

PRIMARY MILITARY MEMBER		MEMBRE MILITAIRE	
Service Number: No. de service:		Postal Code: Code postal:	
Last Name : Nom de famille :		First Name: Prénom:	
Gender & Pronouns: Genre & Pronoms:		<input type="checkbox"/> Member / Membre <input type="checkbox"/> Civilian / Civile <input type="checkbox"/> RCMP/Allied Forces / GRC/Forces alliées	<input type="checkbox"/> Other / Autre <input type="checkbox"/> Not Known / Pas connu
Primary Language/Langue Principale			
<input type="checkbox"/> Posted <input type="checkbox"/> IR <input type="checkbox"/> Unit Transfer:			
CONTACT AND COMMUNICATION INSTRUCTIONS OF PRIMARY MEMBER INSTRUCTIONS DE CONTACT ET DE COMMUNICATION DU MEMBRE PRINCIPAL			
Telephone Number/Numéro de téléphone:			
Email Address/Adresse électronique:			
Communication Instructions/Instructions de communication :			
CIRCLE OF CARE INFORMATION/INDIVIDUALS OF SIGNIFICANCE INFORMATIONS SUR LES MÉNAGES/PERSONNES IMPORTANTES			
#1			
Last Name : Nom de famille :		First Name: Prénom:	
Primary Language/Langue Principale		Relationship: <input type="checkbox"/> Spouse / Cojoint(e) <input type="checkbox"/> Child / Enfant <input type="checkbox"/> Parent	
		<input type="checkbox"/> Relative / Famille <input type="checkbox"/> Self / Soi-même <input type="checkbox"/> Other / Autre	
Email Address/Adresse électronique:			
Telephone Number/Numéro de téléphone:			
Gender & Pronouns: Genre & Pronoms:		<input type="checkbox"/> Member / Membre Service Number/No. de service: _____ <input type="checkbox"/> RCMP/Allied Forces / GRC/Forces alliées	
		<input type="checkbox"/> Other / Autre <input type="checkbox"/> Not Known/Pas connu <input type="checkbox"/> Civilian / Civile	
City: Ville:		Province:	Postal Code: Code Postale:

**Client Information
Form/Formulaire sur le client**

#2

Last Name : Nom de famille :		First Name: Prénom:
Primary Language/Langue Principale	Relationship : <input type="checkbox"/> Spouse / Cojoint(e) <input type="checkbox"/> Partner / partenaire	<input type="checkbox"/> Parent <input type="checkbox"/> Friend / Ami (e) <input type="checkbox"/> Other / Autre
Email Address/Adresse électronique:		
Telephone Number/Numéro de téléphone:		
Gender & Pronouns: Genre & Pronoms:		Status: <input type="checkbox"/> Military / Militaire <input type="checkbox"/> Veteran / Vétéran <input type="checkbox"/> Civilian / Civile

**City:
Ville:**

Province:

**Postal Code:
Code Postale:**

#3

Last Name : Nom de famille :		First Name: Prénom:
Primary Language/Langue Principale	Relationship : <input type="checkbox"/> Spouse/Cojoint(e) <input type="checkbox"/> Partner / partenaire	<input type="checkbox"/> Parent <input type="checkbox"/> Friend / Ami (e) <input type="checkbox"/> Other / Autre
Email Address/Adresse électronique:		
Telephone Number/Numéro de téléphone:		
Gender & Pronouns: Genre & Pronoms:		Status: <input type="checkbox"/> Military / Militaire <input type="checkbox"/> Veteran / Vétéran <input type="checkbox"/> Civilian / Civile

**City:
Ville:**

Province:

**Postal Code:
Code Postale:**

**CHILDREN (UNDER THE AGE OF 18)
ENFANTS (MOINS DE 18 ANS)**

#1

First & Last Name : Prenom et Nom de famille :		Age: Âge :
Gender & Pronouns: Genre & Pronoms:	Address: Adresse:	

Client Information Form/Formulaire sur le client

#2

First & Last Name : Prenom et Nom de famille :	Age: Âge :
Gender & Pronouns: Genre & Pronoms:	Address: Adresse:

#3

First & Last Name : Prenom et Nom de famille :	Age: Âge :
Gender & Pronouns: Genre & Pronoms:	Address: Adresse:

#4

First & Last Name : Prenom et Nom de famille :	Age: Âge :
Gender & Pronouns: Genre & Pronoms:	Address: Adresse:

ADDITIONAL INFORMATION

INFORMATIONS COMPLÉMENTAIRES

Is there anything you would like to share about yourself or your circle of loved ones for us to serve you better?

Souhaitez-vous nous faire part de quelque chose sur vous-même ou sur votre entourage afin que nous puissions mieux vous servir ?

KMFRC STAFF INFORMATION SERVICES USE ONLY:

KMFRC INFORMATION SERVICES USE	
Date:	New to Kingston?
Start Time:	End Time:
ISA:	
	Entered in Penelope
	Welcome Package Provided and Added to Cart (Penelope)
	Welcome Voucher Documented
	Welcome Email Sent
	Welcome Outreach Call/Email Scheduled
	Consent Form Uploaded



VETERAN FAMILY PROGRAM
For Medically Releasing CAF Members,
Medically Released Veteran 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. For more information on the *Privacy Act*, consult the [Office of the Privacy Commissioner of Canada](#).

By signing, I certify that I understand, and consent to the collection, use and disclosure of my personal information as stated above.

Name of signing parent or legal guardian (if necessary)

Signature of Client (or parent or guardian)

Date

14 November, 2018