
AUTHORIZATION TO COMMUNICATE

I, _____

Hereby authorize The District Municipality of Muskoka – Community Housing

To communicate with representatives of:

AGENCY	YES	Contact Person & Number
CMHA		
Elizabeth Fry		
Ontario Disability Support Program		
Ontario Works		
Other (Please List):		
Other (Please List):		
Probation		
Salvation Army		
Simcoe Muskoka Family Connexions		
Victim Services		
Youth Unlimited		

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 application and referral for the Home For Good Transitional Youth Housing Program. This also provides for the above named agency representative to disclose related information to the above named person.

Consent Form is valid for 24 months.

I understand that I may withdraw this consent at any time.

Signature

Date