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## Individual Consent

The application package (Application for Developmental Services and Supports (V5) and the Support Intensity Scale-A 2<sup>nd</sup> edition) 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 (SIPDA)*

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

If you have any questions regarding the intended use of the personal information that will be gathered through the application package, please contact [dso@handstfhn.ca](mailto:dso@handstfhn.ca) or 1-855-376-6376