



Jordan's Principle aims to reduce barriers experienced by First Nations children when trying to access support and care required to maintain a safe and healthy lifestyle. Jordan's Principle in Manitoba applies to First Nations children aged 0 to 17 and can help with a wide range of health, social and educational needs. For more information and specific eligibility criteria go to [www.jordansprinciplemb.com](http://www.jordansprinciplemb.com).

**How to use this form:** The Circle of Care Summary Note is a communication tool that can be used by a provider to share updates with the client, family and/or other providers following a client-provider interaction. It can be used as often as needed, in addition to the providers' normal charting/documentation following a client-provider interaction.

Client Information		Date (mm/dd/yyyy):
First name:	DOB (mm/dd/yyyy):	Gender: M F X
Last name:	Community/Band:	
Consent Forms		
Enrollment Consent Form signed by: <input type="checkbox"/> Child <input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Not signed		
Information Exchange Consent Form signed by: <input type="checkbox"/> Child <input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Not signed		
Circle of Care Summary Note completed by:		
Name, Role, Organization:		Ph/Email/Fax:
Is this summary being shared with the client/family? Y / N		
If not, reason:		
This summary is being shared with other providers within the client's Circle of Care to ensure client health, safety and continuity of care as follows:		
Jordan's Principle Case Manager:	Ph/Email/Fax:	Y / N
Primary Care Provider:	Ph/Email/Fax:	Y / N
Daycare/School Contact:	Ph/Email/Fax:	Y / N
Elder/Spiritual Care Provider:	Ph/Email/Fax:	Y / N
Mental Health Care Provider:	Ph/Email/Fax:	Y / N
Other:	Ph/Email/Fax:	Y / N
Other:	Ph/Email/Fax:	Y / N
Other:	Ph/Email/Fax:	Y / N
Other:	Ph/Email/Fax:	Y / N
Situation <i>client/provider's major concern</i>		

Client Name:	DOB:	Community/Band:
Provider Name:	Phone:	Date:

**Background** *the pertinent facts*

**Assessment** *what provider believes the client needs help with*

**Round-up** *interventions & progress, requests, recommendations*