

Alex’s Place Authorization to Communicate, Confidentiality, and Consent to Release

I _____ by participating in the Home for Good Transitional Youth Program known as Alex’s Place give authorization and consent for staff supporting the program to exchange information pertaining to myself for the purposes of collaborating on service delivery. This includes staff in the Ontario Works and Housing Divisions of the District Municipality of Muskoka as well as staff at Elizabeth Fry Society Simcoe Muskoka.

Additionally, I provide permission for staff supporting Alex’s Place to communicate with representatives of:

Trillium Lakelands District School Board (TLDSB)	Ontario Disability Support Program (ODSP)
Simcoe Muskoka Catholic District School Board (SMCDSB)	Canadian Mental Health Association (CMHA)
Simcoe Muskoka Family Connexions	Probation
Community Living	Salvation Army
Mind-Aid	Victim Services
Ontario Works (OW)	Other:
Agilec Employment Center	Other:
Muskoka Women’s Advisory Group	Other:

On my behalf with regard to my housing and support needs.

This communication will be for the purpose of sharing information relating to my income, accommodation, current situation, and all other details of my participation in the Alex’s Place Transitional Youth Housing Program. This also provides for the above named agency representative to disclose related information to staff supporting Alex’s Place.

Consent Form is valid for the duration of the program (up to four years). I understand that I may withdraw this consent at any time.

Signature

Date