

## Instruction Sheet – DSO NER Consents

### Individual Consent (page 1)

*This consent is so that DSO can collect personal information about the client and possibly share this information with service providers.*

- Signed and dated by:
  - Individual **or**
  - Substitute Decision Maker or Guardian

### Individual Consent (page 2)

*This part of the individual consent is to confirm that you are applying for services and that the statements made are true.*

- Signed and dated by:
  - Individual **or**
  - Substitute Decision Maker or Guardian

### Caregiver Consent (both sections)

*This consent is so that DSO can ask the unpaid caregiver some information about them and note this information in the report.*

- Both sections signed and dated by:
  - All Family Members or Unpaid Caregivers (living with the client) who will attend the meeting
- Also write client's name on 1<sup>st</sup> line

### Consent Form to Represent the Individual

*This consent is so that the person representing the client can respond to questions on behalf of the client.*

- 1<sup>st</sup> line - Client writes their name
- 2<sup>nd</sup> line – Name of Person that client approves to represent them
  - That person needs to put in their contact information and their agency name (if from an agency)
- Client signs and dates in front of a witness

Note that it is important to fill in and mail (see addresses below) or fax (705-495-1373) the Consent Forms ASAP.

If consents are not received before the appointment date, the assessment may be cancelled.

## Individual Consent

The application package (Application for Developmental Services and Supports and the Support Intensity Scale) collects personal information and personal health information about individuals applying for supports and services funded by the Ministry of Children, Community and Social Services. This information will be used by **Developmental Services Ontario North East Region** to assess individual service and support needs. The information will be shared with their service provider(s) for individual service planning and with the Ministry of Children, Community and Social Services for planning and forecasting service needs across the province.

I consent to the collection and use of my personal information and personal health information provided in this application package for the purposes noted above. The collection of the personal information in this application package is authorized under section 35 of *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008*.”

I understand that a record of the information will be kept in a confidential file. My right to access and correct personal information and personal health information has been explained to me.

**I understand that the personal information and personal health information about me may be disclosed to several service provider agencies in order to access the most appropriate service(s).**

I understand that the ministry is authorized to collect personal information directly or indirectly about individuals who apply for and/or are receiving ministry-funded adult developmental services and supports for certain specified purposes, such as planning and forecasting the need for developmental services and supports under section 35(1) of the *Services and Supports to promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 (SIPPDA)*

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Signature of Individual

Date

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Print Name

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Signature of Substitute Decision Maker/Guardian (where applicable)

Date

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Print Name

I hereby apply for services and declare that the statements made about me in the Application for Developmental Services and Supports and the Supports Intensity Scale are true to the best of my knowledge.

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Substitute Decision Maker/Guardian (where applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Note that it is important to fill in and mail (see addresses below) or fax (705-495-1373) the Consent Forms ASAP.

If you have any questions regarding the intended use of the personal information that will be gathered through the application package, please contact:

Developmental Services Ontario North East Region 1-855-376-6376



## Caregiver Consent

The application package (Application for Developmental Services and Supports and the Support Intensity Scale) collects personal information and personal health information about the primary caregivers (i.e., parents) of individuals applying for supports and services funded by the Ministry of Children, Community and Social Services. This information will be used by **Developmental Services Ontario North East Region** to prioritize requests for individual service and supports.

I consent to the collection and use of my personal information and personal health information provided in this application package for the purposes noted above. The collection of the personal information in this application package is authorized under section 35 of *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008.*"

I understand that a record of the information will be kept in a confidential file. My right to access and correct personal information and personal health information has been explained to me.

**I understand that the personal information and health information about me may be disclosed to several service provider agencies in order to support decisions about access to the most appropriate service(s).**

I understand that the ministry is authorized to collect personal information directly or indirectly about individuals who apply for and/or are receiving ministry-funded adult developmental services and supports for certain specified purposes, such as planning and forecasting the need for developmental services and supports under section 35(1) of the *Services and Supports to promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 (SIPPDA)*

\_\_\_\_\_  
Name of Individual

\_\_\_\_\_  
Signature of Family member/Caregiver (from whom personal information is sought)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

I declare that the statements made about me in the Application for Developmental Services and Supports are true to the best of my knowledge.

\_\_\_\_\_  
Signature of Family member/Caregiver (from whom personal information is sought)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Note that it is important to fill in and mail (see addresses below) or fax (705-495-1373) the Consent Forms ASAP.**

If you have any questions regarding the intended use of the personal information that will be gathered through the application package, please contact:

Developmental Services Ontario North East Region 1-855-376-6376



**CONSENT FORM TO REPRESENT THE INDIVIDUAL**

I, \_\_\_\_\_, hereby authorize

(insert name of the person appointing representative)

\_\_\_\_\_, to act as my representative for the

(insert name of the representative)

purposes of completion of the Application for Developmental Services and Supports and the Supports Intensity Scale. I authorize my representative to disclose my personal information and personal health information to the **Developmental Services Ontario North East Region** and other service providers as necessary to process my application.

I further authorize **Developmental Services Ontario North East Region** to disclose to my representative personal information pertaining to me as may be necessary to process my application.

\_\_\_\_\_  
Signature of person appointing representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

**Representative Contact Information**

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Fax Number

Note that it is important to fill in and mail (see addresses below) or fax (705-495-1373) the Consent Forms ASAP.