Client initials or file number: _____ Clinician / registration number: _____

Jordan’s Principle letter of support checklist and cost breakdown

A clinic checklist for the letter, a cost breakdown grid, and a record of what was given to the family and when.

therapycrm.io

Request

Date requested

Requested by (relationship)

Service coordinator, if any

New request / extension / appeal

Regional focal point contacted on

Letter of support: check before signing

The letter shows	Yes / no	Where in the letter or attachment
1		
2		
3		
4		
5		
6		
7		
8		

Service recommended, with frequency and duration

How the service links directly to the child’s unmet needs

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Client initials or file number: _____ Clinician / registration number: _____

Cost breakdown

Service or item	Rate	Quantity	Period	Subtotal

Total

Paid to (clinic / family)

Invoice steps confirmed with

Documents given to the family

Document	Version date	Given to	Given on
1			
2			
3			
4			
5			

Decision received on

Approved period ends

Updated letter due

Indigenous Services Canada decides each request and its requirements can change. This checklist is kept by the clinic; it is not an ISC form and is not sent to ISC. It is not legal or clinical advice.

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