

Access to Records Request Form

Family and Children's Services of Lanark, Leeds and Grenville provides Access to Information pursuant to Part X of the *Child, Youth and Family Services Act*.

Legal Name: _____

First Name
Middle Name(s)
Surname(s)

Please list any previous legal names and/or aliases: _____

Date of Birth: _____ **Gender:** _____

Day
Month
Year

Current Address: _____

Number
Street
City
Province
Postal Code

Telephone Home: _____ **Telephone Other:** _____ **Email Address:** _____

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

Please list your previous addresses: _____

To ensure the most thorough and accurate search of our records, please list the names and birth dates of your parents and siblings:

Name: _____ Date of Birth: _____ Relationship to You: _____
 Name: _____ Date of Birth: _____ Relationship to You: _____
 Name: _____ Date of Birth: _____ Relationship to You: _____
 Name: _____ Date of Birth: _____ Relationship to You: _____

Are you requesting information about others in addition to yourself (i.e.: child)? If so, please list their name(s), date of birth and relationship to you below. Please note that a signed consent is legally required for adults and any children over the age of 16. It is FCSSLG's practice to request signed consent for children over the age of 12.

Name: _____ Date of Birth: _____ Relationship to You: _____
 Name: _____ Date of Birth: _____ Relationship to You: _____
 Name: _____ Date of Birth: _____ Relationship to You: _____
 Name: _____ Date of Birth: _____ Relationship to You: _____

Do you have legal custody of your child/children? Yes No

The approximate time frame of your records required – if known, please specify below (i.e. May 2018 – Dec 2024)

Please confirm which of the following records you are requesting: All or select from list below:

Intake Cases Ongoing Summaries Investigation Summaries Safety Assessments

Risk Assessments Outcome Plans Contact Logs Correspondence Fax Covers

Signed Consents 3rd Party Reports/Assessments Access Notes Court Documents

Agreements Financial Records (i.e. Greenshield) Case Management

Do you wish to meet with a child protection worker for support to review your records? Yes No

Have you included the following documents in your request package?

A copy of one piece of valid government issued photo identification: Yes No

Consent forms for any other adult(s) and/or child(ren) over the age of 12: Yes No

How would you like to receive your records?

Electronically via secure email: Paper copy via Purolator:

Paper copy picked up at FCSSLG Office: Brockville – 438 Laurier Blvd Smiths Falls – 385 County Rd 29

Is there any other information that will be helpful in processing your request (i.e. reason for the request, urgency of request):

Print name: _____

Signature: _____ **Date:** _____