



## FAMILY CONNECTION FORM

Protected A

This form allows the Halifax & Region Military Resource Centre (H&R MFRC) to connect with military families. By completing this form, military family members will receive communication from our team. All information collected by the H&R MFRC will be used solely for H&R MFRC purposes under strict confidentiality in accordance with the Privacy Act and the Military Family Services Program (MFSP) Privacy Code. Consent is required for your personal information to be collected and retained (page 3 consent form).

<b>A. CAF MEMBER INFORMATION (Required Fields*)</b>		
Reg. Force <input type="checkbox"/>	Reservist <input type="checkbox"/>	Veteran <input type="checkbox"/>
Rank*	LAST Name*	FIRST Name*
Preferred Email* <small>(Non-DWAN recommended)</small>		
City*	Province*	Postal Code*
Primary Phone*	Alternate Phone	Language*
1st Initial last name / Last 3 digit of SN*  _____ / _____	Unit*	I wish to receive H&R MFRC eNews (electronic newsletter) <input type="checkbox"/>
MFRC support is family-centred and tailored to your family's current situation. Which statement currently describes your military journey? Select all that apply.		
New to area <input type="checkbox"/>	DEPLOYMENT/work-related absence <input type="checkbox"/>  Deploying Unit Name:  Operation* Name:	
New to the military <input type="checkbox"/>		
Experiencing an Imposed Restriction <input type="checkbox"/>		
Clear Out: Posted <input type="checkbox"/> Preparing to Release <input type="checkbox"/> Preparing to 3B Release <input type="checkbox"/> Medically Released <input type="checkbox"/>		
Family member with diverse needs/special considerations <input type="checkbox"/>		

B. FAMILY MEMBERS THE H&R MFRC SHOULD CONNECT WITH		
Contact Information	Primary Contact	Secondary Contact
Full Name		
Relationship		
City/Province		
Postal Code		
Email		
Phone Number		
Language		
C. CHILDREN (IF APPLICABLE)		
Name(s) and age(s):		
D. DEPLOYMENT FACEBOOK GROUPS		
Please list any additional Family Members that you permit to join our DEPLOYMENT closed/private Facebook Groups. Please include their Facebook name:		

By checking "I Agree", the H&R MFRC is authorized to use this information to contact you and your identified family members.

I Agree    Name \_\_\_\_\_    Date (DD/MM/YY) \_\_\_\_\_

Please return this form to the H&R MFRC by email at [admin@hrmfrc.ca](mailto:admin@hrmfrc.ca)  
**Mail to: Halifax & Region Military Family Resource Centre**  
**Windsor Park 106, Box 99000 STN Forces**  
**Halifax, NS B3K 5X5**

If you have any questions, please call us at 902-427-7788 (or toll-free 1-888-753-8827).



**VETERAN FAMILY PROGRAM**  
For Medically Releasing CAF Members,  
Medically Released Veterans and their Families

**PROGRAMME POUR LES FAMILLES DES VÉTÉRANS**  
Pour les membres des FAC en voie de libération pour des raisons médicales,  
les vétérans libérés pour des raisons médicales et leur famille



**PROTECTED A**  
(when completed)

## PRIVACY NOTICE AND CONSENT STATEMENT

### Client Information

First

Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**All information and communications gathered is considered confidential and private. The Military Family Resource Centre (MFRC) will take all possible safeguards to protect client information.**

Personal information is collected pursuant to sections 2 and 38 – 41 of the *National Defence Act*. The information is used to administer the Military Family Services Program and the Veteran Family Program, which are managed by the Military Family Services (MFS), a division of the Canadian Forces Morale and Welfare Services (CFMWS) through local MFRCs. The personal information may include name, contact information, biographical information, date of birth (when required), identification number (partial military ID), physical attributes, signature, services provided during contact, opinions and views of, or about individuals.

The information may be used by the MFRC and/or MFS for reporting, audit, evaluation, and statistical purposes. In accordance with the memorandum of understanding between CFMWS and Veterans Affairs Canada (VAC), VFP user statistics will be provided to VAC for reporting on program performance indicators to Treasury Board of Canada Secretariat (TBS). Information is stored in Canada in a cloud-based case management system provided by Athena Software (service provider). Case file information may be transferred to a MFRC with the written consent of the individual. Information may also be used or disclosed for program mailing and outreach purposes.

**In accordance with applicable laws, information may be disclosed in the following circumstances:**

- **Child protection** – when the MFRC becomes aware of harm or potential harm to a child, it is required by law to report this to the local child welfare agency
- **Harm to self or others** – Professional Codes of Ethics and standards of Practice bind the MFRC to notify the proper authorities if there is a reason to believe that there is potential for the client to harm themselves or others
- **Testimony in court** – There are times when the MFRC may be requested by a court of law to disclose information obtained during sessions, under the above noted items

**Personal information is protected, and only used and disclosed in accordance with the provisions of the *Privacy Act* (and other provincial/territorial privacy legislation applicable to the MFRC), as described above** and in personal information bank CFMWS PPU 825 Military Family Services Program / Veteran Family Program. Under the *Privacy Act*, individuals have rights of access to and correction of their personal information, and the right to file a complaint to the Privacy Commissioner of Canada regarding the institution’s handling of personal information.

If you require clarification about this statement, contact our privacy coordinator at [ATIP.AIPRP@cfmws.com](mailto:ATIP.AIPRP@cfmws.com). For more information on the *Privacy Act*, consult the [Office of the Privacy Commissioner of Canada](#).

**By selecting “I Agree”, I certify that I understand, and consent to the collection, use and disclosure of my personal information as stated above.**

I Agree

Date

\_\_\_\_\_  
Name of signing parent or legal guardian (if necessary)

14 November, 2018