



INSTRUCTIONS FOR COMPLETING A REGULAR REQUEST

Concerning an individual, a family or a group of specific children

Please complete the online form once you have gathered all necessary documents and information required to process your request. This form cannot be saved or resumed later. Please ensure you have all necessary information before starting.

PREPARE THE REQUIRED INFORMATION AND DOCUMENTS

- Nunavik beneficiary number for each child or the parent's number
- Parental consent or proof of parental authority (if applicable)
- A letter of recommendation from a professional justifying the need for the requested services or products
- An estimated costs for the requested services or products

You must ensure that no other funding options are available before submitting your request to CFI Nunavik.

How urgent is your request ?

- Please select, from the dropdown menu, the situation that best matches the child's or children's circumstances

Relationship to the child

- Select the option that best represents you from the dropdown menu.
If your type of relationship is not listed in the drop-down menu, select "Other" and specify the type of relationship.
- **Depending on your relationship with the child:**
You will need to provide parental consent for the children for whom you are making a request. Check the box to confirm that you understand.
- **If you are an employee of an organization:**
You attest that your organization is aware of the steps you are taking. It is essential to follow your organization's internal procedures, and in some cases, approval from your immediate supervisor is required to submit a request to CFI. Check the box to confirm that you understand.
 - Are you completing this request as an employee of an organization based in Nunavik or outside of Nunavik?
Select whether it is based in Nunavik or outside of Nunavik.
 - Please select your organization from the drop-down menu:
If your organization is based outside Nunavik, select and specify the name of your organization.
If your organization is based in Nunavik, select it.
If your organization is not listed in the drop-down menu, select "Other" and specify which one.

APPLICANT INFORMATION

- Applicant's name
- Contact information (full address, phone number/extension, and email)
- Contact Preference: Select the communication method by which we should reach you if we have any questions
- This question will appear if the request is submitted by a professional, community worker, service provider, or organization: Will the applicant be the contact person for this request?
 - Yes: You will be our contact for any clarifications or additional information.
 - No: You will need to provide the contact information of the contact person for this request (full name, phone number/extension, email, and preferred method of contact).
- This question will appear if the request is submitted by a professional, community worker, service provider, or organization:
Is your request for more than 10 children?
 - Yes, the group consists of at least 11 children: You will only need to provide the city/community and province of their current residence, not their full addresses.
 - No, the group consists of 10 children or less: You will need to provide the full addresses for each child.
- Do all children live at the same address? If the request is for only one child, select "yes"
 - Yes: Provide the children's full current address once.
If the request is submitted as a parent or family member, you can select "*same address as the applicant*", if applicable.
 - No: You will need to provide the full current address for each child in their respective information section.

CHILD INFORMATION

Please fill out for each child involved in the request:

- Full name of the child
- Gender
- Date of birth of the child
- If applicable, current full address of the child:
 - If it is the same as the applicant's, check the box.
 - If different from the applicant's, please provide the full address.
- Beneficiary number or N Number of the child. If this information is not available, use the beneficiary number or N Number of one of the parents and indicate their full name.

If you need to include additional children in this request, click on "*Add a child*". You can add as many children as necessary, as long as you have all the required information. To remove a child from the request, simply click on the trash icon.

REQUESTED SERVICES/PRODUCTS

Please complete the fields for each service or product by selecting the child(ren) it is intended for. You can add as many services as needed by using "+Add service" at the bottom. To remove a service, click on the trash icon located on the right side.

Children	Select the children concerned from the dropdown menu, which contains those you registered in the previous step.
Services	Select the requested service or product from the dropdown menu Example 1: Professional services - Speech therapy Example 2: Product, material, equipment - Electronic equipment
Total Service cost	Indicate the total cost of the service or product requested, including taxes Example 1: 1,500.00\$ Example 2: 985.00\$
Indicate who will pay the costs upfront, as CFI does not provide advance funding	Select, in the dropdown menu, who will pay <ul style="list-style-type: none"> As the CFI does not provide advance funding, it is essential to identify who will be responsible for covering the cost of the service or product and making the reimbursement request.
Provide all information to justify the amount requested	Please specify the number of sessions, evaluations, or provide details of purchases, along with any other necessary information to justify the amount requested. Example 1: 1 Evaluation and 10 speech therapy sessions Example 2: 1 Laptop Chromebook, 1 Bluetooth mouse, etc.
Anticipated start date of the service or date of purchase of the product	Select the anticipated start date of the service or the purchase date of the product. You can indicate a past or future date.
End date	Select the end date (if applicable) If you know the duration of the services or support provided, please indicate the end date.
Context of the request	Please describe the circumstances and reasons that justify this request. Specify your current situation or the justifications that lead you to make this request. Example: I am a mother. I need financial support to access educational and medical resources for my child, as no local services are available.
Need of the children	Describe the specific needs of the child or children for whom you are making the request and indicate if the children have a diagnosis.
Is it the first time you are requesting funds to CFI for this service or product	<ul style="list-style-type: none"> Yes, it is the first time for this service/product: No further details are required. No, a previous request was submitted for this service/product: Please specify the reasons why the same service or product is needed again. It is important to inform us how the needs or context have evolved.

You will need to provide all documents demonstrating the cost estimates for each requested service or product

Example 1: A quote from the speech-language therapist indicating the cost of the assessment, the cost per session, the number of planned sessions, and the total amount.

Example 2: A quotation from the store or a screenshot of the online shopping cart showing the items and the total price including taxes, shipping, etc.

UPLOADING DOCUMENTS

Please select in the list the types of documents you are attaching to your request. You can upload as many documents as needed in each upload category.



Parental Authorization / Proof of Parental Authority / Consent Form



An authorized representative can make a request on behalf of the parents or guardians. However, the parent or guardian must give parental consent. This consent can be given via our consent form, the organization's form, or by a screenshot of an exchange with the parent/guardian.

Recommendation letter / Evaluation / Diagnosis

A written and signed recommendation letter from a health professional, educator, or social worker, detailing the child's or children's needs and diagnoses, as well as the family and socio-economic context, to provide a clear and comprehensive understanding of the funding request.



A dedicated tool for recommendation letters is available on our website.

For example:

- Health/Social/Educational evaluations, assessments, reports, or recommendation letters;
- Evaluations or assessments: Behavioral therapy, neuropsychological, psycho-educational, speech therapy, psychological, etc.;
 - The CFI only requires the professional's recommendation or diagnosis. Do not send the full report as it contains confidential information not necessary for the request.
- Plans: Individualized Education Plan (IEP), Student Support Plan, Treatment Plan, etc.;
- Prescriptions;
- Reference document for consultation.

Quotes for services or products

For product purchases, you can submit a quotation from the store or a screenshot of your online shopping cart. Example: Purchase of clothing, children's items, furniture, etc.



Invoices for services or products

If you have already received the service or purchased the product, you can submit your invoice.

Any other relevant documents:



If you have a document that you believe is necessary for a complete understanding of the request, please feel free to submit it here.

COMMENTS

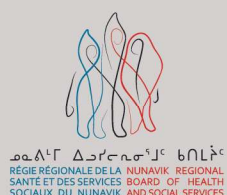
Enter any comments here regarding the uploaded documents or the password if a document is protected.

FINAL REVIEW

Before signing, please ensure that the summary information of your request, as shown in the table on the online form, is accurate. If you notice any errors, return to the previous sections of the form to make the necessary corrections.

Before completing your request, if you have any questions, feel free to contact us by email, phone, or schedule an appointment through the booking platform. We can assist you with filling out the online form.

Booking platform:	https://bit.ly/CFI-Booking
Online form:	https://application.cfi.nrbhss.ca
Phone:	833-405-1234
Email:	cfi.nrbhss@ssss.gouv.qc.ca



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