

APPENDIX 16



Service Planning Consent Form

Collaborative Service Planning

Consent to Release & Receive Information

I, _____ give permission to the agency identified below to arrange and participate in Collaborative Service Planning on my behalf and to share information about my situation with representatives from the agencies identified on page 2 of this form. I also give permission for representatives from these agencies to participate in any Collaborative Planning meetings and to share any relevant information about my situation that may help with the service planning process. This consent remains valid for one (1) year after signing.

My Children		
Last Name	First Name	Date of Birth/Age

Client's Signature

Date

Name of Agency Completing Consent Form

Name & Signature of Agency Representative

Date

Collaborative Planning Process: Consent to Release & Receive Information... Continued

The following agencies may participate in Collaborative Service Planning and/or Service Review meetings:

- Abigail's Learning Centre Inc. for Children, Parents and Families
- Addiction Assessment & Counselling Centre
- The Canadian Hearing Society
- Canadian Mental Health Association
- Children's Mental Health Services
- Conflict Resolution Services
- Community Advocacy & Legal Centre
- Community Living Quinte West
- Crisis Intervention Centre of QHC
- Family Space
- Hastings & Prince Edward Counties Health Unit
- Hastings & Prince Edward Counties School Board
- Lakeshore & District Catholic School Board
- Loyalist College, Student Services
- Mental Health Services
- Pathways to Independence
- Probation and Parole
- South East Community Care Access Centre
- Trenton Military Family Resource Centre
- Youth Habilitation

Client Signature

Date