



CHILDREN'S AID SOCIETY AUTHORIZATION FOR COMMUNITY PARTNERS

Tel: 905-688-1890 ext. 110 | Fax: (905) 688-9181
567 Glenridge Avenue, St. Catharines, ON L2T 4C2

Family and Children's Services (FACS) Representative:

Name: _____ Role: _____

Work Phone: ____-____-____ Work Email: _____

This form must be completed by Community Partners when referring children in the care and custody of FACS Niagara. Community Partners will complete this form at the explicit direction of the FACS representative.

Custody Status:

Crown Ward or Society Ward (ie. foster care).

Children's Aid Society (FACS) is the legal guardian and has decision making authority.

Kin in Care. Child has been placed with the extended family or member of the community.

Children's Aid Society (FACS) is the legal guardian and has decision making authority.

Child is in the care and custody of the Children's Aid Society (FACS). They will be placed in the care and custody of the contact specified below. **Effective date (DD/MM/YYYY):** __/__/__

Current Guardian (Exclusive of foster parents)

Name: _____

Relationship: _____

Home Phone: ____-____-____

Cellphone(for text reminders): ____-____-____

Email: _____

Address: _____

City: _____ Postal Code: _____

Foster Parent

Name: _____

Relationship: _____

Home Phone: ____-____-____

Cellphone (for text reminders): ____-____-____

Email: _____

City: _____

Authorizations:

- Please call Children's Aid Society (FACS) representative to arrange appointments
- Current guardian or foster parent as indicated above is authorized to schedule and attend appointments
- Current guardian or foster parent as indicated above is authorized to complete the intake
- Current guardian or foster parent as indicated above is authorized to exchange information with Niagara Children's Centre to facilitate service delivery

OR

- Current guardian or foster parent as indicated above is only authorized for the following (please describe):

** It is understood that as FACS has Legal Care and Custody, FACS will be contacted by Niagara Children's Centre complete the intake process (unless otherwise authorized above) and to provide consent for assessment and treatment of the child.*

Consent/Attestations:**Community Partner attests to the following:**

- I have reviewed his form with the parent with custody/legal guardian named above and completed this form as per their explicit direction.
- I have reviewed and discussed the contents of this SmartStart Hub at Niagara Children's Centre/ Niagara Children's Centre Consent to Information Sharing form with the parent with custody/legal guardian and the parent with custody/legal guardian has provided their verbal consent for the following purposes:
 - The collection, use and disclosure (sharing) of the child's personal health information for the purposes listed in the Consent Form.
 - Service referral(s) to Niagara Children's Centre as indicated on Referral Form.
 - Adding this personal health information to the Ministry of Children, Community, and Social Services database (if applicable) and Niagara Children's Centre electronic health record
 - Sharing information between the Niagara Children's Centre and staff at the agency facilitating this referral who are involved in the child's services
 - The parent with custody/legal guardian understands that they may withdraw consent or limit their consent to the sharing of personal health information as set out in their instructions below. They may also withdraw their consent by notifying Niagara Children's Centre in writing. They understand that withdrawal of consent will only apply going forward and not to information that has already been shared. Consent limitation instructions:

Community Partner Name: _____

Community Partner Physical or Electronic Signature: _____

Date (DD/MM/YYYY): ____/____/____