

Individual Consent

The application package (Application for Developmental Services and Supports and the Support Intensity Scale) collects personal information and personal health information about individuals applying for supports and services funded by the Ministry of Children, Community and Social Services. This information will be used by **Developmental Services Ontario North East Region** to assess individual service and support needs. The information will be shared with their service provider(s) for individual service planning and with the Ministry of Children, Community and Social Services for planning and forecasting service needs across the province.

I consent to the collection and use of my personal information and personal health information provided in this application package for the purposes noted above. The collection of the personal information in this application package is authorized under section 35 of *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008*."

I understand that a record of the information will be kept in a confidential file. My right to access and correct personal information and personal health information has been explained to me.

I understand that the personal information and personal health information about me may be disclosed to several service provider agencies in order to access the most appropriate service(s).

I understand that the ministry is authorized to collect personal information directly or indirectly about individuals who apply for and/or are receiving ministry-funded adult developmental services and supports for certain specified purposes, such as planning and forecasting the need for developmental services and supports under section 35(1) of the *Services and Supports to promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 (SIPDA)*

Signature of Individual

Date

Print Name

Signature of Substitute Decision Maker/Guardian (where applicable)

Date

Print Name

I hereby apply for services and declare that the statements made about me in the Application for Developmental Services and Supports and the Supports Intensity Scale are true to the best of my knowledge.

Signature of Individual

Date

Print Name

Signature of Substitute Decision Maker/Guardian (where applicable)

Date

Print Name

Note that it is important to fill in and mail (see addresses below) or fax (705-495-1373) the Consent Forms ASAP.

If you have any questions regarding the intended use of the personal information that will be gathered through the application package, please contact:

Developmental Services Ontario North East Region 1-855-376-6376

Caregiver Consent

The application package (Application for Developmental Services and Supports and the Support Intensity Scale) collects personal information and personal health information about the primary caregivers (i.e., parents) of individuals applying for supports and services funded by the Ministry of Children, Community and Social Services. This information will be used by **Developmental Services Ontario North East Region** to prioritize requests for individual service and supports.

I consent to the collection and use of my personal information and personal health information provided in this application package for the purposes noted above. The collection of the personal information in this application package is authorized under section 35 of *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008*."

I understand that a record of the information will be kept in a confidential file. My right to access and correct personal information and personal health information has been explained to me.

I understand that the personal information and health information about me may be disclosed to several service provider agencies in order to support decisions about access to the most appropriate service(s).

I understand that the ministry is authorized to collect personal information directly or indirectly about individuals who apply for and/or are receiving ministry-funded adult developmental services and supports for certain specified purposes, such as planning and forecasting the need for developmental services and supports under section 35(1) of the *Services and Supports to promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 (SIPDA)*

Name of Individual

Signature of Family member/Caregiver (from whom personal information is sought)

Date

Print Name

I declare that the statements made about me in the Application for Developmental Services and Supports are true to the best of my knowledge.

Signature of Family member/Caregiver (from whom personal information is sought)

Date

Print Name

Note that it is important to fill in and mail (see addresses below) or fax (705-495-1373) the Consent Forms ASAP.

If you have any questions regarding the intended use of the personal information that will be gathered through the application package, please contact:

Developmental Services Ontario North East Region 1-855-376-6376

www.DSOntario.ca | www.SOPDI.ca

391 Oak Street East. 391, rue Oak est North Bay, ON P1B 1A3
60 Wilson Ave. Suite 103 | 60, avenue Wilson, salle 103 | Timmins, ON | P4N 2S7
23 Ball's Drive | 23, promenade Ball's | Bracebridge, ON | P1L 1T1
t: 1-855-376-6376 | e: dso@handstfh.ca



CONSENT FORM TO REPRESENT THE INDIVIDUAL

I, _____, hereby authorize

(insert name of the person appointing representative)

_____, to act as my representative for the

(insert name of the representative)

purposes of completion of the Application for Developmental Services and Supports and

the Supports Intensity Scale. I authorize my representative to disclose my personal information and personal health information to the **Developmental Services Ontario North East Region** and other service providers as necessary to process my application.

I further authorize **Developmental Services Ontario North East Region** to disclose to my representative personal information pertaining to me as may be necessary to process my application.

Signature of personal appointing representative

Date

Signature of witness

Date

Representative Contact Information

Address

Telephone Number

Email

Fax Number

Note that it is important to fill in and mail (see addresses below) or fax (705-495-1373) the Consent Forms ASAP.

www.DSOntario.ca | www.SOPDI.ca

391 Oak Street East. 391, rue Oak est North Bay, ON P1B 1A3
60 Wilson Ave. Suite 103 | 60, avenue Wilson, salle 103 | Timmins, ON | P4N 2S7
23 Ball's Drive | 23, promenade Ball's | Bracebridge, ON | P1L 1T1
t: 1-855-376-6376 | e: dso@handstfhn.ca