

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions about this information should be directed to your local Employment and Assistance Office.

CASE NUMBER

## SECTION 1 - IDENTIFICATION

SURNAME		GIVEN NAME(S)		
PREVIOUS SURNAME(S) OR MAIDEN NAME		FIRST NAME OR ALIAS		
PRIMARY ID # (Driver Licence preferred)	SECONDARY GOVERNMENT ID #	BIRTHDATE (YYYY MM DD)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	PHONE NUMBER
CITY/TOWN OF BIRTH	PROVINCE/STATE OF BIRTH	COUNTRY OF BIRTH (if not born in Canada)		
CURRENT ADDRESS	CITY/TOWN	PROVINCE	POSTAL CODE	
PREVIOUS ADDRESS (if less that 5 years at current address)	CITY/TOWN	PROVINCE	POSTAL CODE	

## SECTION 2 - CONSENT TO DISCLOSURE OF RCMP INFORMATION

Pursuant to section 8(1) of the Privacy Act of Canada, I hereby authorize the Royal Canadian Mounted Police (RCMP) to disclose my personal information, based solely on a match between the information that I have provided in section 1 of this form with any information located on police computer systems and information located through local police indices — this will include all criminal convictions and all outstanding charges. The disclosure will be provided by a member of the RCMP without confirmation of identity through a finger print check. I further authorize the RCMP to disclose this information directly to the Ministry of Justice which will forward the information to the following delegate of a Director, *Child, Family and Community Service Act*.

**Ministry of Children and Family Development, Suite 200 1727 W. Broadway, Vancouver, BC V6J 4W6.**

## SECTION 3 - PRIOR CONTACT CHECK

I authorize a prior contact check to be conducted on me by a delegate of a Director under the *Child, Family and Community Service Act*. A prior contact check is a review of all records about me collected for the purpose of administering the *Family and Child Service Act*, the *Child, Family and Community Service Act* and/or the *Adoption Act*. It includes all current and/or past (closed) assessment only files, intake files, child protection files, family service files, child in care files, resource files and adoption files that are either in hard copy and/or electronic format.

## SECTION 4 - INFORMED CONSENT TO DISCLOSURE OF BC CORRECTIONAL & COURT SYSTEMS INFORMATION

I authorize a search of information by the Ministry of Justice of British Columbia's correctional and court systems about criminal charges and convictions. I further authorize the Ministry of Justice to disclose this information directly to the delegate of a Director, CFCSA as identified in Section 2.

## SECTION 5 - WAIVER AND RELEASE

I hereby release and forever discharge Her Majesty the Queen in Right of Canada, Her Majesty the Queen in Right of British Columbia, the Royal Canadian Mounted Police, their members, employees, agents and assigns from any and all actions, claims and demands for damages, loss or injury, which may hereafter be sustained by myself, howsoever arising out of the above authorized disclosure of information and waive all rights thereto.

## SECTION 6 - SIGNATURE

This consent for disclosure of police information, a prior contact check and BC correctional and court systems information is valid for the purposes of screening eligibility for CIHR assistance under the *Employment Assistance Act* and for a period of one year from the date of the signature.

SIGNATURE	DATE SIGNED (YYYY MM DD)
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# CHILD IN THE HOME OF A RELATIVE SCREENING CONSENT

## SECTION 7 - SELF DISCLOSURE

Full disclosure of all charges and convictions is required, including information as a Young Offender pursuant to Section 119(1)(o) of the *Youth Criminal Justice Act*. Failure to fully disclose all charges and convictions is deemed sufficient grounds to discontinue further CIHR assistance.

**Have you ever been charged or convicted of a criminal offence?**  YES  NO  
(Please include all charges or convictions regardless of their outcome.)

If you answered "yes", give details in the space provided below. Use a separate sheet if necessary.

Year of Offence (YYYY)	Location of Offence	Offence/Charge	Disposition (Outcome)

I make this solemn declaration that the information provided to the questions above is true and complete.

SIGNATURE	DATE SIGNED (YYYY MM DD)
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