.

3. I am a full-time employee of the Caring Society, as is Ms. Surges. Ms. King and Ms. Matthews have part-time positions. I am aware of the details of many cases on which my colleagues assist as we discuss individual cases as part of the Caring Society's day-to-day work, and also discuss the high-level trends we observe on a regular basis.

4. In addition to my work assisting First Nations children and families seeking services under Jordan's Principle, I also attend meetings of the Jordan's Principle Operations Committee ("JPOC"), as well as of the Jordan's Principle Action Table ("JPAT").

Volume of requests for assistance the Caring Society has received

5. The Caring Society receives requests for assistance from the public in many ways, including by telephone, via email, and through social media platforms such as Facebook and Twitter. The Caring Society also receives in-person requests during presentations we deliver across the country.

6. On average, the Caring Society raises approximately 20 Jordan's Principle cases per month with ISC. The majority of these cases involve First Nations families or First Nations service providers who have been unable to receive approval or payment for a service or product directly from ISC through the normal Jordan's Principle process. Between November 1, 2018 and April 26, 2019, Ms. King, Ms. Matthews, Ms. Surges and I raised roughly 70 Jordan's Principle cases with public servants at ISC. In addition to these cases, each month we received dozens more requests for information regarding Jordan's Principle that did not require us to contact ISC directly.

7. I departed for parental leave May 5, 2017 and returned April 30, 2018. During this time, Marc St. Dennis took on my responsibilities with the Caring Society. Upon my return, Mr. St. Dennis and other staff briefed me on CHRT orders made during my leave, including those addressing Jordan's Principle. Following my return, it was clear that the level of assistance we provided to those struggling with ISC regarding Jordan's Principle had increased. The Caring Society has tracked these cases and has outlined our experiences since May 2017 in the document titled "Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle" ("Jordan's Principle Concerns Document"). The Jordan's Principle Concerns Document was first created in August 2018 and was updated again in December 2018, January 2019 and April 2019. Dr. Blackstock drafted the August 2018 version of the concerns document with feedback from other Caring Society staff members including myself. Ms. King, Ms. Mathews and I review and update the concerns document regularly. The Caring Society shares the Jordan's Principle Concerns Document with ISC, the Consultation Committee for Child Welfare, and JPOC.

8. A true copy of the latest version of the Jordan's Principle Concerns Document, finalized April 30, 2019, is attached to my affidavit as **Exhibit "A"**.

Concerns Regarding Jordan's Principle Implementation: Payment Timelines

9. Delays in payment to families is one of the consistent complaints that I, along with my fellow team members at the Caring Society, hear from families and community navigators. When a concern of this nature is brought to our attention, we raise the issue with ISC, most often through email.

10. The Caring Society began hearing concerns from the community and families in the summer of 2018 regarding long processing times for payment for services and products under Jordan's Principle. The majority of payment delay concerns I have received are from families serviced by the Ontario region of ISC. I provide examples of some of the interactions that the Caring Society has had with ISC regarding payment delays in the following paragraphs.

11. On August 16, 2018, Keith Conn, ISC Assistant Deputy Minister for Regional Operations acknowledged receipt of an email I sent him regarding a case in which a father had to wait over

two months for reimbursement for his requests. A true copy of Mr. Conn's August 16, 2018 email is attached to my affidavit as **Exhibit "B"**.

12. On October 4, 2018, I sent an email to Dr. Valerie Gideon, ISC Senior Assistant Deputy Minister for the First Nations and Inuit Health Branch and Leila Gillis, ISC Acting Director for Jordan's Principle, addressing concerns the Caring Society received from the Navigator for Six Nations of the Grand River in Ontario regarding many families' struggles as a result of not receiving payment in a timely manner. A true copy of my October 4, 2018 email is attached to my affidavit as **Exhibit "C"**.

13. On February 5, 2019, I emailed Dr. Gideon, Ms. Gillis, and Julien Castonguay, ISC's Director Regional Plans and Partnerships, Ontario Region, regarding long wait-times for payments. Mr. Castonguay responded the same day indicating that he would be meeting with his team and would get back to me. A true copy of my email exchange with Mr. Castonguay is attached to my affidavit as **Exhibit "D"**. I have yet to receive a response.

14. On March 28, 2019, Ms. King was copied on an email from R.L., to Vanessa Follon, ISC's Jordan's Principle Regional Lead Focal Point for Ontario, stating that she (R.L.) was unaware that she could receive payment through her First Nation for reimbursement of her Jordan's Principle request. Ms. Follon's initial email indicated that R.L. could receive payment through her First Nation rather than directly through ISC as the payment processing time in Ontario was 6-8 weeks. I attach a true copy of R.L.'s March 28, 2019 email, as well as the related correspondence in the chain, as **Exhibit "E"** to my affidavit.

15. Despite the Caring Society having raised advance payment as a solution to address payment delays on multiple occasions, and as recently as the April 29, 2019 JPOC meeting, multiple ISC representatives have stated that advance payments are not common. For instance, a true copy of a February 2019 exchange of emails between Ms. King and Ms. Follon on the subject is attached to my affidavit as **Exhibit "F"**. In this email exchange, Ms. Follon states that the authority to approve advance payments is at the Director level at the ISC National office, that advance payments are to be used in extenuating circumstances, and that the Director must see that other options were explored prior to approving an advance payment.

Concerns Regarding Jordan's Principle Implementation: Training

16. On March 26, 2019, the Caring Society provided its feedback regarding ISC's draft documentation surrounding cultural sensitivity training. A true copy of my March 26, 2019 email conveying this feedback to Dr. Gideon is attached to my affidavit as **Exhibit "G"**.

17. One of my objectives in providing feedback on ISC's cultural sensitivity training documents is to help create documents and training materials that instill in Focal Points the lived realities of First Nations families. In my experience with ISC Focal Points, there appears to be some difficulty in understanding the importance of prompt payment and substantive equality in the application of Jordan's Principle at the level of the families who are experiencing deep poverty and multi-generational trauma.

18. In late March 2019, for example, Ms. Surges and I assisted C.B., a grandmother who was attempting to secure rental assistance from ISC under Jordan's Principle. I understand that C.B. was also receiving other supports under Jordan's Principle to assist in her granddaughter's care. C.B. advised me, and I believe, that the child's parent had substance misuse challenges and was keeping child benefits received related to her grandchild. C.B. advised me, and I believe, that she had intervened to care for her granddaughter so that she would not come into contact with child protection authorities, but required financial assistance in order to be able to both provide for her granddaughter and make her rent payments. C.B. advised me, and I believe, that among other complications, repayments of "out of pocket" expenses by ISC under Jordan's Principle could take four weeks to two and a half months, leading her to rely on food banks to make ends meet. I attach a true copy of an email from Ms. Surges to C.B., on which I was copied, and which contains a chain of emails related to C.B.'s case, to my affidavit as **Exhibit "H"**.

19. The following example highlights that some Focal Points may not understand hardship. In November 2018, I raised P.E.'s case with Michelle Korbo, ISC's Director for Jordan's Principle in the Saskatchewan Region. I had assisted P.E. with requests to ISC on prior occasions. When she first contacted me in May 2018, P.E. advised me, and I believe, that she was living in a domestic violence shelter with her three children, one of whom has special needs and another of whom was struggling with mental health challenges. In November 2018, P.E. was seeking assistance for respite services under Jordan's Principle. Ms. Korbo indicated to me that she was

“not totally convinced that going to a daily walk in medical clinic to get a doctor’s note [was] burdensome” for P.E. It was not apparent to me that Ms. Korbo had considered P.E.’s circumstances in making this comment. However, Ms. Korbo advised me, and I believe, that P.E. did receive approval in this case for interim respite services as the Saskatchewan Region had decided that interim respite was in the best interests of children. This was in keeping with previous communications I had had with Ms. Korbo urging that interim respite services pending assessments were in the best interests of children. I attach a true copy of an exchange of emails between Ms. Korbo and myself regarding P.E.’s case to my affidavit as **Exhibit “I”**.

20. In my experience, Focal Point staff turnover can cause unnecessary delays in Jordan’s Principle cases. For instance, in April 2019, S.W. contacted the Caring Society seeking assistance in applying for respite services. S.W. advised me, and I believe, that she is a single mother with three children, one of whom is involved in testing to confirm his special needs status. S.W. also advised me, and I believe, that she had been previously approved for respite services without issue in 2018; however, her second request for respite services, made in January 2019, experienced lengthy delays. S.W. advised, and I believe, that although she made a request to a Focal Point on January 14, 2019, nearly four weeks later, her request had still not been approved and the Focal Point advised that she had moved to a new position. S.W. advised me, and I believe, that she was told a week and a half later that her file had been lost, and was advised a month after that that her file was in the new Focal Point’s “To Do” pile. S.W. advised me, and I believe, that nearly three months after her initial request (which was for funding going forward), she was told by the Focal Point that she was required to submit receipts for expenses already incurred in order to receive approval. After escalating S.W.’s case to Dr. Gideon, Ms. Gillis and Anick Roberge, ISC’s Jordan’s Principle Client Support person, and after much follow-up, I was notified by Stephen Tierney, ISC’s Associate Director of Jordan’s Principle, that the region would process three months of advance payment for S.W. I attach a true copy of a chain of emails regarding S.W.’s case, in which I feature as a sender and a recipient, to my affidavit as **Exhibit “J”**.

21. When working with ISC staff, information sometimes needs to be provided repeatedly. In one example, a requestor, F.M., contacted us with concerns about repayment of orthodontics for her child. Once I forwarded the concern to Ms. Follon, Ms. Follon asked me for the name of the

orthodontist, which I did not have, so I recommended Ms. Follon contact F.M. directly. F.M. indicated that she had already provided Ms. Follon with the needed information.

22. Literacy levels required to complete ISC forms have been a barrier for some families wanting to submit a Jordan's Principle request. On October 16, 2018, for example, I advised Dr. Gideon that requestors were having difficulties with ISC forms, using P.E.'s case (described above) as an example. P.E. had difficulty completing the forms for Jordan's Principle, but had had an easier time on her first request, when she was at a women's shelter, as someone assisted her in filling out the forms. Dr. Blackstock advises me, and I believe, that she raised similar literacy-related concerns regarding Jordan's Principle reimbursement forms with Dr. Gideon in April 2019. A true copy of Dr. Blackstock's April 16, 2019 email to Dr. Gideon is attached to my affidavit as **Exhibit "K"**.

23. At JPOC, the Caring Society has offered to provide a Caring Society staff member to attend ISC training on Jordan's Principle. To my knowledge, the Caring Society has not received a response to this request. The most recent training session held for all Jordan's Principle Focal Points was November 20-22, 2018. I am unaware if another training session has been scheduled.

Other notable concerns regarding Jordan's Principle Implementation

24. Since October 2018, the Caring Society has raised at least four cases of children requiring one-on-one support, and who were having difficulty getting those requests approved, with ISC. One of these requests related to a young boy who was not registered (or eligible to be registered) under the *Indian Act*. However, the other three cases involved children eligible to be registered. While these three requests were ultimately approved, it is unclear to me why these children had difficulty in receiving approval such that the Caring Society was asked to intervene.

25. With respect to substantive equality, the Caring Society continues to receive cases in which the onus is placed on families to provide information in relation to substantive equality to Focal Points, rather than Focal Points conducting information gathering from the requestor or using existing federal government information regarding the First Nations community in question to make a timely decision. For instance, on March 15, 2019, a Family Service Worker associated with a Yukon First Nation contacted the Caring Society for assistance with respect to a Jordan's

Principle request for X.F., a young boy who required surgery in Edmonton, which would involve an 8-week recovery period in Edmonton. This request was denied in February 2019 on the basis that the supports requested were not available to all children and were beyond the normative standard. The request was for supports during this two-month long medical trip to Edmonton for the surgery, as X.F.'s mother needed to bring her other children with her to Edmonton due to employment responsibilities of X.F.'s father outside of their community. The request was supported by communications from the family's physician and a Regional Social Worker with Yukon Health and Social Services. The Family Service Worker advised me, and I believe, that she made an appeal on substantive equality grounds. The substantive equality grounds cited were intergenerational trauma and the cultural importance of family interconnectedness during this two-month trip. I am unaware of the result of this appeal.

26. ISC has also recently created a Jordan's Principle Client Support position. From my understanding, this position will work hand in hand with the forthcoming independent appeal committee once the committee and the process have been established. Anick Roberge is the ISC staff member assigned to this function. Typically, we forward concerns to Dr. Gideon and Ms. Gillis and were asked to also include Ms. Roberge. We have been working with Ms. Roberge since March 2019. However, in my experience to this point, these communications have created more work for the Caring Society, as Ms. Roberge has asked the Caring Society to provide information that should be obtainable to ISC (such as case file numbers) or easily obtainable (such as the region to which the case relates when area codes are provided with the phone numbers in the email correspondence forwarded).

27. I am also concerned that the Client Support position may become focused on ISC as opposed to "clients". When I forwarded S.W.'s case (referred to above and detailed in Exhibit "H"), Ms. Roberge created a timeline of events at ISC to discover how a file had been lost as opposed to taking immediate steps to ensure the family received services first, and then addressing the reasons that ISC's process failed later.

28. I have encountered inconsistent approaches to the age of majority in various jurisdictions, such as Manitoba, in which services may be provided up to age 21, as opposed to other provinces in which 18 or 19 is imposed as a cut-off. In January 2019, I corresponded with B.S. regarding

services for her child. Her child is paraplegic with cervical and spinal stenosis requiring services from a specialist. The child was born in Calgary and he started receiving care from a specialist there, however, the family's First Nation is located in Manitoba. The family's initial request for services, which I also assisted with, had been approved in Manitoba where Jordan's Principle will fund services until the age of 21. When the family decided to permanently relocate to Alberta in the best interest of their son, the request was denied due to the age of majority being 19 and the request was forwarded to the National ISC office for review. I am unaware of the outcome.

29. I have also encountered cases in which a child is receiving services under Jordan's Principle, but still has service needs once they pass the age of majority. For example, R.K. contacted the Caring Society in March 2019 and was concerned because her request for her son to receive additional treatment was denied as he had aged out by just over a month. It was recommended by the treatment centre to extend the child's treatment another 60 days in order to help him with mental health issues. R.K.'s son's Clinical Counsellor indicated that the need for this extended treatment was linked to trauma from an array of difficult experiences that he had endured throughout childhood and adolescence. The services were approved once escalated, but through provincial supports. Despite the need for post-majority services, ISC has advised the Caring Society that they are not an eligible expenditure under Jordan's Principle.

30. I will continue supporting families, groups and others who have concerns relating to Jordan's Principle through our day-to-day work, as well as through JPOC and JPAT.

AFFIRMED BEFORE ME this)
1st day of May, 2019 in the)
City of Ottawa, in the Province)
of Ontario.)



Commissioner for taking affidavits)

David P Taylor
LSO#635080



ANDREA AUGER

This is **Exhibit "A"**
to the affidavit of
Andrea Auger
Affirmed before me this
1st day of May, 2019



A Commissioner for Taking Affidavits

David P. Taylor
LSO# 63508Q

Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle

Updated April 30, 2019



**First Nations Child & Family
Caring Society of Canada**

www.fncaringsociety.com



1. Substantive Equality

- a. Previously the Caring Society had outlined that Canada was requiring a substantive equality report to be completed for every case regardless of the child's circumstances. We highlighted that a substantive equality analysis does not need to be applied when: i) it is clear and obvious on the facts that substantive equality applies (i.e.: a former child in care struggling with mental health issues) or ii) there is a clear service need (i.e.: child needing medical equipment to breathe).
- b. The Caring Society outlined that Canada's practice of requiring substantive equality reports in every case can be highly problematic and was delaying services to families.
- c. Further, we saw cases where requests were being denied on the grounds that families or navigators have failed to demonstrate how substantive equality applies. Focal Points appeared to be operating on the assumption that it is the job of families/navigators to demonstrate substantive equality, when in fact this responsibility lies with Canada.

Possible Remedies:

- d. Given Canada's colonial practices and policies that have harmed and continue to cause harm to First Nations communities, Focal Points should begin with the assumption that substantive equality will apply in cases. This means that the burden is on Canada to demonstrate why substantive equality does not apply.
- e. Canada needs to ensure Focal Points have clear guidance on when it is unnecessary to collect information on substantive equality and to apply the substantive equality analysis and that it is consistent across all provinces and territories.
- f. It should also be clear that the burden to prove "substantive equality does not apply" rests with Canada. It is not up to children, families or the service coordinators to prove that "substantive equality applies." Requests cannot be returned on the grounds that the family/navigator has failed to demonstrate substantive equality. Rather, it is the responsibility of the Focal Point (or Headquarters) to demonstrate, clearly, why substantive equality does not apply.
- g. In cases where the request is denied on other grounds (i.e. not medically necessary), the Focal Point can then undertake a substantive equality report to determine whether the service should be provided on this basis – keeping in mind that the burden rests on Canada.

Progress to date:

Canada created a document outlining substantive equality, including questions to assist Focal Points in applying a substantive equality lens. All Focal Points have this document which is part of the Standard Operating Procedures ("SOPs"). Through JPOC, we also learned that Focal Points took training on the SOPs in November 2018. Information on substantive equality is also provided to those who submit a Jordan's Principle request.

Although there are clearer guidelines regarding substantive equality and its application, the Caring Society continues to see cases where the responsibility of completing a substantive equality report falls to families and regional Service Coordinators, placing a huge burden on families and delaying service provision. As recently as March 2019, families have been asked by some Focal Points to prove substantive equality for their requests even though the responsibility lies with Canada.

When families or groups contact the Caring Society about denials, the rationale given by Canada usually pertains to substantive equality, i.e. “the request does not have sufficient information to determine that the product/service/support would ensure substantive equality” (this is the language used in a denial sent to the Caring Society by a family member on April 29, 2019). This suggests that Canada continues to expect families/navigators to “prove” substantive equality. As per above, the Caring Society’s position is that the burden is on Canada to demonstrate why substantive equality does not apply.

Concerns remain as to whether Canada is properly considering substantive equality information submitted by families. For example, Canada needs to analyze information including family history, geographic location, etc. for substantive equality issues. Families may not flag or frame this information in terms of substantive equality and Canada needs to be alert to their own responsibility to interpret the material through a substantive equality lens. The Caring Society was contacted by at least two families late March -April 2019 whose request were denied on the grounds of not enough information to determine substantive equality. Both families felt strongly that they had provided information about substantive equality that was not properly considered.

2. Best Interests

- a. We were concerned that best interests of children were not being considered while Focal Points were getting information from families and Service Coordinators on substantive equality and in making their decisions.
- b. The Caring Society still believes that a holistic approach to reviewing Jordan’s Principle cases, especially in light of best interests of the child, must be taken. This includes taking into consideration the wellbeing of the entire family, especially if there are other children in the family.
- c. Canada’s practice of only including First Nations children with status or who are eligible for status overrides the best interests of children, especially in life-altering cases (see also #9).

Possible Remedies:

- d. Canada needs to develop and train Focal Points on the best interests of the child (from an Indigenous perspective) and ensure that all decisions and processes used for Jordan’s Principle cases meet the best interests test.
- e. Canada needs to develop and train Focal Points on procedures for urgent/life-altering cases and develop a mechanism to track the number of urgent cases submitted.

Progress to date:

The CCCW has been developing a document on best interests of the child. A comprehensive training plan is needed to train Focal Points and Service Coordinators on the document. Best interests of the child must also be clearly and meaningfully incorporated into the Standard Operating Procedures and be approved by the CCCW and JPOC.

At present, it is unclear how best interests are being considered when approving or denying requests.

3. Information Requests

- a. There continue to be Focal Points who are not carefully reading submissions or not checking their files for questions they have relating to requests, which delays the processing of cases. On March 27, 2019, a mother contacted us as she was having difficulties receiving payment through Jordan’s Principle for her daughter’s orthodontics. Following correspondence with Ontario region, the Focal Point Regional Lead claimed to not have the information however the mother indicated to us that that same person had had previous correspondence with the orthodontist.

- b. It also still appears that requests for information are sometimes linked to changes or turnover in Focal Points. The Caring Society is concerned that information provided by families or Navigators to one Focal Point may not be passed on to subsequent workers when staff changes occur and is resulting in delays. On April 10, 2019, the Caring Society forwarded a case up to HQ and the Jordan Principle Client Support to help a mother who required respite but had been waiting for a decision for months due to Focal Point turnover and the discovery by the Region that her file had been lost (see also #5). The Caring Society continually followed up with Jordan Principle Client Support, citing the timelines of the CHRT. Jordan Principle Client Support proceeded to create a chronology of the case to find out what went wrong from their end, without first assisting the mother. Only after the Caring Society pushed for services for the mother for over 6 days did she get approved for respite.
- c. We still see that some Focal Points are not asking for all relevant information at one time. The lack of complete information requests and delays between information requests mean that the child's case is not being responded to within the CHRT timeframes. The same concerns apply to group requests. On March 20, 2019, a First Nation contacted their Focal point about the process for renewing their Jordan's Principle community Access Worker (a position that was approved for the 2018-2019 fiscal year and was already up and running). The request took over a month to process due largely to multiple and staggered requests for information by the region.
- d. Focal Points, and most recently the Jordan Principle Client Support person, have been asking the Caring Society for information regarding specific requests that the Caring Society has forwarded when requestors are having difficulties. We have seen instances where: Focal Points and the Jordan Principle Client Support are not communicating relevant information; they do not reach out to families to ask for additional information; they are not going back and looking through the files or carefully reading through emails to find relevant information. The most recent example is from April 25, 2019 where the Jordan Principle Client Support asked a Caring Society staff for the file number.
- e. There are a significant number of forms that families are required to fill out and many of these forms are for those who have higher reading levels. On April 16, 2019, Cindy Blackstock sent an email to Valerie Gideon pointing to a Jordan's Principle Claim Form that she ran through a Felsch Kinkaid reading scan that found some parts of the form are hard to understand and are worded at level meant for those who read scholarly papers.

Possible Remedies:

- f. Focal Points and the Jordan Principle Client Support need to carefully read all material submitted to them and only ask for additional information if it is REQUIRED to determine the case.
- g. Requests for information from Focal Points should be made at one time and not staggered so as to avoid time delays.
- h. Canada needs to take measures to ensure its information gathering is absolutely necessary to make a determination of the "requestors needs" and does not amount to an administrative procedure that delays services to children. More specifically, Canada must comply with 2017 CHRT 35 (amended orders):
 - i. [3]b.ii. ii. Where clinical case conferencing is reasonably necessary to understand a First Nation's child's clinical needs, and where professionals with relevant expertise are already involved in the First Nations child's case, those are the professionals that must be consulted (p. 2)
 - ii. [135]B.iii. "... Canada may only engage in clinical case conferencing with professionals with relevant competence and training before the recommended service is approved and funding is provided to the extent that such consultations are reasonably necessary to determine the requestor's clinical needs. Where professionals with relevant competence and training are already involved in a First Nations child's case, Canada will consult those professionals and will only involve other professionals to the extent that those professionals already involved cannot provide the necessary clinical information. Canada may also consult with the family, First Nation community or service providers to fund services within the timeframes specified (p. 5-6)

- i. The Caring Society is not a service provider; our role is to notify ISC when we are made aware of families or groups experiencing difficulties and to flag policies or practices inconsistent with the Tribunal rulings. The onus is on the Focal Points and the Jordan Principle Client Support to locate necessary information or to contact families/organizations for further information regarding requests.
- j. Focal Points should be required to fill out paperwork for individuals submitting requests as well as provide support to groups when filling out paperwork unless otherwise specified by the individual or group, particularly given the uneven literacy levels and access to computers among applicants.

Progress to date:

The Caring Society continues to reiterate that it is imperative for all Focal Points and the Jordan Principle Client Support to be properly and adequately trained on CHRT orders, Jordan's Principle, substantive equality and best interest of the child, including lessening the burden on families when they make requests. Training needs to emphasize that the CHRT rulings are legally binding directions, not recommendations, it is vital that ISC take every measure possible to resolve cases within the timeframes laid out by the Tribunal.

Focal points need to understand that some families making requests will be unfamiliar with administrative/bureaucratic processes and paperwork and, as such, will require assistance. Due to Canada's colonial legacy, some families do not trust government processes. Direct work with families requires a different approach than Focal Points may be used to if they are most accustomed to lateral exchange with government colleagues/inter-office communication.

4. Referrals to Headquarters

- a. Focal Points seem to have little control in ensuring timely resolution of cases once requests have been sent to HQ. In the compliance reports filed for the February 15, 2019, JPOC meeting, none of the non-urgent cases sent to HQ were resolved within 48 hours. As one example, a case flagged by a family in the Yukon took 26 days from the date of submission to the date of denial. Some of this delay was due to the family needing to wait on a letter of support, however the bulk of the delay appears to be due to referral to HQ. It should also be noted that this was a time-sensitive request and, as such, the request could have been escalated and potentially approved pending the letter of support.
- b. Another example of a recent case involves a family seeking an MRI, recommended by doctors, for their son with complex medical needs. On April 25th, 2019, the Caring Society received an email update from an ISC Regional Director stating that "[a]s an MRI is considered above the normative standard the request would then be escalated to our National Office for review." Valerie Gideon responded same day to clarify that requests can be approved based on substantive equality, best interests of the child and cultural appropriateness by the region and do not need to be escalated.

Possible Remedies:

- c. Although there are now clearer criteria in place for the types of referrals to HQ, the CHRT timelines must be followed.
- d. We encourage continued systematic tracking of reasons why decisions cannot be made at the region including regular identification and solutions to any systemic barriers to CHRT compliance.

Progress to date:

As per 4(b), Valerie Gideon's quick response clarifying the process for referrals to HQ was appreciated. However, it is concerning that a Regional Director was not aware of the referral process, indicating that further training on the process and procedure for escalating cases is still required at all levels.

5. Privacy Concerns

- a. The Caring Society has continued concerns about the apparent lack of protections for the Privacy of Information in Canada's Jordan's Principle process. Canada has previously shared that it is following the Privacy Act and other internal guidelines, but processes appear to vary by region and the actual implementation of the Act and guidelines remains unclear.
- b. As stated in #3b., the Caring Society forwarded a case up to HQ and Jordan Principle Client Support to help a mother who required respite but had been waiting for a decision for months due to Focal Point turnover and the discovery by the Region that her file had been lost. As a result, the mother had to re-submit all documentation and was then asked to provide receipts for the respite she had been receiving even though she did not have to provide them previously. In addition, the regional Focal Point team should have expedited her request for respite services, since CHRT timelines had long passed and it was the region's fault for losing her information. It was discovered her file had been lost on February 19, 2019, and it took two months for the services to be provided.

Possible Remedies:

- c. Canada must publicly share its procedures for protecting the privacy rights of children and families in Jordan's Principle cases including ensuring that identifying information is not shared with GOC personnel who are not directly charged with the determination of Jordan's Principle cases. These same procedures should be shared with the CCCW committee.
- d. All Government of Canada departments are bound by many privacy laws however, as the Caring Society understands, it is the responsibility of the regions to ensure proper handover of personal information. All Focal Points and other GOC staff charged with receiving and determining Jordan's Principle cases must be trained in standardized training programs, and held accountable for, ensuring privacy rights are respected. All regions need to have mechanisms in place to ensure that privacy standards are maintained.

Progress to date:

In June 2018, Bonnie Beach advised the Caring Society that Canada "handle[s] all information as per our privacy statement which can be found in our client friendly package as presented at JPOC a number of months ago. The statement reference subsection 8(2) of the Privacy Act.

The Caring Society is unclear as to whether there are national standardized training programs and mechanisms in place to ensure privacy is maintained for families and groups accessing services under Jordan's Principle.

Given concerns raised in 3(e) above regarding the need for plain language documents, a review of Canada's privacy statement may be needed to ensure the wording is clear and accessible.

6. Lack of a Procedure for Identifying and Responding to Urgent Cases

- a. The Caring Society has had previous concerns around the process for identifying or managing urgent cases, specifically, whether the processes that exist adequately identify urgent cases and if there is an effective monitoring system to ensure that cases are classified as urgent or non-urgent properly. We also consider time-sensitive requests and requests for children in palliative care as being urgent in nature.
- b. Once a case is sent to HQ for review and determination, the Caring Society is unaware if a triage process is in place for urgent cases. In March 2019 for example, the Caring Society was contacted by a mother whose son was in treatment. Despite a professional recommending an extension for treatment, the request for extension was denied because the youth had hit the age of majority during his treatment (see also section 19). The mother panicked because her son required additional treatment in order to help him with his mental health challenges; 30 day treatment was only enough to assist with the physical side of addiction.

- c. As per 6(b) above and 19 below, the Caring Society has concerns about urgent cases involving post-majority youth. When urgent requests are denied due to age, what mechanisms exist to ensure young people are connected with other GOC services in a way that responds to the nature of the situation, i.e. the possibility of irrevocable harm? This is especially concerning in cases involving mental health needs and suicidal ideation.

Possible Remedies:

- d. The GOC must continue to ensure that Focal Points screen all cases to determine and record whether they meet the criteria for urgent cases (i.e.: any reasonable belief that irrevocable harm may come to a child, time sensitive in nature).
- e. Where there is doubt, Focal Points and 24 hour line staffers should default to the urgent classification.
- f. A tracking system for urgent cases needs to be developed and a consistent process needs to be put in place for continuing to work on urgent cases after business hours. The Saskatchewan region, for example, sends a message to all Jordan's Principle service providers before the weekend to provide the contact information for the person who will be on-call to assist with Jordan's Principle requests.
- g. Until an independent body is put in place for appeals, all appeals sent to HQ should be reviewed and 'triaged' to assess for urgency and time-sensitivity.
- h. Urgent cases involving post-majority youth should be covered by Jordan's Principle until a clear mechanism for collaborating with other government departments in a timely way is established.

Progress to date:

The GOC provides members of JPOC and the CCCW with regular updates on the numbers of urgent cases by province and territory they receive as well as the timeline for processing requests for those cases. Canada has also changed policy so that requests are time stamped in order to ensure requests are processed within the CHRT time frames.

The Caring Society has some concerns regarding the process of continuing work on urgent cases after business hours. We continue to receive reports that the 24-hour Jordan's Principle line has been busy or that there was no answer as well as Focal Points not returning calls or voicemail being full. It is imperative that measures are secured to ensure that families and groups are receiving the services they need after hours and especially during holiday times (see also section 20).

7. Questioning and Over-riding Professional Treatment Plans

- a. We continue to see situations where licensed professionals deem a service necessary as a part of a child's safety or treatment plan that are questioned or over-ruled by Canada even on appeal (see also 7c).
- b. There seems to be a theme of Focal Points delaying Jordan's Principle services for reasons of requiring additional or "better" proof of need. The Caring Society believes this could be considered case conferencing, in which case, according to 2017 CHRT 35 (amended orders):
 - i. [3]b.ii. ii. Where clinical case conferencing is reasonably necessary to understand a First Nation's child's clinical needs, and where professionals with relevant expertise are already involved in the First Nations child's case, those are the professionals that must be consulted (p. 2);

- ii. [135]B.iii. "... Canada may only engage in clinical case conferencing with professionals with relevant competence and training before the recommended service is approved and funding is provided to the extent that such consultations are reasonably necessary to determine the requestor's clinical needs. Where professionals with relevant competence and training are already involved in a First Nations child's case, Canada will consult those professionals and will only involve other professionals to the extent that those professionals already involved cannot provide the necessary clinical information. Canada may also consult with the family, First Nation community or service providers to fund services within the timeframes specified (p.5-6).
- c. As another example, the MRI for the child mentioned in 4(b) was initially slated for escalation to HQ due to the request being above the normative standard, despite a doctor's recommendation.
- d. The Caring Society is a strong proponent of self-determination and believes that, in general, families what is best for their children. We recognize that there are situations when children require specialized placements (i.e. children with autism and/or children with behavioural challenges, etc). In January 2019, we were contacted by a mother whose son had multiple learning disabilities and behavioural issues. The family approached provincial child welfare for services for support but did not go that route as their son would have to be placed into alternative care to access services. They found out about Jordan's Principle and applied for services. The family had three letters recommending he be placed indefinitely in out of home respite care to assist him.

The family placed their son at a permanent care facility as he was posing a serious risk to the other children in the family household. Funding through Jordan's Principle was being given on a month by month basis while the son underwent an assessment; this process went on for several months. The family wanted the placement to remain a more permanent option, however the Focal Point stated that ISC deemed permanent care was not an option for the child stating "current research on Institutionalized trauma indicates that it may not be in the best interest of a child to be placed in an institutionalized setting for longer periods of time." This rationale was given despite letters from professionals recommending this level of support and despite the wellbeing of the child and their family. The mother contacted the Caring Society as the option given to her was either place the child into care or transition the child back home – neither of which would be ideal for the family. The request was eventually approved.

Possible Remedies:

- e. In cases where the family has submitted a letter from a medical professional, Canada must clearly indicate why it is asking for further documentation and/or why the letter is insufficient. To ensure that the request is not delayed, Canada should continue to review/process the request on the assumption that further documentation is forthcoming; a final decision can be made pending receipt of the requested information.
- f. Canada must not over-rule professional treatment plans unless it has a qualified professional(s) credentialed in the same area who are prepared to provide a second opinion *and identify that such action is in the best interests of the child*. Ignoring professional assessments of children's needs in favour of bureaucratic considerations (ie: a service gap) is not acceptable practice particularly as the CHRT does not allow refusal of Jordan's Principle claims based on service "gaps."
- g. Canada must ensure that any "reviewers" of treatment plans submitted by attending professionals are credentialed in the area and follow a standard of review accepted by the profession. Moreover, Canada's rationale and decision to review cases must be clearly articulated and made in a manner consistent with the CHRT decisions.
- h. Canada should be very reluctant to over-ride the professional recommendations for service needs and if it does so, it needs to provide a reason (related to the children's best interest) for the over-ride and provide realistic alternatives for the need to be met. This must be communicated to the requester in writing within the CHRT timeframes.

Progress to date:

While fewer in number, the Caring Society is still seeing some instances where Canada continues to question the treatment plan outlined by a professional. For example, on April 23, 2019, we received notification from a Jordan's Principle Coordinator that the two letters (social worker and a doctor) were insufficient for the request for a child to attend a specialized school for children with behavioural challenges and that an additional letter from a psychiatrist was also needed. There is no clear indication that the Focal Point had any qualifications to require this information. Consistent with 7(c), this suggests that cases beyond the normative standard are being flagged as needing additional "proof" of need, even when the treatment plan or request is clearly supported by qualified professionals.

8. Service "Gap" and "Normative Standard" Rationales for Refusal

- a. Previous versions of this document noted concerns about numerous cases being denied due to no "gap" in service. We noted that that rationale was inconsistent with the CHRT rulings requiring Canada to determine cases on the basis of the "needs" of children with their best interests in mind and in keeping with substantive equality. We further noted that the Caring Society had seen many denials that state that the request is outside the normative standard but makes no mention of whether the request was also reviewed under the substantive equality lens.
- b. Although we are pleased to note that we have seen fewer cases involving denials related to service gaps or the normative standard, we do not see all decisions given to families/groups.
- c. Unfortunately, as per #1 and #2 above, this concern seems to have been replaced with denials on the grounds insufficient information to determine that the product/service/support would ensure substantive equality. Furthermore, it is unclear how Canada is applying the principle of best interests of the child when assessing and deciding on cases.

Possible Remedies:

- d. Canada must immediately communicate to Focal Points and all other relevant staff that a "gap" in services is not a CHRT compliant reason for denial.
- e. Canada must immediately communicate to all Focal Points and all other relevant staff the CHRT compliant requirements for assessing cases.
- f. Canada must review all cases, including those denied on appeal, where the "gap" and "normative standard" reasons have been given and reassess those claims based on CHRT requirements.

Progress to date:

As noted, our concerns in this area have shifted to reflect a growing number of cases referred to HQ for being beyond the normative standard, or denied due to lack of information about substantive equality. We are also unclear as to how the best interests of the child are being considered in decision making.

9. Exclusion on the Basis of First Nations Eligibility Criteria

- a. On February 21, 2019, the CHRT ruled, that urgent, life-threatening cases for non-status First Nations children recognized by their First Nations must be funded through Jordan's Principle.

- b. The Caring Society is still concerned that First Nations children without status residing off-reserve continue to be denied access to Jordan's Principle, despite the Tribunal's ruling. In February of 2019, the Caring Society was contacted by a mother whose son requires 1:1 support as she is on disability, her partner works full time and the son's regular outbursts were dangerous to the younger sibling. As the child was diagnosed with autism, the family was receiving a little bit of support there but it was inadequate to support their needs. Although mom has status and is a registered member of her community, her son is not eligible for status and she has been unable to get a letter of support from the band in order to obtain services through Jordan's Principle. The Caring Society has spent much time working with the mother to help her get the services her son needs.
- c. In the previous iteration of this document, the Caring Society had expressed concerns around Canada's approach to prenatal¹ care programs and the considerations this poses for determining cases.

Updates:

The matter of the definition of a First Nations child is currently before the CHRT.

10. Group Requests

- a. The Caring Society has raised previous concerns regarding group requests, including: that the process for the assessment of group requests seemed very uneven across Canada; incomplete and staggered requests for information by Focal Points; consultation by Focal Points with other government departments to assess the legitimacy of the request, rather than assessing the request according to Jordan's Principle standards.
- b. The Caring Society continues to have concerns regarding the handling of group requests through Jordan's Principle.
- c. In one email from a region on April 13, 2019, the Focal Point advised agencies "to exhaust all Provincially funded services prior to sending request to Jordan's Principle."
- d. In another instance, funding for an agency's prevention activities were denied through the Child and Family Services program because those services were available through other GOC departments. As the Child and Family Services Program falls under ISC and ISC is bound by the Tribunal orders, the Caring Society believes it was the duty of ISC to provide the agency with the necessary information to apply for the request through Jordan's Principle.
- e. As per the example in 3(c) above, Focal Points continue to "assess" group requests in a staggered and incomplete way that delays decision making.

Possible Remedies:

- f. Canada must clearly communicate with Focal Points and others involved in Jordan's Principle cases that Jordan's Principle is not a last resort measure. Additional training should be provided to ensure this point is clearly communicated and understood by all Focal Points.
- g. Focal Points are required to encourage group requests through Jordan's Principle, especially when they see a gap in service or a need not being met.
- h. Reiterate to Focal Points and others involved in Jordan's Principle that the CHRT timeline of 7 days is legally binding.
- i. There needs to be more transparency on the process for appeals of group requests.
- j. There is a need for capital costs to allow for the provision of services per group requests (see also #16).

¹ In context of this document, the term "prenatal" also refers to perinatal care and the gestational period before birth.

Progress to date:

11. Service Coordination/Fiscal turnover

- a. The Caring Society had raised concerns over Service Coordination contracts expiring on March 31, 2019 and the lack of information on if, and how, these contracts would be renewed.
- b. Fortunately, the Caring Society has not heard of interruption of services for Service Coordinators past March 31, 2019.

Possible Remedies:

- c. Canada must continue to approve additional staff where heavy workloads are reported to ensure that children and families receive timely and quality service on Jordan's Principle cases per the CHRT orders. Canada has the legal obligation to ensure children's access to Jordan's Principle is met and that includes providing adequate and sustained support for Service Coordination bodies.
- d. Canada needs to account for the need for Service Coordinators to respond to the individual needs of children in group requests when assessing workloads.

Progress to date:

Following the March 31st deadline, the transition for Service Coordinator contracts appears to have been relatively smooth. We are uncertain how it may have affected families.

12. Inconsistent Decisions and Handling of Cases

- a. Previously we had outlined concerns around inconsistencies across the provinces/territories in dealing with cases and delivering decisions, along with inconsistencies within the same province or territory and the approval of request at the regional versus national level.
- b. In the Yukon, a group request for a lunch program in one community was approved at the regional level, while a request for the same program was denied by HQ. The denial was issued in February 2019. Our understanding is that the second request was bumped to HQ due to its proposed budget being over \$100k. In comparing the two proposals, the second proposal (which was denied) is more comprehensive. The only difference appears to be that denied proposal required a greater investment of funds. The decision is being appealed.

Possible Remedies:

- c. Continue to train Focal Points and staff at all levels on the Standard Operating Procedures to ensure children access Jordan's Principle in a similar way across the country pursuant to the CHRT.
- d. There must be consistency in case decisions that are similar in nature within a province/territory.

Progress to date:

There appears to have been some positive change in this area but the Caring Society still sees room for improvement in terms of consistencies across all Focal Point teams and others working on Jordan's Principle.

As stated in #3, it is imperative that all Focal Point teams are properly and adequately trained on CHRT orders, Jordan's Principle, substantive equality and best interest of the child so as to ensure a more consistent approach in helping with cases and delivering decisions (see also section 15).

13. Gaps in FNIHB/NIHB Funding

- a. The Caring Society continues to raise concerns about gaps in FNIHB/NIHB funding as a factor contributing to the number of Jordan's Principle cases. We have heard on several occasions over the past two years that Jordan's Principle is being used as a last resort when NIHB will not fund a service, which points to broader systemic issues across GOC services for First Nations.
- b. Too often, families and communities find they need to go through Jordan's Principle to access services because the NIHB program remains discriminatory (does not fund the range of services and supports available through the provinces and territories). NIHB response times are also slow, the process is burdensome and therefore unable to meet the needs of children, even when the service is covered.
- c. In Ontario for example, infant audiology tests are covered for off-reserve infants. FNIHB states that the tests are not OHIP billable thus are not funded however, infants off-reserve get these tests in hospitals and infant development centers so they are provided/accessible to kids off-reserve.

Possible Remedies:

- d. As NIHB is an ISC program stream, train NIHB on Jordan's Principle. Forwarding denied requests from NIHB to Jordan's Principle is an administrative delay. The Department of first contact should be applying the scope/intent of Jordan's Principle and best interests to all requests.
- e. Canada must take measures to address discrimination and poor service in other GOC programs and services for Indigenous people.

Progress to date:

The Caring Society maintains that the large volume of Jordan's Principle requests is directly related to the ongoing barriers and discrimination embedded in all other federal services for First Nations children.

Families need to access services through Jordan's Principle because the NIHB program is slow, burdensome and fails to meet the real needs for First Nations children. Other community-based requests, such as requests for recreation programs, infrastructure, etc., are also likely directed to Jordan's Principle because of a broader, government-wide failure to properly fund these services. Until implementation of the Spirit Bear Plan and until all GOC departments adopt the principles of substantive equality, and the best interests of the child, as outlined by the CHRT, requests to Jordan's Principle will remain high.

14. Coordination with Other Government Departments

- a. The Caring Society has previously raised concerns about Focal Points working with regional FNIHB/NIHB offices to prevent duplication of services in the funding of Jordan's Principle cases (the implication being that requests or proposals for "duplicate services" will be denied).
- b. We have also raised concerns about FNIHB/NIHB guidelines and understandings (i.e. that certain services are provincial responsibilities and should not be funded by Canada) being applied to Jordan's Principle cases. We are uncertain as to whether or not all FNIHB staff are trained on the CHRT orders so their guidance/recommendations to Focal Points may not align with the principles of substantive equality and the best interests of the child.
- c. Conversely, we note that Focal Points should be liaising with other GOC departments (as well as the Province and First Nations agencies) to find out what services are available for families who are denied through Jordan's Principle.

- d. More recently, the Caring Society has received conflicting information about the role and responsibility of Focal Points in coordinating with other government services to assist families who are denied under Jordan's Principle. In January 2019 (in correspondence regarding maternal child health services not covered under Jordan's Principle), Leila Gillis indicated to Cindy Blackstock and other Caring Society staff that "The expectation is that Focal Points work with the expectant mom to access the requested services." She also mentioned that ISC funds a wide variety of community based programs that a Focal Point could direct the person to. Caring Society staff understood this to mean that Focal Points have a responsibility to act as a direct bridge between ISC programs and funding pots when the requested service is not covered under Jordan's Principle.
- e. In April 2019, in correspondence regarding post-majority services for a young person in desperate need, the Ontario region stated that NIHB would follow up on the request and that "Outside of Jordan's Principle - NIHB is the only program stream that is directly managed by ISC. All other programs and services are managed by communities and service delivery organizations through the funds they receive in their contribution agreement." This statement suggests that, once the concern has been passed to another program, there is little responsibility on the part of the Focal Point to ensure follow through. It also implies that ISC is limited in its ability to coordinate with other government departments.
- f. Related to 14(e) the most recent correspondence from ISC suggests that responsibility for ensuring services for this young person have been offloaded to the First Nations Navigator. While the Caring Society fully supports community leadership in caring for their children and youth, we believe that responsibility for this case lies with ISC. Navigators often juggle extremely large case loads and it is unreasonable to assume that Navigators should take the lead in all instances, especially when this case is considered urgent due to the reasonable belief that the young person could come to irrevocable harm.

Possible Remedies:

- g. Clearly articulate and train Focal Points on their responsibilities in terms of coordinating with other programs or departments to ensure services when the request is denied under Jordan's Principle.
- h. HQ to provide Focal Points with direction on when it is appropriate to liaise with broader FNIHB staff and to remind staff that NIHB processes and standards are separate from Jordan's Principle and must not be used to assess or determine requests—this applies to both individual requests and group requests.
- i. Reiterate to Focal Points that administrative conferencing, such as meetings with government departments, must not delay the timely resolution of cases as per CHRT timelines.
- j. Ensure Focal Points have lists of common services (i.e. respite, mental health supports) based on province/territory and where families can access them whether it be from other departments or through the Province or a First Nations agency.

Progress to date:

The differing responses/perspectives discussed in 14(c) and 14(d) indicates that coordination between programs and government departments remains unclear and haphazard. The Caring Society believes that it is the responsibility of Focal Points to assist families in navigating government services. It is imperative that ISC staff working with families on Jordan's Principle are aware of what other programs and departments have available and work to assist families in accessing these supports.

15. Cultural Shifts

- a. The Caring Society maintains that many of the above concerns, requests for further information, consultation with other departments, etc., appear tied to a culture of restraint and, perhaps, the fear of “mistakenly” approving a case. In some offices, the culture of restraint seems to outweigh the principle of substantive equality or the best interests of the child.
- b. The Caring Society also believes that cultural shifts need to happen at the individual level and staff need to undergo training, including what structural barriers look like for families as well as the types of services that many families need.
- c. It appears that many Focal Points have little understanding of what it means to live in hardship. In November 2018, a Focal Point made the following comment about a mother who lives in poverty with three children and clearly struggles day to day: “I am not totally convinced that going to a daily walk in medical clinic to get a doctor’s note is burdensome.” No consideration was given to outside factors (having money to pay for a doctor’s note, bus/taxi fare to get to the doctor’s, fear of racism on the part of an unknown medical professional, childcare considerations, etc.) that may impact the mother from getting to the doctor’s office.
- d. More recently, the Caring Society has raised concerns about the need for an advance payment mechanism for families who are not in a position to pay for approved products or services. In February 2019, the Ontario region advised that advance pay is not a routine process and that there is no regional authority to make advance pay approvals. The fact that advance pay is seen as unusual suggests that current processes ignore the realities of many families applying for support under Jordan’s Principle. Many families do not have the funds to purchase items and claim for reimbursement – they require the funds up front or will not be able to proceed. In regards to this same case, a financial administrator noted that the requester “is working and has a vehicle” – seeming to suggest that someone with a pay cheque and vehicle should have access to discretionary funds. This assumption ignores the reality that many working people live in poverty or live pay cheque to pay cheque, and suggests that further training on the realities of poverty is needed at all levels.

Possible Remedies:

- e. ISC needs to establish a mechanism for advanced payment that recognizes financial hardship as an issue that many families struggle with. Alternatively, ISC needs to assume responsibility for establishing and coordinating direct billing (at present, it seems that families who cannot wait for reimbursement are expected to navigate this option on their own).
- f. HQ to send a message to all staff stating that the GOC is committed to the best interests of the child and substantive equality and that staff should err on the side of approving cases; that Canada would prefer staff to “erroneously” approve cases, rather than erroneously deny them. HQ to reiterate that staff will not be penalized for erring on the side of substantive equality and the best interests of the child.
- g. The Caring Society recommends additional mandatory training about structural barriers for families and communities so that Focal Point teams have a better understanding of differing worldviews and experiences. This training should emphasize that Jordan’s Principle is a legal obligation resulting from decades of harms and discrimination against children. Such training may be needed to address any feeling or perception on the part of ISC staff that they are “doing their best” and families should be grateful for the services and supports provided.

Progress to date:

Training has been developed by GOC on culture sensitivity training and the Caring Society provided feedback. The Caring Society is unsure whether the feedback was incorporated into the documents. We are unaware as to whether a message confirming ISC’s commitment to substantive equality and the best interests of the child was sent to all staff.

16. Capital Costs

- a. We continue to push for coverage of major capital costs to ensure adequate space for the provision of services for group requests. Even if a group is granted funding to provide a service through Jordan's Principle, there is often no adequate building or place from which to provide the service.

Possible Remedies:

- b. Canada must make provisions to allow for major capital costs to be covered under Jordan's Principle.

Progress to date:

Canada will cover minor capital costs (excludes new builds) of up to \$2 million per request. The matter of major capital is under review with the CHRT.

Further work is still needed to inform Focal Points, Service Coordinators, and family/community members that minor capital costs are covered under Jordan's Principle. In our experience, this information is still not widely known.

17. Payment Delays

- a. The Caring Society continues to receive numerous reports/calls from families, Service Coordinators and groups experiencing significant delays in payment for services and products. Canada has committed to processing invoices within 15 business days of receiving invoices. However, it seems this may be an on-paper commitment only. In Ontario at least, there is a clear backlog of invoices and a lack of staff to process invoices, resulting in delays. In late March 2019, we were advised that Canada is working through a backlog in Ontario and are "6-8 weeks from date of receipt to date of payment."
- b. In keeping with 15(d) above, payment delays cause significant stress for many families living in situations in hardship. While a 15 business day turnaround may seem fast in standard government terms, ISC payment timelines, even when working on schedule, do not support the lived realities of some families.
- c. We remain mindful that it is extremely challenging for families to retain services providers, like respite workers, and almost impossible to keep the service if payments are delayed. While services are not technically delayed, payment delays and complaints from unpaid merchants and service providers cause families significant stress and frustration. In too many cases, families risk losing service providers or are forced to pay providers out of pocket, which is often a huge financial burden.
- d. We remain concerned about Canada's record keeping in regards to payment timelines/compliance being skewed. In our dealings with the financial department, it would seem that finance personnel "turn on the clock" when they receive all relevant information from Focal Points, or when they themselves have time to start working on payment. As such, the "clock" does not actually start when families submit their information; invoices and payment information may well be sitting in the Focal Point's (or finance person's) inbox for weeks before attention is given to the file. Even in cases when invoices have been missed by Focal Points or GOC personnel, finance personnel insist there is no way to expedite the process.
- e. There is no process for families to complain about payment delays.

Possible Remedies:

- f. Canada must ensure that adequate staff and clear procedures for payment of invoices are followed without delay and in keeping with the 15 business day commitment.

- g. Consistent with #15, ISC staff working on Jordan's Principle require training on the realities of financial hardship, in order to increase sensitivity to family concerns to payment delays. A reimbursement of a few hundred dollars might seem a small amount to some, especially to those with secure jobs and salaries and/or who are used to processing payment for big ticket items, but for others, this amount may be the difference between making it or not.

Progress to date:

In 2018, the GOC committed to hiring extra staff for the Ontario region however it is not evident that this has occurred and the Caring Society received no response from the Ontario region as to what measures were being taken.

On April 25, 2019, Valerie Gideon advised that she has asked the DG responsible for Accounting Ops to follow-up on reporting back payment times and also on simplifying financial forms. She indicated that the DG responsible for Accounting Ops would be travelling to ISC's accounting ops hub to investigate. Valerie will share a summary of proposed actions ISC will take.

Some First Nations Navigators in Ontario now have agreements in place that allow them to reimburse families or pay for services directly once a request has been approved by ISC HQ. For example, IFN (Independent First Nations) has such an agreement in place and their turnaround time for payments is currently 1-2 weeks. Ontario Focal Points and finance people are supposed to advise families of the community-based payment option (assuming their First Nation has such an agreement in place), however this does not seem to be happening in all cases.

18. Maternal Health and Prenatal Care

In previous versions of this document, the Caring Society had the following concerns:

- a. On January 12, 2019, Leila Gillis confirmed by email that the current definition of child under Jordan's Principle is birth to age of majority. The Caring Society disagrees with the exclusion of maternal and prenatal services.
- b. Whereas Canada has framed the issue as being about the "definition of a child" the Caring Society still sees prenatal services as a matter of maternal health. The Caring Society has expressed concerns about federal child welfare legislation—which is a non-voluntary service—having jurisdiction prenatally without conversations with all First Nations, First Nations child welfare experts, and First Nations women's organizations. However, requests under Jordan's Principle are voluntary by nature, meaning it is families themselves who are asking for help and support. The demarcation between voluntary and involuntary service provision is critical. Requests made under Jordan's Principle are much different from the involuntary context of child welfare where caution needs to be exercised in regards to prenatal intervention.
- c. Given the voluntary nature of Jordan's Principle and the significant evidence regarding the benefits of maternal and prenatal care, the Caring Society supports individual and group requests for maternal and prenatal services under Jordan's Principle. In terms of group requests, we support requests for services where there is demonstrated need (i.e. waitlists for midwifery services or lack of culturally based services) and where participation in such services/programs is voluntary.
- d. In her correspondence of January 12, 2019, confirming the exclusion of maternal and prenatal services, Leila Gillis stated that Focal Points are expected to work with expectant mothers to access the requested services (i.e. the Focal Point could connect with the Maternal Child Health Program for support). As such, it would seem that Canada is already providing maternal and prenatal services on a voluntary basis. As such, extending this support to Jordan's Principle is not outside the scope of Canada's current mandate.
- e. The Caring Society has also received inquiries regarding non-First Nation mothers of unborn First Nation children requiring prenatal services.

Case Example: Midwifery

- f. As Canada knows, the Caring Society supported the Tsuut'ina Health Centre (Alberta) in their application for midwifery services under Jordan's Principle. The Nation approached Jordan's Principle Focal Points after being repeatedly bounced between Alberta Health Services (AHS) and the First Nations Inuit Health Branch, indicating an ongoing jurisdictional issue between levels of government in terms of responsibility for services. Tsuut'ina started the request process in June 2018. The request was ultimately denied in August 2018. The proposal for midwifery was denied based on "no gap in service" and "no medical basis upon review." The rationale was later changed to "no gap in services" and "no evidence to support substantive equality."
- g. The Caring Society received additional information about the rationale for denying Tsuut'ina's request through the Assistant Deputy Minister's office. We were advised that a case review determined the request exceeded the normative standard, as existing services are based within local proximity (the community is adjacent to Calgary) and AHS has a midwifery program that is accessible on an individual basis and has been accessed by families from the Nation (i.e. 12 deliveries).
- h. The local proximity rationale does not address the core reason Tsuut'ina applied for funding under Jordan's Principle. As we understand it, Tsuut'ina's position is that midwifery services provided by AHS are culturally inappropriate and do not need meet the needs of families in the community.
- i. Canada further advised that Budget 2017 "midwifery demonstration projects" in the region are geared toward northern communities where access to services is challenging and women often have to leave communities for long periods of time prior to giving birth. Thus, the current funds targeted for Alberta are for Nations in Northern Alberta. Canada also noted that opportunity may exist to link with CFS prevention initiatives through the Children and Family Directorate at ESDPP.
- j. In December 2018, Tsuut'ina was advised by Canada that there are no federal funds available for midwifery under Jordan's Principle or through any other federal department. Tsuut'ina subsequently contacted AHS to explore funding options, as per Canada's advice, but in January 2019 were advised that provincial funds are scarce with no immediate solutions or ideas to meet the funding gap.
- k. We are aware that Canada has offered to fund/partner with the Tsuut'ina Health Centre to develop a model for midwifery in Indigenous communities. The Caring Society questions the utility of this offer, as there is no indication that the development of such model would translate into funding or the ability to actually implement it.

Case Example – High-risk Pregnancy:

- l. Also in January 2019, we were advised of a case where a pregnant mother with multiple children was on bed rest due to age and it being a high-risk pregnancy. She was not able to do housework or lift objects – yet still needed to care for her other 2 children. She needed assistance with housekeeping chores to assure that her child could come to full-term.
- m. As stated in 18(d), Canada has advised that in such cases, Focal Points are expected to work with the expectant mother to access the requested services through the Maternal Child Health Program. Given that the Caring Society was contacted for assistance in regards to the above case, it seems as though Focal Points are not meeting this expectation (also consistent with #14). In this instance, it seemed clear that the mother's short-term medical condition made it difficult for her to care for her children or meet their needs fully. The Caring Society is aware of cases where in-home family support has been funded to ensure the safety and well-being of children when parents are in need of mental health support; the same standard should apply to medical issues for expectant mothers.

Case example – Car Seats:

- n. Infants leaving the hospital are required to leave in car seats – go home to beds or cradles, have clothing and diapers – and have other baby equipment as required for the normal child. For First Nations parents with financial issues, there may be barriers in provision of these items, resulting in prolonged stays at the hospital and undue stress on mothers/parents.

- o. In her correspondence of January 12, 2019, Leila Gillis stated that car seats are beyond the normative standard, but in the best interest of the child. She indicated that regions should be considering this and looking at requests from a substantive equality perspective on a case by case basis.
- p. The Caring Society has concerns about the “case by case” approach for approval of car seats and other necessities. First, we are concerned that any such requests are being automatically redirected or denied, due to the “birth to age of majority” rule. As stated above, there is no indication that Focal Points are actually working with expectant mothers to access the requested services. Second, babies cannot be discharged from hospital without a car seat and keeping babies in the hospital unnecessarily is not in the best interest of the child. The time for filing and processing a Jordan's Principle case and getting the seat paid for after birth is long. Requiring families to wait until birth to apply for help leaves babies in the hospital unnecessarily and causes hardship on the mothers/parents.

Possible Remedies:

- q. In regards to the case example of car seats, the Caring Society recommends ensuring that an advance payment or pre-authorization of the purchase be readily available for expectant mothers/parents.

Progress to Date

The Caring Society is unaware of any progress that has been made with regard to maternal health and prenatal care.

19. Post-majority services

- a. The Caring Society has serious concerns regarding the lack of post-majority services available through Jordan's Principle.
- b. Youth with significant needs are at risk of losing services, even if the service is clearly in their best interest. As outlined in 6(b), a youth with high needs was denied services due to the fact that the extension for the original request was submitted after he had “aged out” even though the service was recommended by medical professionals and in his best interest. His initial 30-day treatment was inadequate to address the mental health challenges underlying his addictions and treatment only addressed the physical part of the addiction.
- c. As per #14, the process under Jordan's Principle for supporting post-majority youth is unclear. The case referenced in #14 involves a young person whose request for mental health supports was denied due to his aging out at the same time as his application was submitted. In providing an update, the navigator reported that “although he [the youth] doesn't think of suicide as often as before, he does still think about it which is still a red flag.” In response to concerns raised by the Caring Society, the Ontario region acknowledged the seriousness of the situation and stated that NIHB would follow up on the request. It is unclear what sort of follow-up would have occurred had that Caring Society not been made aware of the case. It is also unclear whether the Focal Point will continue to monitor the case to ensure services are provided. Recent correspondence suggests that responsibility for the case may have been offloaded to the First Nations navigator.
- d. Without access to Jordan's Principle, post-majority young people impacted by colonial policies and substantive equality issues and with no supports are expected to pay for services and be successful. In April 2019, the Caring Society learned about a youth in care who was in care for almost the entirety of her life but on paper was only considered as being in care for a year. As such, she does not qualify for any benefits that might be offered to her had she been considered as a permanent ward of the state. She has no familial support as she is the first in her family to attend a Masters program and her First Nation does not provide much funding. She is unsure whether or not she would qualify for a loan.

Possible Remedies:

- e. Funding through Jordan's Principle continues past the age of majority in order to allow for time to find another solution.
- f. Focal Points and/or the Jordan Principle Client Support meaningfully assist families and organizations to access funding through other ISC programs or through the province. This would require a clear direction as the responsibility of Focal Points and should be included in the Standard Operating Procedures.

20. Jordan's Principle 24-hour Call Centre

- a. The Caring Society continues to receive reports that the 24-hour Jordan's Principle Call Centre has been busy or that there was no answer. The last report we received was in April 2019.
- b. Canada has advised that, depending on the volume of calls, the current process is when an agent is not available the option for a call-back is given, or the caller is directed to voicemail. Canada's goal is to return voicemails within 60 minutes. The Caring Society has outstanding question as to why an agent would not be available—why is there no back up person to receive calls?

Possible Remedies:

- c. The Caring Society continues to recommend ensuring that the 24-hour line is adequately staffed at all times.
- d. In Valerie Gideon's affidavit dated April 15, 2019, it is stated that the incoming calls will be recorded. No timeline for this was provided.

Progress to Date

The Caring Society has addressed these issues with HQ and HQ has reached out to the Caring Society on a couple of occasions to report the Call Centre was down. While we appreciate being notified, there needs to be consistency in terms of ensuring that families and others can access the Call Centre in order to get services through Jordan's Principle and to avoid delays.

In December 2018, Cindy Blackstock asked Leila Gillis to include data on how many calls go to the toll-free line go voicemail and the time frame for response as an ongoing data measure, in order to understand the scope of the issue so proper corrective action can be taken. It is also important to ensure integrity in data collection. For example, voicemail issues may result in lower call stats.

21. Retroactive

- a. In 2016 CHRT 2, the CHRT found that the GOC's definition of Jordan's Principle was discriminatory as it limited who could apply.
- b. At this time, there appears to be no national standard in regards to retroactive. = For example, the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) website indicates that parents who covered "covered the costs of services for their children in the areas of health, social services and education could be reimbursed retroactively to 2007" - there is no mention of needing to have submitted a request for funding that was denied. See: <http://cssspnql.com/en/areas-of-intervention/health/jordans-principle>.
- c. We have been advised by First Nations in BC that Jordan's Principle will reimburse payments from July 2016 onwards. BC will only reimburse from April 2007 onwards if the request was previously submitted and denied by Jordan's Principle.

- d. The Caring Society believes retroactive should also be extended to those who did not apply to Jordan's Principle – whether they did not know about it or did not think they would qualify.

Possible remedies

- e. With the CHRT's ruling in mind, the Caring Society believes that retroactive requests should also cover requests for services that were not submitted due to the GOC's limited definition but would have qualified under Jordan's Principle.
- f. The Caring Society has maintained from the outset that limiting retroactive reimbursement to requests that were denied or only partially approved is under-inclusive, as some families may not have applied (or didn't even know they *could* apply) due to the restrictive nature of the definition.
- g. 2017 CHRT 35 states: "Canada shall review previous requests for funding that were denied, whether *made pursuant to Jordan's Principle or otherwise*, dated from April 1st, 2009, to ensure compliance with the above principles" (emphasis added). This wording indicates that denials by NIHB should qualify (if Jordan's Principle was working properly, NIHB should have either referred families on to Jordan's Principle, or paid for the service/product/support and sought reimbursement from Jordan's Principle after the fact).

Progress to Date

The Caring Society has requested that a section about retroactive funding be added to the Jordan's Principle Standard Operating Procedures.

This is **Exhibit "B"**
to the affidavit of
Andrea Auger
Affirmed before me this
1st day of May, 2019



A Commissioner for Taking Affidavits

David P. Taylor
LSO# 635086

From: "Conn, Keith (HC/SC)" <keith.conn@canada.ca>
Date: Thursday, August 16, 2018 at 10:51 AM
To: Andrea Auger <aauger@fncaringsociety.com>
Cc: Cindy Blackstock <cblackst@fncaringsociety.com>
Subject: RE: HC-ON-0617-0005

Hi Andrea, I am following up with Regional Staff to address Mr B 's case.

Keith

From: Andrea Auger [mailto:aauger@fncaringsociety.com]
Sent: 2018-08-16 10:33 AM
To: Conn, Keith (HC/SC)
Cc: Cindy Blackstock
Subject: FW: HC-ON-0617-0005

Hi Keith,

Can you please follow-up on the case below? Asking families to wait so long to be reimbursed for services through Jordan's Principle puts additional burdens on families who often do not need additional stress.

Thank you so much!
Andrea

Andrea Auger
Reconciliation and Research Manager
First Nations Child & Family Caring Society of Canada
www.fncaringsociety.com
613-230-5885
@Caringsociety



From: J B <j.b@yahoocom.com>
Date: Thursday, August 16, 2018 at 10:13 AM
To: Andrea Auger <aauger@fncaringsociety.com>
Subject: Fw: Re: RE: HC-ON-0617-0005

Hi Andrea,

Thanks so much for your help with this, please see emails below regarding communications with Megan Yen who I am told is in charge of the the finance portion of the claims - these are not the only communications I have had seeking payment - just the most recent.

I made an error regarding outstanding claims in May - the claims are for June - my apologies. From what I can gather - claims made in June will be paid in September, July will be paid in October possibly.

Some of the claim dates outstanding are:

June 5
June 25

July 3
July 6
July 9
July 16
July 17
July 31

Kind regards,

J B

----- Forwarded Message -----

From: J B <j.b@yahoocom.com>
To: Yen, Megan (HC/SC) <megan.yen@canada.ca>
Sent: Thursday, August 16, 2018, 9:50:44 a.m. EDT
Subject: Re: RE: HC-ON-0617-0005

Hi Megan

I just wanted to follow up with you again as I have been notified that some of my emails did not go through.

Could you please confirm?

Kind regards,

J B

On Tuesday, August 14, 2018, 4:50:03 p.m. EDT, J B <j.b@yadoo.com> wrote:

Thanks Megan, I don't mean to be difficult.

The services I have paid for were charged via credit card with the hope of reimbursement in a reasonable time frame to avoid heavy interest charges and fees. I have held off on purchasing approved learning tool for my son that are needed as I am afraid the extended delay of reimbursements will lead to hardship...

Does the department have a plan to decrease processing time regarding claims in the future - as this can essentially become a barrier to avail of services needed.

Maybe I can help... would you be able to explain and provide some insight into where the delays are incurred or why it takes 3 months to process claims for Jordan's Principle? Is it a staffing issue? I would like to better understand where the problem(s) occur. Perhaps, I can address this up this line if I understand it better.

Kind regards,

J B

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On Tuesday, August 14, 2018, 4:08:24 p.m. EDT, Yen, Megan (HC/SC) <megan.yen@canada.ca> wrote:

Hi J B,

,

I am finishing up payments from May submissions this week and I will be able to look at yours next week.

Very sorry for the delay.

Megan Yen

Junior Program Officer, Jordan's Principle, First Nations and Inuit Health Branch, Ontario Region,

Indigenous Services Canada, Government of Canada

megan.yen@canada.ca / Tel: 613-697-1270

Agente de Programme Junior, principe de Jordan, Direction générale de santé des Premières Nations et des Inuits, Région de l'Ontario,

Services aux Autochtones Canada, Gouvernement du Canada

megan.yen@canada.ca / Tél : 613-697-1270

From: J B [mailto:j .b @yahoo.com]

Sent: 2018-08-14 4:07 PM

To: Stanger, Stephanie-Marie (HC/SC)

Cc: Yen, Megan (HC/SC); Martin, Lance (HC/SC)

Subject: Re: HC-ON-0617-0005

Thank you very much Stephanie.

Megan - I look forward to hearing from you. Could you please trace payments to see if they have been made as it has been a very long time.

Kind regards,

J

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On Tuesday, August 14, 2018, 10:36:37 a.m. EDT, Stanger, Stephanie-Marie (HC/SC) <stephanie-marie.stanger@canada.ca> wrote:

Good afternoon J ,

This is your email confirmation of approval for \$ 1400.00 for pediatric psychology services. An official approval letter will follow.

I can forward your request for payment details to Megan Yen.

Miigwetch,

Stephanie-Marie

From: Stephanie-Marie Stanger [mailto:stephanie-marie.stanger@hc-sc.gc.ca] **On Behalf Of** Ontario Jordans Principle – Principe de Jordan l'Ontario
Sent: 2018-08-13 4:09 PM
To: J B
Subject: Re: Approval for J B to see Child Psychologist Dr. Anna Goss

Good afternoon J ,

We will need a formal quote for the sessions and a treatment plan for ongoing therapy from the provider. Once we have that, I will submit for review. The recommendation from psycho-educational assessment should be enough, but if you have the referral from the neurologist at CHEO, please forward that as well.

Miigwetch,

Stephanie-Marie

Jordan's Principle, FNIHB Ontario Region
Department of Indigenous Services Canada/Government of Canada

"J B " ---2018-08-13 03:18:43 PM---Hello, I would like to seek approval for J B (J) to see C.Psychologist Dr. Anna Goss

From: "J B " <j.b @yahoo.com>
To: "Ontario Jordans Principle – Principe de Jordan l'Ontario" <ontariojordansprinciple-principedejordanlontario@hc-sc.gc.ca>
Cc: "vanessa.follon@canada.ca" <vanessa.follon@canada.ca>, "Villeneuve Patricia (HC/SC)" <patricia.villeneuve@canada.ca>
Date: 2018-08-13 03:18 PM
Subject: Approval for J B to see Child Psychologist Dr. Anna Goss

Hello,

I would like to seek approval for J B (J) to see C.Psychologist Dr. Anna Goss reimbursed directly to us via Jordans Principle.

Her billing rate is \$200/hr. I do not know how many sessions J will require at this time. Dr. Goss was recommended by J 's Neurologist at CHEO, as well Dr. Andrea Azurdia recommended J consult with a child psychologist as well in her detailed educational psychological assessment that is already on file.

Dr. Goss is located in Ontario - thus the reason I am submitting through the Ontario Jordans Principle office.

Could you please advise regarding approval?

Kind regards,

J B

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This is **Exhibit "C"**
to the affidavit of
Andrea Auger
Affirmed before me this
1st day of May, 2019



A Commissioner for Taking Affidavits

David P Taylor
LSO# 635080

From: Andrea Auger <aauger@fncaringsociety.com>

Date: Thursday, October 4, 2018 at 10:33 AM

To: Valerie Gideon <valerie.gideon@canada.ca>, "Gillis, Leila (HC/SC)" <leila.gillis@canada.ca>

Cc: Cindy Blackstock <cblackst@fncaringsociety.com>

Subject: Payment times

Hi Valerie and Leila,

I received a call this morning from the Six Nations Jordan's Principle Navigator who has some serious concerns around the time for processing payments for services. He estimates that the average wait time is about 8 weeks. It has gotten to the point where families paying out of pocket are doing so through loans or through other means like disability cheques. The long wait times have been taxing on many people in the community as they try to do what they can to ensure children are getting services.

Although I can appreciate that the region may be overworked and understaffed, is there something that can be done to assist until a more permanent solution can be reached? From the chart provided at JPOC, Ontario has the highest number of cases processed outside of the 15-day time frame.

The Jordan's Principle Navigator from Six Nations is Angel Panag and he can be reached at: (519) 445-4983 or jpnavigator@sixnations.ca.

Thank you!

Andrea

Andrea Auger
Reconciliation and Research Manager
First Nations Child & Family Caring Society of Canada
www.fncaringsociety.com
613-230-5885
Twitter: @Caringsociety
Facebook: /CaringSociety
Instagram: spiritbearandfriends

This is **Exhibit "D"**
to the affidavit of
Andrea Auger
Affirmed before me this
1st day of May, 2019



A Commissioner for Taking Affidavits

David P. Taylor
LSO# 63508Q

From: "Castonguay, Julien (HC/SC)" <julien.castonguay@canada.ca>
Date: Tuesday, February 5, 2019 at 8:11 PM
To: Andrea Auger <aauger@fncaringsociety.com>, Valerie Gideon <valerie.gideon@canada.ca>, "Gillis, Leila (HC/SC)" <leila.gillis@canada.ca>
Cc: Cindy Blackstock <cblackst@fncaringsociety.com>
Subject: Re: Ontario region re: payment

Hi Andrea,

Apologies for the delay, I will be holding a meeting with my teams on this matter tomorrow afternoon and get back to the group.

We share your concerns about the payments process and we will be actively looking for partners interested in exploring the IFN pilot approach in addition to continuing our internal surge capacity and.

IFN presented the results of their pilot in our office last week and it is promising to see what this model can bring in terms of sustainable solutions.

Thank you

Julien Castonguay
Director, Regional Plans and Partnerships
Ontario Region / First Nations and Inuit Health Branch
Indigenous Services Canada
julien.castonguay@canada.ca
Tel.: [613-952-0377](tel:613-952-0377) / Mobile: [613-295-3190](tel:613-295-3190)

Directeur, Plans régionaux et Partenariats
Région de l'Ontario / Direction générale de la santé des Premières Nations et des Inuits
Services aux Autochtones Canada
julien.castonguay@canada.ca
Tel.: [613-952-0377](tel:613-952-0377) / Cell: [613-295-3190](tel:613-295-3190)

----- Original message -----

From: Andrea Auger <aauger@fncaringsociety.com>

Date: 2019-02-05 2:17 PM (GMT-05:00)

To: "Gideon, Valerie (HC/SC)" <valerie.gideon@canada.ca>, "Gillis, Leila (HC/SC)" <leila.gillis@canada.ca>, "Castonguay, Julien (HC/SC)" <julien.castonguay@canada.ca>

Cc: Cindy Blackstock <cblackst@fncaringsociety.com>

Subject: Ontario region re: payment

Hi all,

I just wanted to flag numerous concerns from Ontario around payment times. We have had 3 separate complaints just today about the time it is taking to process payment.

We are now hearing that some service providers are hesitant to take on clients through Jordan's Principle unless the client pays directly. Not only is this now burdensome on families having to pay for services directly, but also on service providers.

Julien, I understand that Ontario region is working on hiring additional staff however this has been an ongoing issue since last year.

Is there something that can be done in the interim to ensure that children and families continue to receive services they need.

Andrea

Andrea Auger
Reconciliation and Research Manager
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Facebook: /CaringSociety
Instagram: spiritbearandfriends

This is **Exhibit "E"**
to the affidavit of
Andrea Auger
Affirmed before me this
1st day of May, 2019



A Commissioner for Taking Affidavits

David P. Taylor
LSO# 63508Q

From: Jennifer King <jking@fncaringsociety.com>
Date: Thursday, April 25, 2019 at 10:57 AM
To: Brittany Mathews <bmathews@fncaringsociety.com>, Andrea Auger <aauger@fncaringsociety.com>, Cindy Blackstock <cblackst@fncaringsociety.com>
Cc: David Taylor <DTaylor@conway.pro>
Subject: Payment times in Ontario

Good morning,

Please see below for correspondence from Vanessa Fallon, dated March 27th, stating that Canada is working through a backlog in Ontario and are "6-8 weeks from date of receipt to date of payment." Vanessa advised the family to submit reimbursement through a First Nations navigator group, as their turnaround time is much faster. No one had informed family of this option.

Please let me know if you have any questions.

Best,

Jennifer

From: R L <R.L@ >
Date: Thursday, March 28, 2019 at 8:34 AM
To: "Follon, Vanessa (SAC/ISC)" <vanessa.follon@canada.ca>
Cc: Jennifer King <jking@fncaringsociety.com>
Subject: RE: Attached Image HC-ON-0360

Hi Vanessa,

I didn't know that was an option. The original approval was through this department, but I will send the information to them, or can you department. Please advise.

Thank you
R L

From: Follon, Vanessa (SAC/ISC) [vanessa.follon@canada.ca]
Sent: Wednesday, March 27, 2019 8:14 PM
To: R L ; Martin2, Meagan (SAC/ISC); 'crystal@ifnc.ca'
Cc: JPrinance; Gillis, Leila (SAC/ISC); Roberge, Anick (SAC/ISC); Dobrowolska, Iwona (SAC/ISC); Gelineau-Gagnon, Donna (SAC/ISC); Lyndia Jones; Castonguay, Julien (SAC/ISC)
Subject: FW: Attached Image HC-ON-0360

Hi R

I understand that you submitted receipts to ISC on March 15th, and are awaiting payment, and have asked the Caring Society to follow up on your behalf. We are working on our backlog and we are about 6-8 weeks from date of receipt to date of payment.

As you have been using the IFN for payment processing for your previous Jordan's Principle approvals, is there a reason that you have sent your request for payment to ISC instead of IFN ?

The IFN is supporting its member communities with a wrap around case management model, assistance with applications as well as assistance and support with access of the approved product and/ or service, as well as assisting with the payment process. As they are a smaller organization, this allows them to be able to make payments in a prompt fashion. Let me know if there is a reason you have chosen not to stay with the IFN for your payments, thanks.

Vanessa L. Follon RN

Jordan's Principle Regional Lead-Focal Point
Manager of Pediatric Services
First Nations and Inuit Health Branch
Ontario Region, Department of Indigenous Services

613 862 5418

Vanessa.follon@canada.ca

For more information related to Jordan's Principle, please visit the website:

<https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle.html>

For urgent inquiries, please contact the Jordan's Principle Call Centre at 1-855-JP-CHILD (1-855-572-4453)

For email inquiries or any Intake Applications that are being sent between 4pm and 8am , please send your communication to: ontariojordansprinciple-principledejordanlontario@hc-sc.gc.ca



-----Original Message-----

From: Jennifer King [<mailto:jking@fncaringsociety.com>]

Sent: 2019-03-26 10:58 AM

To: Martin2, Meagan (SAC/ISC)

Cc: Gideon, Valerie (SAC/ISC); Gillis, Leila (SAC/ISC); Service Clientèle Principe Jordan / Jordan

Principle Client Support (SAC/ISC); Cindy Blackstock
Subject: Re: Attached Image
Importance: High

Good morning,
Can someone please provide an update on this asap. I'm told R still has yet to hear anything from finance.
Thank you,
Jennifer

On 2019-03-21, 4:30 PM, "Jennifer King" <jking@fncaringsociety.com> wrote:

Hi Meagan,
Just following up on this. R tells me she has yet to hear anything from the finance team. As the request was made almost a week ago, I'm copying a few others on this in in case further support is needed.
Jennifer

On 2019-03-15, 2:31 PM, "Martin2, Meagan (HC/SC)" <Meagan.martin2@canada.ca> wrote:

Hello R ,

I have forwarded this to our finance team.

Meagan Martin

Junior Program Officer, Jordan's Principle, FNIHB Ontario Region
Indigenous Services Canada/Government of Canada
meagan.martin2@canada.ca 1-613-864-7666

-----Original Message-----

From: R L [mailto:R.L@]
Sent: 2019-03-15 11:22 AM
To: Martin2, Meagan (HC/SC)
Cc: jking@fncaringsociety.com
Subject: FW: Attached Image

Hi Meagan,

Back in August my son B T L was approved for hockey equipment. This week we purchased a hockey stick and gloves for T , I have attached the receipts and a Jordan's Principle claim form.

He was approved for:	2033.89
We used	780.00
	44.34
	747.54
	151.18
Total used	1723.06
Balance	310.83
new receipts gloves	85.03
hockey stick	225.80
Total of	310.83
Balance	0

We are submitting for payment for these items.

Thank you,
R L

From: @ .org [@ .org]
Sent: Friday, March 15, 2019 11:09 AM
To: R L
Subject: Attached Image

This is **Exhibit "F"**
to the affidavit of
Andrea Auger
Affirmed before me this
1st day of May, 2019



A Commissioner for Taking Affidavits

David P. Taylor
LSO# 63508Q

From: Jennifer King <jking@fncaringsociety.com>
Date: Tuesday, April 30, 2019 at 10:44 AM
To: Andrea Auger <aauger@fncaringsociety.com>
Subject: FW: HC-ON-2695

As discussed #2.

From: Jennifer King <jking@fncaringsociety.com>
Date: Tuesday, February 26, 2019 at 2:06 PM
To: "Follon, Vanessa (SAC/ISC)" <vanessa.follon@canada.ca>, "Berwick, Ariel (SAC/ISC)" <ariel.berwick@canada.ca>, "Martin, Lance (SAC/ISC)" <lance.martin@canada.ca>, "Stevens, Verna (HC/SC)" <verna.stevens@canada.ca>
Cc: "Castonguay, Julien (SAC/ISC)" <julien.castonguay@canada.ca>, "Gillis, Leila (SAC/ISC)" <leila.gillis@canada.ca>, "Gideon, Valerie (HC/SC)" <valerie.gideon@canada.ca>, Cindy Blackstock <cblackst@fncaringsociety.com>
Subject: Re: HC-ON-2695

Hi Vanessa,

Thanks for this. I do remember us working on a mechanism for advance pay in another case, which proceeded with approval from Valerie Gideon.

I'm told by the family's support person that, without an option for advance pay, the family will not be able to access the approved products. Verna has relayed that Mr. W is employed and has a vehicle, however this does not necessarily translate to access to credit or discretionary funds to purchase items and submit for reimbursement. If direct billing is the only option, then it would be useful to provide families with a list of stores that have direct billing established. In the case I mentioned above (where advance payment was approved), it took 3+ months for the family to establish direct billing with a local store.

As we know, many of the families seeking support through Jordan's Principle do so because of financial hardship. I do think there needs to be a process in place that recognizes financial hardship as a (unfortunately) common circumstance, meaning that the need for advance pay is likely commonplace rather than exceptional.

I've added Valerie Gideon and Cindy Blackstock to this thread, just to flag this as a larger policy issue. Thanks again for the quick response.

Jennifer

From: "Follon, Vanessa (SAC/ISC)" <vanessa.follon@canada.ca>
Date: Tuesday, February 26, 2019 at 1:35 PM
To: Jennifer King <jking@fncaringsociety.com>, "Berwick, Ariel (SAC/ISC)" <ariel.berwick@canada.ca>,

"Martin, Lance (SAC/ISC)" <lance.martin@canada.ca>, "Stevens, Verna (HC/SC)" <verna.stevens@canada.ca>

Cc: "Castonguay, Julien (SAC/ISC)" <julien.castonguay@canada.ca>, "Gillis, Leila (SAC/ISC)" <leila.gillis@canada.ca>

Subject: Re: HC-ON-2695

Hi Jennifer

Advance pay is not particularly a routine process. There is no regional authority to make advance pay approvals, this authority is Director level at the National office.

I'm travelling but later can send you the policy exemption that Jordan's Principle has received on the matter of exemption for advance pay.

It is to be used in extenuating circumstances and the Director. (Leila, cc'd above) needs to know that options were explored prior to her approval.

Just boarding, but will follow up further once landed.

Vanessa

From: Jennifer King

Sent: Tuesday, February 26, 2019 1:23 PM

To: Berwick, Ariel (SAC/ISC); Martin, Lance (SAC/ISC); Stevens, Verna (HC/SC)

Cc: Castonguay, Julien (SAC/ISC); Follon, Vanessa (SAC/ISC)

Subject: Re: HC-ON-2695

Hi Verna,

My understanding of this case is that the family made the request and were approved on the grounds of financial hardship. They do not have the funds to purchase to items and claim for reimbursement – the require the funds up front or will not be able to proceed. Can you please follow-up with the family ASAP in regards to the process for advance payment.

Thank you,

Jennifer

Jennifer King

Reconciliation and Policy Coordinator

First Nations Child & Family Caring Society of Canada

613.230.5885 x 226

Office hours: Monday, Tuesday & Thursday 9am – 4:30pm

From: "Berwick, Ariel (HC/SC)" <ariel.berwick@canada.ca>

Date: Tuesday, February 19, 2019 at 1:16 PM

To: "Martin, Lance (HC/SC)" <lance.martin@canada.ca>, "Stevens, Verna (HC/SC)" <verna.stevens@canada.ca>, Jennifer King <jking@fncaringsociety.com>, "jw" <jwh

Subject: RE: HC-ON-2695

Hello,

Here is the approval letter, a direct deposit enrolment form, a reimbursement claim form, and payment procedure documents.

Copies will follow in the mail.

Wela'lin Thank you Merci

Ariel Berwick

Program Support, First Nations and Inuit Health Branch, Ontario Region
Department of Indigenous Services/Government of Canada
ariel.berwick@canada.ca/Tel: 613-948-6022

Soutien Au Programme, Direction Générale de la Santé des Premières Nations et des Inuit, Région de l'Ontario
Ministère des Services aux Autochtones /Gouvernement du Canada
ariel.berwick@canada.ca/Tél: 613-948-6022

From: Martin, Lance (HC/SC)
Sent: 2019-02-15 1:52 PM
To: Berwick, Ariel (HC/SC)
Subject: RE: HC-ON-2695

Jennifer King jking@fncaringsociety.com
J W e jw
Verna Stevens

Wela'lin Thank you Merci

Lance Martin

Jordan's Principle
Ontario Region / First Nations and Inuit Health Branch
Indigenous Services Canada
lance.martin@canada.ca
Mobile : 1-343-549-3478

Principe de Jordan
Région de l'Ontario / Direction générale de la santé des Premières Nations et des Inuits
Services aux Autochtones Canada
lance.martin@canada.ca
Mobile : 343-549-3478

From: Stevens, Verna (HC/SC)
Sent: Monday, February 04, 2019 12:59 PM
To: J W
Cc: Jennifer King; Martin, Lance (HC/SC)
Subject: HC-ON-2695

Good afternoon Mr. J W : I am pleased to inform you that your application HC-ON-2695 for L R W is approved for the following based on demonstrated financial hardship and substantive equality:

- Bedroom Furniture & Bedding Total: \$4,819.36

Please accept this email as notification. Lance Martin (cc'd above) will follow-up with the formal approval letter in the upcoming week.

Should you have any questions, please contact me and refer to the above case number in future correspondence.

Regards,

Verna Stevens
Junior Program Officer, Jordan's Principle, FNIHB Ontario Region

Indigenous Services Canada/Government of Canada
verna.stevens@canada.ca

For more information related to Jordan's Principle, please visit the website:
<https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle.html>

For urgent inquiries, please contact the Jordan's Principle Call Centre at 1-855-JP-CHILD (1-855-572-4453)

For email inquiries or any Intake Applications that are being sent between 4pm and 8am , please send your communication to: ontariojordansprinciple-principledejordanlontario@hc-sc.gc.ca

This is **Exhibit "G"**
to the affidavit of
Andrea Auger
Affirmed before me this
1st day of May, 2019



A Commissioner for Taking Affidavits

David P. Taylor
LS# 635080

From: Andrea Auger <aauger@fncaringsociety.com>
Date: Tuesday, March 26, 2019 at 3:38 PM
To: Valerie Gideon <valerie.gideon@canada.ca>
Cc: Cindy Blackstock <cblackst@fncaringsociety.com>
Subject: Re: DRAFT Consultation Committee on Child Welfare Advisory Committee Summary Notes March 12

Hi Valerie,

Attached is the Caring Society's preliminary feedback on two of the CCCW documents. We may have additional comments on these two as well as the NCR but I will ensure to forward that before the meeting on April 2. Cindy may have feedback on some of the operational documents like the meeting minutes but I will leave that to her.

Andrea

Andrea Auger
Reconciliation and Research Manager
First Nations Child & Family Caring Society of Canada
www.fncaringsociety.com
613-230-5885
Twitter: @Caringsociety
Facebook: /CaringSociety
Instagram: spiritbearandfriends

From: Roy, Edmond (SAC/ISC) <edmond.roy@canada.ca>
Sent: March 20, 2019 12:56 PM
To: Cindy Blackstock; Caring Society Reception; Jon Thompson; Jocelyn W. Formsma; trublwithnormal@gmail.com; afiddler@nan.on.ca; linda.sandy@coo.org; charlene.bearhead@gmail.com; naiomi.metallic@dal.ca; Jon Thompson
Cc: Gideon, Valerie (SAC/ISC); Lukawiecki, Teresa (SAC/ISC)
Subject: DRAFT Consultation Committee on Child Welfare Advisory Committee Summary Notes March 12

Good Afternoon Members

Attached you will find the DRAFT Consultation Committee on Child Welfare Advisory Committee Summary Notes March 12. As well, the documents for the meeting are attached for your convenience (Yes! Lots of emerging stuff!).

As a number of members had priority matters to attend to on that date, we are definitely looking for your response to the documents provided for discussion at the meeting and your reflections on the Summary of what was discussed and recommended by those available. Please forward comments in your own time.

In addition we would like to let you know that Indigenous Services Canada is internally posting the film *Finding Peter Bryce* recommended by Cindy on our intranet communications vehicle, *The Express*. We have licensed and translated the film. Valerie has provided an introduction along with a reminder of the previously posted film *We Can't Make the Same Mistake Twice*.

In addition, Sylvie has apprised us of a lecture by Dr. Clare Brant delivered in 1982 which we have entered into our inventory of resources to supplement the education of employees (<https://www.cbu.ca/indigenous-affairs/unamaki-college/mikmaq-resource-centre/essays/native-ethics-principles/>).

We look forward to your input and recommendations as we continue to shape this important material.

Ed

Edmond Roy

Senior Advisor, Indigenous Relations
First Nations and Inuit Health Branch
Department of Indigenous Services Canada

Conseiller principal, Relations avec les Autochtones
Direction general de la santé des Premières nations et des Inuits
Ministère des Services aux Autochtones Canada

Edmond.Roy@Canada.ca / (613) 954-4652

DRAFT Mandatory Indigenous Cultural Competence Training Policy

February 27, 2019

1. PURPOSE:

The purpose of this document is to set out the policy for mandatory Indigenous cultural competence training requirements for First Nations and Inuit Health Branch (FNIHB) staff (management and employees) across the country. The goal is to enhance the knowledge, skills and professional development of FNIHB employees to enable them to better perform their functions work more respectfully and empathetically with Indigenous peoples, ensuring and contribute to building a that services are delivered in a culturally safe environment, for Indigenous Peoples.

Commented [A1]: Does this include DISC as well?

2. RATIONALE:

As Indigenous Services Canada (ISC) evolves into a new service organization that fosters renewed relationships with Indigenous peoples, it has to become a culturally competent organization that: addresses historical injustices, racism, and inequity; respects inherent, Treaty and constitutionally protected Indigenous rights; and honours reconciliation. The benefits of a culturally competent organization include: a positive work environment, more culturally appropriate services, higher service levels which can lead to increased satisfaction among Indigenous partners and those being served, and it has been shown to reduce health disparities.

Commented [A2]: Is there a citation for this?

Commented [A3]: Within workplaces or in communities?

Cultural competence is the ability to interact effectively with people of different cultures and worldviews, and depends on awareness of one's own cultural worldview, knowledge of other cultural practices and worldviews, tolerant attitudes towards cultural differences, and cross-cultural skills.¹ Cultural competence means building relationships, taking action to increase understanding, being self-reflective, respectful, and open to different cultural perspectives, strengthening cultural safety, and working towards equality. Underlying cultural competence are the principles of trust, respect for diversity, equity, fairness, and social justice. f

Commented [A4]: Not just cultures but different worldviews. It is about questioning settler privilege; seeking to understand (and to change) the differences between Western worldview and Indigenous worldview and how imposition of Western ways has been detrimental to Indigenous communities.

Commented [A5]: Ensure to provide proper citation for direct quotes as it is plagiarism without.
I'd recommend looking into what Indigenous scholars are saying about cultural competence. Also see Touchstones of Hope culture and language piece.
I'd also caution around the use of the word "cultural" to describe everything since it implies that it directly relates to culture. Cultural competence should push us to reflect on our unique worldviews and inherent values and principles and how it all relates to and influences the work we do.

Increasing cultural competency has been advanced in the Truth and Reconciliation Commission's Call to Action #57, which requires governments to "provide education on the history of Aboriginal peoples, including the history and legacy of residential schools, *the United Nations Declaration on the Rights of Indigenous Peoples*, Treaties and Aboriginal rights, Aboriginal law and Aboriginal-Crown relations. This will require skills based training in intercultural competency, conflict resolution, human rights and anti-racism."²

In addition, in response to the January 2016, the Canadian Human Rights Tribunal (CHRT) ruling which found that the Government of Canada is racially discriminating against 165,000 First Nations children and their families by providing flawed and inequitable child welfare services ("FNCFS Program") and failing to implement Jordan's Principle to ensure First Nations get the services they need when they need them, in the manner in which it provides child welfare funding to communities, In response to the ruling and subsequent order their submissions to the CHRT regarding measures required to redress

¹ <https://www.diversityresources.com/cultural-diversity-workplace>.

² [http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls to Action_English2.pdf](http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls%20to%20Action_English2.pdf)

discrimination, parties to the CHRT identified as necessary remedies including, the importance of training of public servants and other measures to prevent the perpetuation and reoccurrence of systemic discrimination against First Nations children. This is also outlined in the Spirit Bear Plan from the First Nations Child & Family Caring Society of Canada.

FNIHB staff are a key component of a culturally competent organization. Employees, managers and senior administrators must understand the sociopolitical and historical forces that have shaped, and which continue to shape, their own education and training, the organizational culture in which they work, and which they represent in their work with First Nations and Inuit partners. This includes understanding a number of topics, including but not limited to:

- FNIHB’s “origin story” in the Medical Services branch of the Department of Indian Affairs;
- the colonial legacy of Indian hospitals and the *Indian Act*;
- the ongoing impact of the residential school system;
- the removal of Inuit expectant mothers from their families and communities and the history of bringing Inuit patients far away from their homes to tuberculosis sanatoria;
- the denial of services to children, viewing them in terms of files or in relation to funding amounts;
- the role public service professionals have played in genocide and colonialization, and the use of their skills devoid of any connection to ethics, e.g., lawyers drafted the *Indian Act*; scientists conducted unethical nutrition experiments on First Nations peoples; teachers, nurses and social workers were complicit in removing children from their families and communities;
- the case before the Canadian Human Rights Tribunal, including full implementation of Jordan’s Principle, and how children, youth and families are impacted when Jordan’s Principle is not fully implemented;
- ongoing discriminatory ideologies, policies or practices within government departments providing services to First Nations and Inuit children and families.

The areas where employees, management and senior administrators need to improve their cultural competencies include:³

- **Cultural sensitivity and cultural humility.** Cultural sensitivity refers to the self-awareness of one’s own cultural heritage as an individual, and how one’s cultural background, aptitude, values, stereotypes, privilege and biases influence how we perceive and interact with Indigenous Peoples. Cultural humility requires the developing or tuning of one’s empathy, emotional intelligence, and critical thinking whereby one can begin to acknowledge, respect and understand cultural differences and diversities.
- **Cultural awareness** refers to a willingness to learn about Indigenous worldviews, traditions and histories. This includes recognizing the roles that Indigenous Peoples have played in shaping the land that is present-day Canada.
- **Cultural competency** refers to the process of developing skills for engaging and interacting with Indigenous Peoples in respectful ways. It involves a continuous process of introspection, developing and practicing appropriate, relevant and sensitive practices when working with Indigenous Peoples. It means being willing to recognize one’s own limits and engage in activities that support critical thinking as to one’s own actions and considerations engaging with

Commented [A6]: So too are ISC staff in other branches, like ESDPP and the policy branch

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Commented [A7]: Need references if someone else’s terminology. Again, I think using the word “cultural” this many times can imply that we are only talking about culture whereas broad principles like sensitivity, empathy are more impactful. Often cultural competency training misses the mark when it focuses solely on culture – as stated in several of the points, it encompasses a lot more than that.

Commented [A8]: This also applies to the organizational context. This aligns with the point in the previous section around questioning our organizational policies, practices, as well as values that shape how we work with Indigenous peoples.

Commented [A9]: Recommend re-writing to make idea clearer. Tuning into these things does not necessarily mean we would begin these things.

Commented [A10]: I would say this is more about openness.

³ Baxter, P. et al, (Dec 2018), *First Nations and Inuit Health Branch Cultural Competency Training Framework*

Indigenous Peoples. refers to the process of developing skills for engaging and interacting with Indigenous Peoples in respectful ways.

- **Organizational cultural competency and safety.** Cultural safety can be defined as an environment free of racism and discrimination where Indigenous People feel safe receiving services. Indigenous Peoples are the ones to determine what is experienced as safe. Cultural safety from "respectful engagement which recognizes and strives to address power imbalances inherent in the health and social services."⁴ Individual cultural competencies must be accompanied by similar growth and evolution of FNIHB's organizational culture. Employees, managers and senior administrators must also understand and react to the sociopolitical and historical forces that have shaped, and which continue to shape FNIHB's organizational culture of the Branch in which they work, and which they represent in their work with First Nations and Inuit partners.

Commented [A11]: Words missing? Involves? Means? Relies on?

Commented [A12]: It is not just about understanding but also changing ways in which work (including policies and practices) is done so that it is free of discrimination.

3. POLICY STATEMENT:

FNIHB management and employees at all levels and classifications across all regions are required to complete the following mandatory courses: [to be identified]

They are required to complete 15 hours of Indigenous cultural training every year. This may include:

- Taking Indigenous courses or programs offered through the Canada School of Public Service, ISC, other Departments, or the Branch;
- Attending Indigenous seminars, workshops or ceremonies organized by ISC or the Branch;
- Participating in cultural activities offered through the Lodges/Kumiks, e.g., listening to and speaking with Elders, traditional sewing or beadwork, painting, or drum making; and,
- Participating in external local learning events, such as pow wows, Métis cultural days, or Inuit Qaujimajatuqangit 'IQ' days (cultural days where staff go out on the land and do traditional/cultural activities).

Commented [A13]: Recommend creating categories for training and employees could choose a minimum of 2-3 categories per year. This might help ensure that employees are also taking training around foundational pieces.

Commented [A14]: Will the training only be limited to internal opportunities? Employees would benefit from opportunities working with and taking training with Indigenous organizations.

This mandatory Indigenous cultural training can be taken on an individual basis (e.g., through on-line or classroom style learning), or it can be completed as a group (e.g., an all-staff retreat to visit an Indigenous community). FNIHB management and employees are encouraged to learn about diverse Indigenous cultures - First Nations, Inuit and Métis. Regional offices may complement this mandatory training, with customized cultural competency training specific to their regions.

4. PROCEDURES:

Learning Environment:

The Branch fosters a continuous learning environment for cultural competency by:

- providing staff with learning opportunities and support, and ensuring the mandatory training is fully supported by management;

Commented [A15]: What is meant here is ensuring staff have adequate time to receive extra support and there are support people available i.e. triggering information. Relates a bit to the last point as well.

⁴ L. Richardson & T. Murphy (April 2018). Bringing Reconciliation to Healthcare in Canada: Wise Practices for Healthcare Leaders. HealthCareCAN, p. 9

- striving toward a safe, open, honest learning environment where staff have adequate time and resources to learn, e.g., being respectful of the time it takes for learners to understand the significance of a ceremony if part of a training workshop;
- encouraging Indigenous ways of knowing, e.g., the use of sharing circles; -and;
- supporting experiential learning that allows staff the time to process and integrate learning in a systematic and in-depth manner on topics such as culture, history, residential schools, treaties, socio-economic conditions, emerging issues, best practices, and reconciliation.

Staff Training:

FNIHB employees are required to go through the following three stages.

- **Learning Identification Stage** takes place every spring, at the start of a new performance management cycle, when FNIHB employees will identify the 15 hours of mandatory Indigenous cultural training that will be included in the learning plan of their annual performance agreements.
- **Learning Engagement Stage** can occur throughout the year as employees participate in the cultural competency training and share their learning experiences with their colleagues.
- **Learning Evaluation Stage** of performance takes place every six months with a review by the immediate supervisor/manager according to the performance management cycle.

The target goal for mandatory training is for 85% of FNIHB staff to successfully complete their 15 hours of mandatory cultural training each year.

5. SCOPE:

This policy applies to all staff employed by the First Nations and Inuit Health Branch, Indigenous Services Canada [management and employees across all levels, classifications and regions].

6. ANNEX:

List of Learning Resources (Appendix A)

7. GLOSSARY:

None.

8. REFERENCES:

- a) Canadian Human Rights Tribunal's Decision First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada
<https://decisions.chrt-tcdp.gc.ca/chrt-tcdp/en/d/s/index.do?cont=First+Nations+Children&ref=1340%2F7008>
- b) Truth and Reconciliation Calls to Action (No. 57)
http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf
- c) United Nations Declaration on the Rights of Indigenous Peoples

Commented [A16]: Link goes to the list of all decisions and not to 2016 CHRT 2

That one is here: <https://decisions.chrt-tcdp.gc.ca/chrt-tcdp/decisions/en/item/127700/index.do?q=First+Nations+Children>

https://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

9. ACCOUNTABILITY:

Senior Management Committee provides operational oversight.

The Regional Executive and Directors General are responsible for:

- Human resource planning within their respective regions;
- Allocating required human and financial resources to meet the mandatory training requirements; and
- Reporting mandatory training completion rates to the Executive Director, Internal Client Services Directorate on an annual basis.

FNIHB management is responsible for:

- Promoting a culture of continuous learning among their employees through leading by example and encouraging employees to continuously strengthen their cultural competencies;
- Establishing individual plans or a group plan to meet mandatory training requirements;
- Tracking mandatory cultural training completion rates for their employees; and,
- Reporting completion rates to their Regional Executive or Directors General on an annual basis.

FNIHB employees at all levels and classifications are responsible for:

- Ensuring mandatory cultural training requirements are incorporated into their learning plan of their performance agreements on a yearly basis;
- [Participating in all mandatory cultural training activities with an open mind and a desire to learn and continuously strengthen their cultural competencies](#); and,
- Meeting or exceeding the mandatory cultural training requirements each year.

The Executive Director of Internal Client Service Directorate is responsible for:

- Monitoring the mandatory cultural training completion rates and reporting to senior management including Senior Management Committee;
- Reviewing the mandatory Indigenous cultural training policy every 3 years with management, and updating as required; and,
- Providing ongoing advocacy and support to ensure compliance with the policy.

10. CONSEQUENCES:

Staff who have been given reasonable opportunity to comply with this policy but fail to do so, may be subject to the employer policy on education, including but not limited to performance planning and support.

11. REVISION:

The policy will be reviewed every three (3) years or as needed.

This is **Exhibit "H"**
to the affidavit of
Andrea Auger
Affirmed before me this
1st day of May, 2019



A Commissioner for Taking Affidavits

David P. Taylor
LSO#63508Q

From: Jacquie Surges <jsurges@fncaringsociety.com>
Date: Monday, April 29, 2019 at 11:52 AM
To: Andrea Auger <aauger@fncaringsociety.com>
Subject: FW: Follow up to today's call

From: Jacquie Surges <jsurges@fncaringsociety.com>
Date: Thursday, March 28, 2019 at 1:38 PM
To: c b <c @hotmail.com>
Cc: Andrea Auger <aauger@fncaringsociety.com>
Subject: Re: Follow up to today's call

Hi C ,

This is all helpful info, so thank you for sharing. I'm looping my colleague Andrea in, who I believe you worked with in the past. Just to confirm, are you okay if we raise the below concerns with Jordan's Principle?

Jacquie Surges

Administrative & Executive Assistant
First Nations Child and Family Caring Society
reception@fncaringsociety.com
613-230-5885
Suite 401, 309 Cooper Street
Ottawa ON
K2P 0G5

From: c b <c @hotmail.com>
Date: Thursday, March 28, 2019 at 1:10 PM
To: Jacquie Surges <jsurges@fncaringsociety.com>
Subject: Re: Follow up to today's call

Hi

Just a few FYI.S.

- rent payments have always taken 3 to 4 weeks b4 the landlord/owner see.s the deposit made.
- despite J.P. policies requiring me to sign rent invoices prior to being submitted...that was never requested by J.P.staff....therefore as a result they paid the landlord \$304 overpayment from last OCT. to FEB. 2019.
- the landlord never notified me either and it was J.P. staff that didnt question the original committment.
- I pay out of pocket expensed for approved services and supports..thereby forcing me to go to food banks and scrounge to make ends meet..because J.P. takes 2 and half months to 4 weeks to reimburse.
- NOW with day care being approved..I am expecting more complications because of the financial delays .
- I do have an email from Stephanie - Marie Stanger stating my claims are to be flagged to ensure a 2 week reimbursement. However, it appears that when I request..seek or inquire or appeal...the process always seems to take longer on unrelated matters.

In summary..they J.P. can approve requests, however the delays cause undo hardships when inconsistent and lengthy reimbursements take place.
It took 2.5 months to be reimbursed for a \$30 pediatrician visit.

Just venting..thanks!

Have a pleasant day, C

From: Jacquie Surges <jsurges@fncaringsociety.com>
Sent: March 28, 2019 1:21:16 PM
To: c b
Subject: Re: Follow up to today's call

Hi C ,

You're welcome – not sure why this process needed to be so complicated on their end. Just wanted to check in on whether anyone has been in contact with you yet. I haven't heard back on when funds will be released, but will push them on it again today.

Jacquie Surges

Administrative & Executive Assistant
First Nations Child and Family Caring Society
reception@fncaringsociety.com
613-230-5885
Suite 401, 309 Cooper Street
Ottawa ON
K2P 0G5

From: c b <c @hotmail.com>

Date: Wednesday, March 27, 2019 at 4:23 PM
To: Jacquie Surges <jsurges@fncaringsociety.com>
Subject: Re: Follow up to today's call

Hello

Thank you for the update...lol. Though totally different from Vanessa version ...that's great.

Thank you once again.

Have a pleasant day, C

From: Jacquie Surges <jsurges@fncaringsociety.com>
Sent: March 27, 2019 8:05:27 PM
To: c b
Subject: Follow up to today's call

Hi C ,

Just a quick follow up to our call from earlier today. Someone from Jordan's Principle should be in touch with you today or tomorrow to clarify the conditional statement that was included with your funding approval – apparently, it was purely meant to be an internal note, and not a condition placed upon you or your family. They should be able to explain more fully when they reach out.

I've also asked for a confirmation that funds will be released before Monday, and will keep you posted on what I hear back.

Thank you,

Jacquie Surges

Administrative & Executive Assistant
First Nations Child and Family Caring Society
reception@fncaringsociety.com
613-230-5885
Suite 401, 309 Cooper Street
Ottawa ON
K2P 0G5

This is **Exhibit "I"**
to the affidavit of
Andrea Auger
Affirmed before me this
1st day of May, 2019



A Commissioner for Taking Affidavits

David P Taylor
LSO# 63508Q

From: "Korbo, Michelle (HC/SC)" <michelle.korbo@canada.ca>
Date: Thursday, November 29, 2018 at 12:25 PM
To: Andrea Auger <aauger@fncaringsociety.com>
Cc: Valerie Gideon <valerie.gideon@canada.ca>, Cindy Blackstock <cblackst@fncaringsociety.com>, "Campbell, Alexander (HC/SC)" <alexander.campbell@canada.ca>, "Rushowick, Bonnie (HC/SC)" <bonnie.rushowick@canada.ca>
Subject: RE: Jordan's Principle call: Priscilla English

Hi Andrea,

In this particular case the client continues to apply for services without providing any documentation. Whenever we ask for documentation to support her claim she contacts you which is why I had suggested a three way phone call.

While I am not totally convinced that going to a daily walk in medical clinic to get a doctor's note is burdensome we have already regionally determined that interim respite is in the best interest of the children so we will provide one month of interim respite until she can receive a doctor's note within the month as she has suggested she can receive one. She will need to provide the medical note as well as confirmation that she has applied for the Cognitive Disability Strategy program for respite after that point (which is standard practice for anyone residing off reserve needing respite in our Province).

Please let me know if you require anything further or if you'd like to have a call, have a good day,

Michelle Korbo
Director, Jordan's Principle, Saskatchewan Region

First Nations and Inuit Health Branch, Indigenous Services Canada / Government of Canada
michelle.korbo@canada.ca / Tel: 306-564-9143/ Fax: 306-780-6864

Direction de la Santé des Premières nations et des Inuits, Services aux Autochtones Canada / Gouvernement du Canada
michelle.korbo@canada.ca / Tél: 306-564-9143/ Fax 306-780-6864

****PLEASE NOTE that my telephone number has changed effective November 13, 2018.****

From: Andrea Auger [mailto:aauger@fncaringsociety.com]
Sent: 2018-11-29 10:54 AM
To: Korbo, Michelle (HC/SC)
Cc: Gideon, Valerie (HC/SC); Cindy Blackstock; Campbell, Alexander (HC/SC); Rushowick, Bonnie (HC/SC)
Subject: Re: Jordan's Principle call: Priscilla English

Hi Michelle,

As you also know, the Standard Operating Procedures also outline that best interests of the child are first and foremost. From the sounds of it, P is really in need of respite and due to the wait times with the service provider, the assessment will not be happening until sometime in the New Year. That means that the family will be waiting for over a month to receive a service.

I am wondering if this could be escalated to HQ for approval with the condition that the letter be provided upon the delivery of the service. Valerie, perhaps you have some thoughts as well on this. If we can get this moving as soon as possible, that would be greatly appreciated as we want services delivered under Jordan's Principle to be the least burdensome as possible.

All the best,

Andrea Auger
Reconciliation and Research Manager
First Nations Child & Family Caring Society of Canada
www.fncaringsociety.com
613-230-5885
Twitter: @Caringsociety
Facebook: /CaringSociety
Instagram: spiritbearandfriends

From: "Korbo, Michelle (HC/SC)" <michelle.korbo@canada.ca>
Date: Wednesday, November 28, 2018 at 3:25 PM
To: Andrea Auger <aauger@fncaringsociety.com>
Cc: "Gideon, Valerie (HC/SC)" <valerie.gideon@canada.ca>, Cindy Blackstock <cblackst@fncaringsociety.com>, "Campbell, Alexander (HC/SC)" <alexander.campbell@canada.ca>, "Rushowick, Bonnie (HC/SC)" <bonnie.rushowick@canada.ca>
Subject: RE: Jordan's Principle call: Priscilla English

Hi Andrea,

Respite for First Nations children residing off reserve is provided by the Cognitive Disability Strategy under the Provincial Government. As such we only provide interim respite support while the family applies for the benefit under the Provincial Government. They also offer a whole host of supports under that program so once the child is assessed and approved it can be of real benefit to a family.

For any application under Jordan's Principle it is standard operating procedure (which has been approved by JPOC) to ask for a prescription, referral, letter of support, or assessment from a health/social/educational professional that clearly indicates the diagnosis(es) or identified need and directly recommends the requested product, support or service. We do not have any of the above for these two children. Based on conversations with the P and the applications to date we do not have any information to indicate that this is an urgent situation so we are following standard procedure.

In terms of the Cognitive Disability Strategy they do have case workers assigned to conduct an assessment to determine the child's level of need under the program but they are not child protection workers. That being said, all individuals in the Province of Saskatchewan do have a legal duty to report if they see something that would indicate that a child is in need of protection.

I wonder if it may be helpful to have a three way call with you and P so we are all on the same page concerning next steps for her application?

Michelle Korbo
Director, Jordan's Principle, Saskatchewan Region

First Nations and Inuit Health Branch, Indigenous Services Canada / Government of Canada
michelle.korbo@canada.ca / Tel: 306-564-9143/ Fax: 306-780-6864

Direction de la Santé des Premières nations et des Inuits, Services aux Autochtones Canada / Gouvernement du Canada
michelle.korbo@canada.ca / Tél: 306-564-9143/ Fax 306-780-6864

****PLEASE NOTE that my telephone number has changed effective November 13, 2018.****

From: Andrea Auger [mailto:aauger@fncaringsociety.com]
Sent: 2018-11-28 1:34 PM
To: Korbo, Michelle (HC/SC)
Cc: Gideon, Valerie (HC/SC); Cindy Blackstock
Subject: Fw: Jordan's Principle call: Priscilla English

Hi Michelle,

I wanted to forward you information from P who called our office today (I am currently out of the office).

Can you please clarify why P's claim has been passed along? Jordan's Principle is a child first principle ensuring that there are no barriers for First Nations children to access services. It is not a last resort.

Although you had mentioned in our previous communication that the respite would be covered, it looks like she is having to provide a note for the respite. She has previously received respite.

Any clarification on this would be appreciated!
Andrea

Andrea Auger
Reconciliation and Research Manager
First Nations Child and Family Caring Society
613.230.5885, ext. 223
www.fncaringsociety.com

From: Jacquie Surges
Sent: November 28, 2018 10:39 AM
To: Andrea Auger
Cc: Cindy Blackstock
Subject: Jordan's Principle call: Priscilla English

Hi Andrea,

P just called with an update. I'm not sure where you left off with her, but apparently she's just been told by Carmen at Jordan's Principle in Regina that she should not be making a claim through them and should instead be applying for the Cognitive Disability Benefit through the Saskatchewan provincial government.

Apparently, she called the Cognitive Disability folks and they were extremely dismissive, and tried to point her elsewhere as well.

She was also told by Carmen that she would be able to release a months' worth of respite care funding if P could get a note from a doctor or therapist stating her children needed it, but she's on the waitlist to actually get an appointment with anyone.

P asked if we'd recommend she try to move ahead with the Cognitive Disability application. She's apprehensive since it requires she have social workers observe her kids at school, and she's understandably tentative to have child services get involved with her family.

I know you're at JPAT today, so I've cc'd Cindy here in case she has any suggestions.

Jacquie Surges
Administrative & Executive Assistant
First Nations Child and Family Caring Society

reception@fncaringsociety.com

613-230-5885

Suite 401, 309 Cooper Street

Ottawa ON

K2P 0G5

This is **Exhibit "J"**
to the affidavit of
Andrea Auger
Affirmed before me this
1st day of May, 2019



A Commissioner for Taking Affidavits

David P Taylor

LSO# 63508Q

From: Valerie Gideon <valerie.gideon@canada.ca>
Date: Wednesday, April 17, 2019 at 3:13 PM
To: Andrea Auger <aauger@fncaringsociety.com>, "Service Clientèle Principe Jordan / Jordan Principle Client Support (SAC/ISC)" <sac.serviceclienteleprincipejordan-jordanprincipeclientsupport.isc@ca.nada.ca>
Cc: Cindy Blackstock <cblackst@fncaringsociety.com>, "Tierney, Stephen (SAC/ISC)" <stephen.tierney@canada.ca>
Subject: RE: Saskatchewan Case

Hi Andrea

I asked for a chronology to investigate how the Department erred on this case, not to delay resolution. I agree fully that we should not be delaying access to services. I have asked Stephen to intervene and get this resolved as quickly as possible.

From: Andrea Auger <aauger@fncaringsociety.com>
Sent: 2019-04-17 3:01 PM
To: Service Clientèle Principe Jordan / Jordan Principle Client Support (SAC/ISC) <sac.serviceclienteleprincipejordan-jordanprincipeclientsupport.isc@canada.ca>
Cc: Cindy Blackstock <cblackst@fncaringsociety.com>; Gideon, Valerie (SAC/ISC) <valerie.gideon@canada.ca>
Subject: Re: Saskatchewan Case
Importance: High

Hi Anick and Valerie,

I am not sure why a chronology of this case is even being created. The decision of this case is far outside of the timelines of the CHRT and therefore not compliant with the CHRT ruling. Further, creating a chronology is delaying services to this family.

If someone can please expedite the decision process for the family, that would be appreciated. In light of the fact that the Department lost the case file, is there a way to continue to fund the services until S can get a note from a professional stating the need for respite?

Thanks,
Andrea

Andrea Auger
Reconciliation and Research Manager
First Nations Child & Family Caring Society of Canada
www.fncaingsociety.com
613-230-5885
Twitter: @Caringsociety
Facebook: /CaringSociety
Instagram: spiritbearandfriends

From: "Service Clientèle Principe Jordan / Jordan Principe Client Support (SAC/ISC)"
<sac.serviceclienteleprincipejordan-jordanprincipeclientsupport.isc@ca.nada.ca>
Date: Wednesday, April 17, 2019 at 2:51 PM
To: Andrea Auger <aauger@fncaingsociety.com>
Subject: RE: Saskatchewan Case

Hi Andrea,

I did a chronology of the case that I just shared with Valerie. As soon as Valerie review it, I am thinking that she will share he thought with you.

Anick

Anick Roberge RN, BScN
Nurse Consultant, First Nations and Inuit Health Brach
Department of Indigenous Services Canada (DISC) /Government of Canada
200 Eglantine Dreweyway, Tunney's Pasture, Ottawa
anick.roberge@canada.ca / Phone: (613) 941-3686, Cell: (343) 540-6251

Anick Roberge B. Sc.Inf.
Infirmière Consultante, Direction Générale de la santé des premières nations et des inuits
Ministère des Services aux Autochtones Canada (MSAC) /Gouvernement du Canada
200 Eglantine Dreweyway, Tunney's Pasture, Ottawa
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From: Andrea Auger [<mailto:aauger@fncaringsociety.com>]
Sent: 2019-04-15 11:06 AM
To: Service Clientèle Principe Jordan / Jordan Principle Client Support (SAC/ISC)
Cc: Cindy Blackstock; Gideon, Valerie (SAC/ISC)
Subject: Re: Saskatchewan Case

Hi Anick,

Can I please have an update of where this request is at?

Thank you,
Andrea

Andrea Auger
Reconciliation and Research Manager
First Nations Child & Family Caring Society of Canada
www.fncaringsociety.com
613-230-5885
Twitter: @Caringsociety
Facebook: /CaringSociety
Instagram: spiritbearandfriends

From: Andrea Auger <aauger@fncaringsociety.com>
Date: Thursday, April 11, 2019 at 3:35 PM
To: "sac.serviceclienteleprincipejordan-jordanprincipeclientsupport.isc@canada.ca"
<sac.serviceclienteleprincipejordan-jordanprincipeclientsupport.isc@canada.ca>
Cc: Cindy Blackstock <cblackst@fncaringsociety.com>, Valerie Gideon
<valerie.gideon@canada.ca>
Subject: Re: Saskatchewan Case

Thanks Anick.

Please be mindful of the timelines prescribed by the CHRT. If this case was treated as new as of right now, the timeline is 48 hours to render a decision to S .

All the best,

Andrea Auger
Reconciliation and Research Manager
First Nations Child & Family Caring Society of Canada
www.fncaingsociety.com
613-230-5885
Twitter: @Caringsociety
Facebook: /CaringSociety
Instagram: spiritbearandfriends

From: "Service Clientèle Principe Jordan / Jordan Principle Client Support (SAC/ISC)"
<sac.servicedeclienteleprincipejordan-jordanprincipeclientsupport.isc@ca.nada.ca>
Date: Thursday, April 11, 2019 at 3:11 PM
To: Andrea Auger <aauger@fncaingsociety.com>
Subject: Saskatchewan Case

Hi Andrea,

I just wanted to let you know that I will undertake a review of the chronology of this case and share with the Caring Society once reviewed by Valerie.

Anick

Anick Roberge RN, BScN



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From: Desjarlais, Peter (AADNC/AANDC)

Sent: 2019-04-11 1:29 PM
To: Phillips, Malinda (SAC/ISC)
Cc: Service Clientèle Principe Jordan / Jordan Principle Client Support (SAC/ISC)
Subject: RE: Need case number

Hi Malinda,

It's IN-SK-0046.2 and IN-SK-0047.2

Thank you,

Peter Desjarlais
306-216-1856
peter.desjarlais@canada.ca
1-855-JP-CHILD (1-855-572-4453) 24/7

IMPORTANT: The contents of this email and any attachments are confidential. They are intended for the named recipient(s) only. If you have received this email by mistake, please notify the sender immediately and do not disclose the contents to anyone or make copies thereof.

From: Phillips, Malinda (SAC/ISC) <malinda.phillips@canada.ca>
Sent: Thursday, April 11, 2019 11:26 AM
To: Desjarlais, Peter (AADNC/AANDC) <peter.desjarlais@canada.ca>
Cc: Service Clientèle Principe Jordan / Jordan Principle Client Support (SAC/ISC) <sac.serviceclienteleprincipejordan-jordanprincipleclientsupport.isc@canada.ca>
Subject: RE: Need case number

Hi Peter,

Are you able to provide the case number please.

Thank you,

Malinda Phillips
Jordan's Principle Focal Point
First Nations Inuit Health Branch/Indigenous Services/Saskatchewan Region
PH: 306-564-9093
FAX: 1-833-246-4065
Email: malinda.phillips@canada.ca

From: Service Clientèle Principe Jordan / Jordan Principle Client Support (SAC/ISC)
Sent: 2019-04-11 9:24 AM
To: Phillips, Malinda (SAC/ISC)

Subject: RE: Need case number

I Malinda,

Could you please provide me with the case number?

Thanks

Anick

Anick Roberge RN, BScN
Nurse Consultant, First Nations and Inuit Health Branch
Department of Indigenous Services Canada (DISC) /Government of Canada
200 Eglantine Dreveway, Tunney's Pasture, Ottawa
anick.roberge@canada.ca / Phone: (613) 941-3686, Cell: (343) 540-6251

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Ministère des Services aux Autochtones Canada (MSAC) /Gouvernement du Canada
200 Eglantine Dreveway, Tunney's Pasture, Ottawa
anick.roberge@canada.ca / Téléphone: (613) 941-3686, Cell: (343) 540-6251



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From: Service Clientèle Principe Jordan / Jordan Principle Client Support (SAC/ISC)

Sent: 2019-04-10 2:45 PM

To: Phillips, Malinda (SAC/ISC)

Subject: Follow-up required pls----Jordan's Principal Application for Myself & Children/ April 9, 2019

Hi Malinda,

I received an e-mail from the caring society this morning regarding a case.

The requester sent an e-mail explaining the difficulties she had throughout getting some funding.
Can someone get in touch with her to guide her through the process.

Thanks,

Anick

Anick Roberge RN, BScN
Nurse Consultant, First Nations and Inuit Health Branch
Department of Indigenous Services Canada (DISC) /Government of Canada
200 Eglantine Dreweyway, Tunney's Pasture, Ottawa
anick.roberge@canada.ca / Phone: (613) 941-3686, Cell: (343) 540-6251

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From: Andrea Auger [<mailto:aauger@fncaringsociety.com>]
Sent: 2019-04-10 2:39 PM
To: Service Clientèle Principe Jordan / Jordan Principle Client Support (SAC/ISC)
Subject: Re: Jordan's Principal Application for Myself & Children/ April 9, 2019

Hi Anick,

Yes, she is.

Thanks,
Andrea

Andrea Auger
Reconciliation and Research Manager
First Nations Child & Family Caring Society of Canada
www.fncaringsociety.com
613-230-5885
Twitter: @Caringsociety
Facebook: /CaringSociety
Instagram: spiritbearandfriends

From: "Service Clientèle Principe Jordan / Jordan Principle Client Support (SAC/ISC)"
<sac.serviceclienteleprincipejordan-jordanprincipeclientsupport.isc@ca.nada.ca>
Date: Wednesday, April 10, 2019 at 2:30 PM
To: Andrea Auger <aauger@fncaringsociety.com>
Subject: RE: Jordan's Principal Application for Myself & Children/ April 9, 2019

Hi Andrea,

Can you confirmed me that the mother lives in SK, that way, I can contact the right Focal point.

Thanks,

Anick

Anick Roberge RN, BScN



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From: Andrea Auger [<mailto:aauger@fncaringsociety.com>]
Sent: 2019-04-10 10:32 AM
To: Service Clientèle Principe Jordan / Jordan Principle Client Support (SAC/ISC); Gideon, Valerie (SAC/ISC); Gillis, Leila (SAC/ISC)
Cc: Cindy Blackstock
Subject: FW: Jordan's Principal Application for Myself & Children/ April 9, 2019

Hi everyone,

Can someone please follow up on S [redacted]'s case? The timelines for processing her request far exceed those outlined by the CHRT.

Thank you,
Andrea

Andrea Auger
Reconciliation and Research Manager
First Nations Child & Family Caring Society of Canada
www.fnacaringsociety.com
613-230-5885
Twitter: @Caringsociety
Facebook: /CaringSociety
Instagram: spiritbearandfriends

From: S W <s@ gmail.com>
Date: Tuesday, April 9, 2019 at 5:34 PM
To: <info@fnacaringsociety.com>, S <s@ gmail.com>
Subject: Jordan's Principal Application for Myself & Children/ April 9, 2019

Good morning,

I am writing this email to ask for help. I first applied for the Jordan's Principal last year; I applied for respite services for myself and my children. My name is S W , and I am a First Nation woman from First Nation. I am a single, working mother of 3 children. A daughter who will be 11, and twins boys who are 5.5 years old. I applied for respite services last year and the process went tremendously smooth; the response time was quick and the application process was easy and the lady who helped me was extremely polite and communication was easy. I was approved for funds and was paid for respite services. I work as a landlord/property manager for a First Nation run Corporation in the city, I have over 200+ low income units in my portfolio to date, although I do work I am a low income earner and I do rely on Child Care heavily. My twin boys both attend a daycare full time in which I pay over \$700 a month (w the help of child care subsidy otherwise it would be \$1200/mth), they both attend kindergarten and recently 1 of my boys had started a different program within the school board of education to better suite his needs. We also began the process for testing and assessments through Child & Youth in Regina, SK as my child is going to be labelled as special needs. The reason for the respite and my application was to help me financially with respite services. In my position I am required to travel, and when I'm travelling I'm required to pay for my own expenses surrounding babysitters/caregivers etc. I don't have a lot of supports in Regina, Sk where I can have someone/relative etc come into my home and take care of my children for free (although that would be nice) but it's just not my reality. I was last told by the person at INAC when I first applied last year, Randine Akapew that I could extend my application in the new year if I feel I needed services still, so I reached out to the INAC Department on January 14, 2019 and was connected with a woman by the name of Wendy Remarchuk I sent her an email asking how I would go about continuing services through the Jordan Principal and she responded to my inquiry Jan 16, 2019 telling me that she would look into my file for me, I didn't hear anything back

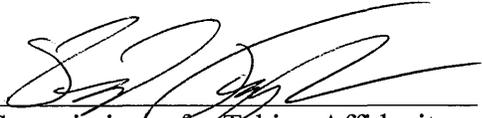
from her until I sent another email following up on the progress on Jan 31, 2019 and then she responded to my inquiry Feb 12, 2019 letting me know that she no longer was working in the Jordan Principal file and that she forwarded my file to the new hire they had working on the Jordan Principal file. I contacted the department again on Feb 15, 2019 and then was given the phone number and email for a Peter Desjarlais, and contacted him on both phone and email and he only ever responded to me by email since then. Feb 18, 2019 Peter sent me an email telling me that the department had lost my file completely and that I would have to reapply. I was completely shocked by this. Feb 22, 2019 he wrote back and said he had the help from a colleague to locate a partial file? and then said he would be in touch shortly after he reviewed my file. I waited nearly a month for a response until I finally sent another email and called him on March 22, 2019 and he did not reply until March 23, 2019 and proceeded to tell me my file was in his pile of 'to-do's' and he would send me an email letting me know if I would be eligible for services again. April 1, 2019 I still did not hear back from him about my application to continue services and I sent another email. He responded on April 2, 2019 letting me know that he sent my file to finance and would let me know the next day. April 4, 2019 I sent another email asking again for another update and he responded and told me that I would not be eligible for services unless I submit receipts for services I already received and then I would maybe be reimbursed. I don't understand this as I don't have the money/afford respite on my own and this is the reason for the application - I have submitted an application, they have all my information on file and paperwork from my children on the application its been ongoing since January 2019 and its now April 2019 and I still don't have a clear answer. I feel like I have missed a lot of information in between the correspondence of myself and the people of INAC - but I have all of the emails and if someone from the caring society would like them printed out and faxed I can do that as well. I really hope someone can help me, I feel defeated when it comes to the people in charge of the Jordans Principal in INAC.

Thank you.

S W

[s @gmail.com](mailto:s@ gmail.com)

This is **Exhibit "K"**
to the affidavit of
Andrea Auger
Affirmed before me this
1st day of May, 2019



A Commissioner for Taking Affidavits

David P Taylor
LSO# 635080

From: Cindy Blackstock <cblackst@fncaringsociety.com>
Date: Tuesday, April 16, 2019 at 9:12 AM
To: Valerie Gideon <valerie.gideon@hc-sc.gc.ca>
Cc: Akosua Matthews <akosuam@falconers.ca>, Maggie Wente <MWente@oktlaw.com>, David Taylor <dtaylor@conway.pro>, "Jon ca" <JonThompson@afn.ca>
Subject: FW: Reimbursement HC-ON-3116

Hello Valerie

A family send us this documentation that ISC requires to process payment. There seems to be a significant number of forms for families to complete and the wording of some of the text is geared towards persons who have a significantly higher reading level than the vast majority of the population. For example, I ran a Felsch Kinkaid reading scan on the attestation portion of the Jordan's Principle Claim Form (Section 4 of the attached word document) and the results were:

- a. Reading Score for document text is 35.4 meaning it is difficult to understand. Scores of over 80+ are easy to understand and 60+ are understood by most people.
- b. Grade Level for the document text is 15.3 meaning that most people who read scholarly papers would understand the text however scores of 7-8 are considered readable by the majority of people.

These scores represent reading scores accessible to are not consistent with accessibility standards and appear inconsistent with 2017 CHRT 14 para. 135 (2) (iv) which reads "if the request is granted, the government department that is first contacted shall pay for the service without engaging in administrative case conferencing, policy review, service navigation or **any other similar administrative procedure before funding is provided;**" (emphasis added).

Since these forms are from Ontario, in addition to David and Jonathan I have copied Maggie Wente and Akosua Matthews on this email for their information. Can you please let us know what is being done to streamline the payment procedure and reduce the paperwork required by families, and ensure such paper work is accessible to families (particularly to those persons who struggle with literacy in English and/or French)?

Regards

Cindy



Health Canada
Santé Canada

Public Health Agency of Canada
Agence de la santé publique du Canada

DIRECT DEPOSIT ENROLMENT REQUEST
for Companies, Organizations, Individuals or Sole Proprietors

DEMANDE D'INSCRIPTION AU DÉPÔT DIRECT
pour compagnie, organisation, individu ou propriétaire unique

Department/Ministère: Health Canada/Santé Canada

Public Health Agency of Canada/Agence de la santé publique du Canada

Please print clearly and complete all fields. Please keep the appropriate federal government department informed of any change to your mailing address and/or banking information. A signature must be provided.

Veillez écrire lisiblement et remplir tous les champs. Veuillez informer le ministère fédéral approprié de tout changement à votre adresse postale et/ou à vos renseignements bancaires. Une signature doit être fournie.

PART A - Identification Information

PARTIE A - Renseignements d'identification

1 Legal name of Company, Organization, Sole Proprietor OR Individual
Nom légal de la compagnie, organisation, propriétaire unique OU individu

2 Social Insurance Number (SIN) for Individuals only
Numéro d'assurance sociale (NAS) pour l'individu seulement
or/ou
Business/HST Number for companies, organizations and sole proprietors
Numéro d'entreprise ou numéro TVH pour les organisations et propriétaire unique

3 Remittance address, Street, Apt. No., R.R. or P.O. Box – Adresse de retour, Rue, No d'app., R.R. ou case postale

4 Contact Telephone (with ext.)
N° de telephone (avec poste)

5 E-mail address – Adresse électronique (Required for payment details/Requis pour les details de paiement)

PART B - Banking Information

PARTIE B - Renseignements bancaires

Complete Part B or attach a blank cheque with « VOID » written on it. If you do not have a void cheque, please see Part D on page 2 for acceptable alternatives.

Veillez remplir la partie B ou joindre un chèque annulé portant la mention «NUL». Si vous n'avez pas de chèque annulé, veuillez consulter la partie D, à la page 2, afin de connaître les alternatives acceptables.

Branch No. - N° de la succursale
Institution No. - N° de l'institution

Account No. - N° de compte

Name(s) of account holder(s) - Nom(s), titulaire(s) du compte

Financial Institution Stamp – required if no void cheque is attached
Estampe de l'institution financière – requis si un chèque nul n'est pas joint

The information provided is protected under The Privacy Act.

Les renseignements fournis sont protégés conformément aux dispositions de la loi sur la protection des renseignements personnels.

PART C - Consent

PARTIE C - Consentement

I, on my own behalf or as a properly authorized individual for this organization, in lieu of receiving a cheque, hereby authorize the Receiver General for Canada to issue future payments electronically to the banking information provided.

Je, pour moi-même ou comme représentant dûment autorisé de cet organisme, autorise par la présente, le Receveur général du Canada à donner instructions de porter tout paiement futur électronique au crédit du compte susmentionné, plutôt que d'émettre un chèque.

6 Year Month Day
Année Mois Jour

X
Signature of Applicant/Signature du (de la) requérant(e)

Void Cheque Sample:

Échantillon de chèque nul:

ACCOUNT HOLDER NAME STREET ADDRESS CITY, PROVINCE POSTAL CODE	DATE _____	001
VOID		
PAY TO THE ORDER OF _____	\$ _____	100 DOLLARS
BANK NAME BANK STREET ADDRESS BANK CITY, PROVINCE POSTAL CODE		
☐☐☐☐☐	☐05550	☐☐☐☐☐
Cheque No.	Branch No.	Institution No.
		127864182178
		Bank Account No.

Acceptable alternatives to a void cheque or stamped direct deposit form:

1. Account details that have been printed from an online banking site. (Please note some banks may only offer online fillable forms. These would only be accepted when stamped by the financial institution).
2. A letter from the bank or financial institution with bank account information.

Des alternatives acceptables à un chèque annulé ou à un formulaire de dépôt direct estampillé:

1. Les détails du compte sont imprimés à partir d'un site bancaire en ligne. (Veuillez noter que certaines banques ne peuvent offrir que des formulaires à remplir en ligne. Ceux-ci seront acceptés seulement s'ils sont estampillés par l'institution financière.)
2. Une lettre de la banque ou de l'institution financière avec les informations du compte bancaire.

JORDAN'S PRINCIPLE CLAIM FORM

- Complete all pages and sign the form on page 2.
- Include all the required documents (see instructions on page 3) with your claim.

Case Tracking Number: HC ON
Invoice/Reimbursement Number:

SECTION 1 – Child's Information	
Last Name:	First and Middle Names:
Street Address:	Apartment/Unit Number:
City/Community:	Province/Territory:
Postal Code:	Telephone Number:
Parent/Guardian Name(s):	
Have you applied for coverage under any other program(s) such as Non-Insured Health Benefits? <input type="radio"/> Yes <input type="radio"/> No	
If yes, please attach a copy of the information/documents submitted.	

SECTION 2 – Claimant's Information	
Reimbursement to: <input type="radio"/> Child <input checked="" type="radio"/> Parent/Guardian <input type="radio"/> Service Provider (i.e. speech therapist, fencing company) <input type="radio"/> Other – please specify: _____	
Reimbursement by: <input type="radio"/> Cheque <input checked="" type="radio"/> Direct Deposit (mandatory for business/organization)	
Individual/Business/Organization Name:	
Street Address:	Apartment/Unit Number:
City/Community:	Province/Territory:
Postal Code:	Telephone Number:
Email Address:	
Mailing Address (if different from home/business address)	
Street Address:	Apartment/Unit/P.O. Box Number:

City/Community:	Province/Territory:
Postal Code:	

SECTION 3 – Products/Supports/Services

Please indicate the products/supports/services received. Services such as transportation or support services that require multiple trips/visits will require a detailed invoice indicating the service dates. If a claim is being submitted by a third party (i.e. service provider, other), you will also be required to provide a signed confirmation from the parent/guardian indicating that products/supports/services have been received.

List products/supports/services received:	Cost
Total Amount Claimed:	

SECTION 4 – Signature & Authorization

I authorize the release of any records that are relevant to the processing and payment of the attached claims held by the service provider to Health Canada, its agents or contractors, or any appropriate health professional licensing or regulatory body for the purpose of administrative audit. I declare the information to be true and accurate, and that it does not contain a claim for any product/support/service previously paid for by Health Canada or by any other program (i.e. Non-Insured Health Benefits).

I confirm that the products/supports/services indicated on this claim form have been received.

Child Parent/Guardian Other – please specify: _____

Print Name:	Date:
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Signature:

Health Canada Signature (if completing a claim form on behalf of a client)

Print Name:	Title:
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Signature:	Date:
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Notes:

PRIVACY NOTICE

The personal information you provide to Health Canada is governed in accordance with the Privacy Act. We only collect the information we need to administer benefits under the Jordan's Principle Initiative. Collection of information for this purpose is authorized under the *Department of Health Act*. We require this information for the adjudication and payment of claims 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 *Privacy Act* 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-airp@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.

Claims can be submitted electronically or by mail.

By Mail:

First Nations and Inuit Health Branch
**Attention: Jordan's Principle
Ontario Region**
Sir Charles Tupper Building
2720 Riverside Drive, 4th Floor
Address Locator: 6604D
Ottawa ON K1A 0K9

Electronically: sac.principedejordanfinance-on-financejordansprinciple.isc@canada.ca

Claim Instructions

- **Complete a separate claim form for each eligible child.**
- **Parents/guardians can obtain payment by direct deposit. To enrol, complete the Direct Deposit Enrollment Request form and provide a void cheque/official bank document.**
- **Service providers must complete the Direct Deposit Enrollment Request form and provide a void cheque/official bank document in order for payment to be processed.**
- **Submit all receipts/proof of payment/invoices for payment processing.**



Notice to Self-Employed Respite Providers and/or Support Workers:

Prior to submitting invoices for reimbursement/compensation, please review the following information to ensure invoices are submitted in accordance with Jordan's Principle *Payment Processing Policy*.

By submitting an invoice for services rendered to Indigenous Services Canada, Jordan's Principle, you agree to the following:

1. I understand that by signing this receipt as a respite provider / support worker currently not under employment with a Band Council or a service delivery organization, I am a self-employed, independent subcontractor and responsible for following the Canadian Revenue Agency's (CRA) regulations, as they apply.
2. I understand that as self-employed, independent subcontractor, I am **not an employee** of the Government of Canada and as such, my working business relationship is between myself and the contractor/ person who hired me.

Please note:

Our goal is to issue payment within 4-6 weeks of submission.

Respite providers and/or support workers receiving payment must follow their employer guidelines and policies regarding vulnerable sector police checks, qualifications and/or certifications, licensing, mandatory training, etc. prior to engaging in services with families and/or individuals.

For self-employed, independent subcontractors, please note that the Government of Canada **is not the employer** and will not be making any deductions such as income tax, Employment Insurance, or Canadian Pension Plan.

Contact the Canada Revenue Agency (CRA)

Questions about being self-employed

- Call 1-800-959-5525
- Teletypewriter (TTY), call 1-800-665-0354

Hours of telephone service

Individuals and non-resident trusts – within Canada and the U.S.A.

- 9 am to 5 pm (local time) from Monday to Friday (except holidays)
- <https://www.canada.ca/en/revenue-agency/services/forms-publications/publications/rc4110/employee-self-employed.html>



Payment Process for Ontario Region

Seeking reimbursement?

- Email/mail a completed direct deposit form (please see attached) to sac.principedejordanfinance-on-financejordansprinciple.isc@canada.ca
 - Please ensure name and address of Business/ Individual matches information on void cheque
- Email/mail a completed JP Claim Form (please see attached) along with copies of **clearly marked paid** receipts to sac.principedejordanfinance-on-financejordansprinciple.isc@canada.ca
 - Please ensure to identify HC reference number in subject line of email
i.e. HC-ON-XXXX

Company/service provider billing directly?

- Email/mail a scanned copy of the completed direct deposit form (please see attached) to sac.principedejordanfinance-on-financejordansprinciple.isc@canada.ca
 - Please ensure Business Number/SIN number is provided
 - Please ensure name and address of Business/ Individual matches information on void cheque
- Email/mail invoices **once a product has been received or a service has been rendered only**, to sac.principedejordanfinance-on-financejordansprinciple.isc@canada.ca
 - Please ensure confirmation of attendance is included with invoice from parent/guardian (letter or signature of parent/guardian)
- Invoices must be sent in the following format:
 - Child's name*
 - c/o Department of Indigenous Services Canada, Jordan's Principle
 - HC-ON-XXXX
 - Invoice date
 - Dates of services to indicate when service was rendered
 - The service or item provided
 - The cost per unit
 - The total cost being sought
 - Service providers must include their address on all receipts they provide clients for services.
 - A statement confirming that the goods were received or services were rendered, signed by the parent/guardian**

Please note: Department of Indigenous Services Canada, Jordan's Principle, is not responsible for missed appointments.

For general inquiries please contact: sac.jordansprincipleon-principedejordan.isc@canada.ca (613) 618-1833
For payment inquiries: sac.principedejordanfinance-on-financejordansprinciple.isc@canada.ca (613) 618-1833



First Nations & Inuit Health Branch
Jordan's Principle, Ontario Region
2720 Riverside Drive
Charles Tupper BLDG – 4th Floor
Ottawa, ON, K1A 0K9

March 18, 2019

PARENT/GUARDIAN OF [REDACTED]

RE: Jordan's Principle Individual Request HC-ON [REDACTED]

To Who It May Concern,

I am pleased to inform you that your recently submitted request for funding for the following services and/or items under Jordan's Principle, A Child-First Initiative has been approved:

- [REDACTED] reimbursements (2016-2017 school year + uniform costs) – \$3,123.00

Please review the enclosed *Payment Process for Ontario Region* for detailed instruction on reimbursement and direct billing.

For all inquiries, please call **1-613-618-1833** or e-mail at sac.jordansprincipleon-principedejordan.isc@canada.ca

Respectfully,

Vanessa Follon
Senior Manager, Jordan's Principle
FNIHB, Ontario Region
Indigenous Services Canada

Enclosures

1. Direct Deposit Form
2. Payment Processing Guide
3. Jordan's Principle (Reimbursement) Claim Form

Canada



4. Notice to Respite Providers & Support Workers