

## Client Information Form Formulaire d'information sur le client

## **Primary Member (Military/Reserve/Ranger/Veteran)**

MILITARY MEMBER	$\mathbf{N}$	<b>IEMBRE</b>	<b>MILITAIRE</b>		
Service Number:	P	Postal Code:			
No. de service:	С	ode post	al:		
Last Name :	F	irst Nam	 e:		
Nom de famille :		rénom:	_		
Gender & Pronouns:		] Military	/ Militaire	☐ VAC (RCMP/Allied Forces)	
Genre & Pronoms:			•	☐ Reserve / Réserve	
		] Civilian	•		
CONTACT AND COMMUNICATIO INSTRUCTIONS DE CONTACT ET					
Telephone Number/Numéro de tél					
Email Address/Adresse électronique	ue:				
Communication Instructions/Instr	uctions de	commur	ication :		
HOUSEHOLD INFORMATION/IN	DIVIDUAL	S OF SIC	MIFICANCE		
INFORMATIONS SUR LES MÉNA	GES/PERS	ONNES I	MPUKTANT	ES	
Last Name :		First	Name:		
Nom de famille :		Prénom:			
Primary Language/Langue	Relationsh	•		] Parent	
Principale	☐ Spouse / Cojoir			] Friend / Ami (e)	
	□ Partner	/ Parten	aire ${}_{\square}$	Other / Autre	
Email Address/Adresse électronique	ue:				
Telephone Number/Numéro de tél	éphone:				
Gender & Pronouns:			Status:		
Genre & Pronoms:		☐ Military / Militaire			
			□ Veteran	/ Vétéran	
			☐ Civilian	<u>,                                     </u>	
City:		Province	::	Postal Code:	
Ville:				Code Postale:	



#2						
Last Name :	First Name:					
Nom de famille :		Prénd	om:			
Primary Language/Langue	Relationship	) :		☐ Parent		
Principale	☐ Spouse /	Cojoir	nt(e)	☐ Friend / Ami (e)		
	□ Partner /	_		☐ Other / Autre		
Email Address/Adresse électror	·	•				
	quu.					
Telephone Number/Numéro de téléphone:						
Challes O. Danners						
Gender & Pronouns: Genre & Pronoms:			Status:			
Genre & Prononis.				□ Military / Militaire		
				eran / Vétéran		
	1_		☐ Civilian /			
City:	Prov	ince:		Postal Code:		
Ville:				Code Postale:		
" 2						
#3		C:t	Name an			
Last Name:			Name:			
Nom de famille :		Prénd	om:			
Primary Language/Langue	Relationship			□ Downt		
Primary Language/Langue Principale	•		(0)	☐ Parent		
Fillicipale	☐ Spouse/C			☐ Friend / Ami (e)		
	☐ Partner / partenaire			□ Other / Autre		
Email Address/Adresse électror	nque:					
Telephone Number/Numéro de	téléphone:					
Gender & Pronouns:			Status:			
Genre & Pronoms:			☐ Military / Militaire			
			□ Veteran			
			☐ Civilian /	•		
City:	Prov	ince:		Postal Code:		
Ville:				Code Postale:		
CHILDREN	'					
ENFANTS						
First & Last Name :				Gender & Pronouns:		
Prenom et Nom de famille :				Genre & Pronoms:		



ADDITIONAL INFORMATION INFORMATIONS COMPLÉMENTAIRES	
Is there anything you would like to share abo serve you better?	ut yourself or your circle of loved ones for us to ose sur vous-même ou sur votre entourage afin que
KMFRC INFORMATION SERVICES USE	
Date:	New to Kingston?
Start Time:	End Time:
ISA:	
Entered in Penelope	
Welcome Package Provided	
Welcome Email Sent	
Welcome Outreach Call Scheduled	
Welcome Tour Scheduled	
Consent Form Uploaded	



**Client Information** 



## PROTECTED A (when completed)

## PRIVACY NOTICE AND CONSENT STATEMENT

First Name:	Last Name:					
	gathered is considered confidential and private. The					
is used to administer the Military Far by the Military Family Services (MFS through local MFRCs. The personal in	suant to sections 2 and 38 – 41 of the <i>National Defence Act</i> . The informationally Services Program and the Veteran Family Program, which are managed), a division of the Canadian Forces Morale and Welfare Services (CFMWS) formation may include name, contact information, biographical information, fication number (partial military ID), physical attributes, signature, services diviews of, or about individuals.					
In accordance with the memorandum user statistics will be provided to Volcanada Secretariat (TBS). Information Athena Software (service provider).	MFRC and/or MFS for reporting, audit, evaluation, and statistical purposes of understanding between CFMWS and Veterans Affairs Canada (VAC), VFF AC for reporting on program performance indicators to Treasury Board of its stored in Canada in a cloud-based case management system provided by Case file information may be transferred to a MFRC with the written consent so be used or disclosed for program mailing and outreach purposes.					
In accordance with applicable laws,	information may be disclosed in the following circumstances:					
<ul> <li>law to report this to the local</li> <li>Harm to self or others – Pro the proper authorities if the themselves or others</li> <li>Testimony in court – There</li> </ul>	MFRC becomes aware of harm or potential harm to a child, it is required by I child welfare agency fessional Codes of Ethics and standards of Practice bind the MFRC to notify ere is a reason to believe that there is potential for the client to harm are times when the MFRC may be requested by a court of law to disclose sessions, under the above noted items					
Act (and other provincial/territoria personal information bank CFMWS F the Privacy Act, individuals have right	Ind only used and disclosed in accordance with the provisions of the <i>Privacy</i> I privacy legislation applicable to the MFRC), as described above and in PPU 825 Military Family Services Program / Veteran Family Program. Under its of access to and correction of their personal information, and the right to immissioner of Canada regarding the institution's handling of personal					
	statement, contact our privacy coordinator at ATIP.AIPRP@cfmws.com. For consult the Office of the Privacy Commissioner of Canada.					
By signing, I certify that I understinformation as stated above.	and, and consent to the collection, use and disclosure of my personal					
Nome of signing powers as level	Signature of Client for parent or					
Name of signing parent or legal guardian (if necessary)	Signature of Client (or parent or Date guardian)					