

# Child First Initiative (CFI) – Nunavik

## Checklist for individual/family request



Please note that if any information or document is missing, the CFI agent will not be able to process the request.

### Consultation tool for completing a request



#### INFORMATION ON THE CHILD/CHILDREN

##### Information that needs to be included in the form

Legal name of the child (or of the children in the same family accessing services through the same request).	<input type="radio"/>
Date of birth of the child/children.	<input type="radio"/>
Beneficiary number or N number of the child(ren). If this information is not available, use the beneficiary number or N number of one of the parents.	<input type="radio"/>
Community affiliation of the child/children.	<input type="radio"/>
Current address of the child/children.	<input type="radio"/>

#### INFORMATION ON THE APPLICANT

##### To be included in the email when you send your request

Name of the applicant.	<input type="radio"/>
Relationship with the child/children.	<input type="radio"/>
Organization of the applicant, if applicable.	<input type="radio"/>
Contact information (phone and email).	<input type="radio"/>
Address of the applicant, if different from that of the child/children.	<input type="radio"/>

#### INFORMATION ON THE CHILD/CHILDREN

##### Information that needs to be included in the form

A description of the child/children's unmet needs. (Indicated in the request form)	<input type="radio"/>
A detailed list of required services and/or products. (Request form or recommendation letter)	<input type="radio"/>
A breakdown of the frequency of the needed services/products. For example: once a week/3 times a month/4 times a year (Indicated in the request form)	<input type="radio"/>
A detailed quotation for the cost of the services/products from the provider.	<input type="radio"/>

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<p>A written and signed recommendation letter from a health, education or social work professional detailing the child/children’s needs, diagnoses, as well as the family and socio-economic background to provide a comprehensive understanding of this funding need.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>● Health/Social/Educational Assessments, Evaluations, Reports or Letters of Recommendation;</li> <li>● Assessments or Evaluations: Behavioural Therapy/Neuropsychological/ Psycho-Educational/Speech and Language/Psychological, etc.;</li> <li>● Plans: Individual Education Plan (IEP)/Student Support Plans/ Treatment plan, etc.;</li> <li>● Prescriptions;</li> <li>● Reference document for consultation.</li> </ul>	●
<p>You must seek out all financing options prior to submitting your Child First Initiative request. It must be clearly demonstrated that no other financial option is available.</p>	●

**IF A REQUEST IS NOT BEING MADE BY A PARENT OR GUARDIAN**

<p>An authorized representative is allowed to make a request on behalf of the parents or guardians. However, the parent or guardian must give parental consent. This consent can be given either through our consent form, through the organization's consent form, or via email.</p>	●
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**INFORMATION ABOUT THE PAYER OF THE SERVICES OR PRODUCTS  
To be included in the email when you send your request**

<p>Who will be paying for the services and/or items?</p> <ul style="list-style-type: none"> <li>● Service provider, organisation, parents, Foster parents, etc.</li> </ul>	●
<p>Who will apply for the refund?</p> <ul style="list-style-type: none"> <li>● Service provider, organisation, parents, Foster parents, etc.</li> </ul>	●

Please submit your request to [cfi.nrbhss@ssss.gouv.qc.ca](mailto:cfi.nrbhss@ssss.gouv.qc.ca)  
 If you have any questions, please contact us by email, phone or booking appointment platform before submitting your request.

**Microsoft Booking link: [Make an appointment](#)**  
**Phone: 833-405-1234**

