North Eastern Ontario
Family and Children's Services
Services à la famille et à l'enfance
du Nord-Est de l'Ontario

Access to Information Request Form

Your Personal Information		
Last Name:	**First Name:**	**Middle Name(s):**
Other and/or Previous Names:		**Date of Birth** *(DD/MM/YYYY)*:
Address *(Street Number and Name/City/Province/Postal Code)*:		
Phone Number:		**Email Address:**

Previous Places of Residence *(since the age of 18 years or became a parent, whichever first occurred)*:

City, Province, Country	*Dates (from – to)*

***When an email address is provided, this indicates that you consent to the Agency communicating with you via email.*

Type of Request

☐ Child Welfare Record Check
☐ Child Welfare – Access to Personal Information
☐ Applying for OSAP
☐ Child and Youth Mental Health – Access to Personal Information
☐ Other:

If your request is a Child Welfare Record Check, please identify the purpose of the request:

☐ Employment ☐ Kinship ☐ Foster ☐ Volunteer ☐ Adoption

Please provide a description of the information you require and the reasons for the request:

Custody and Access

Are you currently or have you ever been involved in any custody and access court proceedings?	☐ Yes	☐ No
Is there or has there been a separation agreement/court order regarding custody and access?	☐ Yes	☐ No
If yes, do you have a copy of the agreement and/or order? *If so, please provide a copy of the agreement or order.*	☐ Yes	☐ No
Do you have custody of the child(ren)?	☐ Yes	☐ No
Do you have access to the child(ren)?	☐ Yes	☐ No
Do you have a 'No Contact' order in place?	☐ Yes	☐ No
If yes, with whom?	_____	

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When completing your request, it is possible that records could be located that match both your name and date of birth but could belong to individuals other than yourself. Finding these alternate records may cause delays in our ability to provide you with timely results in order to confirm your identity. The additional information below is necessary in order to limit the possibility of locating alternative records.

Child's Name	Date of Birth	Child's Mother's Maiden Name

Personal Information: I understand that my personal information may include my date of birth, contact information, records of meetings with me and/or my family, the services I or my child received, the programs I or my child attended, details if physical and mental health, medical, psychological or psychiatric reports, school information, financial information, employment history, allegations or findings of child maltreatment, court documentation, police interventions, criminal history, the information that I reported/provided contained in the record, my or my children's views or opinions of others about me or my child and information about my child's race, ancestry, place of origin, citizenship, family diversity, disability, creed, religion, age, sex, sexual orientation, gender identity, gender expression, cultural or linguistic needs, marital or family status.

If you want us to send your personal information to a third party, please identify the third party's information.

Third Party Full Name	
Organization Name	
Third Party Address	

You have the right to place conditions on your consent to limit the personal information collected or disclosed. You further have the right to withdraw your consent by providing notice to North Eastern Ontario Family and Children's Services (NEOFACS). Please note that should you withdraw consent, your withdrawal will be effective as of the date you provided notice, and will not be applied to any collection or disclosure before that date.

I wish to limit the personal information that is disclosed as follows:

How would you like us to send this information?		
☐ Email	☐ Registered Mail	☐ Pick up at a NEOFACS office location
Email address of recipient:	**Phone number of recipient:**	

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Please note that if you select email, you acknowledge the potential privacy risks including, but not limited to:

Email may not be secure. While we try to protect our emails, we cannot guarantee the security and confidentiality of any email you send to or receive from us. As the message leaves NEOFACS, it is sent across the internet and it could be intercepted and read by anyone.

Email is easy to forge, easy to forward (sometimes accidentally and too many people) and may exist forever.

We recommend you give us a personal email address that only you read. We recommend that you use an email address and system that is password protected. If you give us a family email address or share your email address with anyone else, you should know that other people might also receive or read emails we send to you. If you use a work email address, your employer may have a right to archive and look at emails sent from their systems.

We recommend you avoid using a work email address. NEOFACS is not responsible for information loss due to technical failures.

If you choose to receive your records by email you agree that NEOFACS shall not be responsible for any personal injury including death, or privacy breach (outside the control of NEOFACS) or other damages that result from your choice to receive your records by email. You release and hold harmless NEOFACS from any liability relating to the email communication.

Consent

By signing this form, I hereby consent to a search being conducted of the records of NEOFACS for Child and Youth Mental Health Services **AND/OR** Children's Aid Societies in Ontario and the examination and disclosure of any information in the possession of or under the control of a Children's Aid Society in Ontario for Child Welfare Services, regarding myself. I understand that some Ontario Children's Aid Societies are using CPIN (Child Protection Information Network) as their documentation system. I understand that when an agency using CPIN searches for my record, it will find all records of my involvement with all Ontario Children's Aid Societies also using CPIN. I further understand that when an agency uses CPIN, now or in the future, my information will be entered in the Provincial Child Protection Information Network.

Signature: **Date:**

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Submission

Please complete, sign and send this form, along with a copy of one (1) piece of valid government issued photo identification (ID), by email to disclosure@neofacs.org.

You may also submit your documents in person at one of our NEOFACS offices or by mail to:

ATTN: NEOFACS Disclosure Department
707 Ross Avenue East
Timmins, ON P4N 8R1

The completed form and photo ID must be clear and legible. Please note that your request may be delayed if the form is incomplete and/or your ID is illegible.

Due to confidentiality reasons, NEOFACS cannot release information pertaining to another individual without the express and specific consent of that individual to release their information to you or with a Court Order specifically speaking to disclosure of our records to you. If you want to include information of other individuals, you need them to sign a consent form. If you do not have any of those documents, you will only be provided with information about yourself. For more information and to access the required consent forms, please visit our website at www.neofacs.org/access-to-information.

If you have any questions or require assistance or accommodations, please contact our Intake Department at 705-360-7100 or 1-866-229-KIDS (5437).