

Child Welfare Record Check / Disclosure Consent Form:



I, _____ Date of Birth: _____
(Present Full Name) (Month/Day/Year)

Past/Other Names (Birth Name, Married Names, Other Names)

of _____
(Current Address – Street, Apt./Suite No., City, Postal Code)

I hereby consent to a search being conducted of the records of 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, regarding myself. In order to disclose information contained in a record that involves other caregivers or children over the age of 16 years, a consent signed by the other parties is required

- I am seeking a Child Welfare Record Check only
- I am seeking a summary letter outlining my opening and closings with the Children’s Aid Societies in Ontario
- I am seeking full disclosure of my record with the Children’s Aid Societies in Ontario
- I am seeking information collected during the following time periods _____ to _____

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. Simcoe Muskoka Family Connexions will only disclose records that they own. If a records of another CAS is found, disclosure must be sought from that agency.

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. Please complete the information requested on page 2 of this document to limit the possibility of locating alternative records.

Disclosure over 100 pages will be provided on a computer disk, if you require the disclosure in an alternate format please indicate the requested format.

Signature: _____

Date: _____ Contact Phone #: _____
(Month/Day/Year)

This consent expires on:

Child Welfare Record Check Consent Form:

My child/ren's name(s):

Child's Name: _____ D.O.B.: _____
(Month/Day/Year)

Child's Mother's Maiden name: _____

Child's Name: _____ D.O.B.: _____
(Month/Day/Year)

Child's Mother's Maiden name: _____

Child's Name: _____ D.O.B.: _____
(Month/Day/Year)

Child's Mother's Maiden name: _____

Previous Places of residence:

I have lived in the following places since I reached the age of 18 years or became a parent, whichever first occurred (if more space is needed please use page 2):

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