

## PERSONAL SUPPORTS CONSENT

The personal information requested on this form is collected under the authority of Section 26(c) of the *Freedom of Information and Protection of Privacy Act* and is subject to all of the provisions of that Act. It will be used only for the described purposes. If you have any specific questions concerning the collection, use or disclosure of your personal information, please contact the Manager, Personal Supports Program, at 1-888-818-1211.

Surname		Given Names		Birthdate (YYYY MMM DD)	
Address				Postal Code	
Telephone		Alternate Phone		Email Address	

I acknowledge the Minister of Housing and Social Development may collect and use my personal information for the following purposes:

- To provide Personal Supports services to me;
- To determine what the Personal Supports solutions are appropriate for me;
- To assist me in determining what government or other program I may be eligible for; and/or
- To identify and/or secure sources of funding for the purchase of Personal Supports solutions if necessary

I authorize \_\_\_\_\_ to collect my personal information from \_\_\_\_\_

I authorize and consent to the disclosure of my personal information collected under this consent \_\_\_\_\_

To be used for the purpose described above.

This authorization and consent includes personal information directly related to and necessary to the program and is to be used for the purpose described above

I consent to the disclosure of my personal information to \_\_\_\_\_ to enable my participation in the evaluation of this demonstration project.

This consent and authorization for the collection and /or disclosure of my personal information is effective once for one year only.

Participant Signature		Print Name		Date Signed (YYYY MMM DD)	
Witness Signature		Print Name		Date Signed (YYYY MMM DD)	