



Social Services - Housing
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 F 519.837.6349

County of Wellington
 138 Wyndham Street North
 Guelph, Ontario
 N1H 4E8

Informed Consent to Release and/or Obtain Personal Information

First Name

Last Name

Current Address

Date of Birth mm/dd/yy

City

Prov

Postal Code

I, _____ authorize the Corporation of the County of Wellington Housing Services to exchange personal information with the agencies checked off below, in regards to: Application for Rent Geared to Income Assistance, Special Priority Status and/or Tenancy with a Social Housing Provider.

- | | | | | |
|--|--|---|---|--|
| <input type="radio"/> Community Care Access Centre | <input type="radio"/> Community Living | <input type="radio"/> Community Mental Health Association | <input type="radio"/> Community Resource Centre | <input type="radio"/> Drop In Centre |
| <input type="radio"/> Dunara Homes for Recovery | <input type="radio"/> Family & Children Services | <input type="radio"/> Family Physician | <input type="radio"/> Family Resp. Office | <input type="radio"/> Guelph Police Services/OPP |
| <input type="radio"/> Homewood Health Centre | <input type="radio"/> Immigrant Services | <input type="radio"/> Lawyer | <input type="radio"/> Legal Clinic | <input type="radio"/> ODSP |
| <input type="radio"/> Ontario Works | <input type="radio"/> Parole Officer | <input type="radio"/> Public Health | <input type="radio"/> Trellis | <input type="radio"/> Women In Crisis |
| <input type="radio"/> Other <input style="width: 300px; height: 20px;" type="text"/> | | | | |

I understand the implications of signing the Informed Consent to Release and/or Obtain Personal Information. I understand that I can withdraw my consent to the sharing of information at anytime in writing to the County of Wellington Housing Services. I acknowledge receipt of a copy of this consent.

Consenting Person's Name and Signature

Date Signed:

Consenting Person's Name and Signature

Date Signed:

Witness Name & Signature

Date Signed:

Information is collected on this form and any attached documents under the authority of the Housing Services Act, 2011 S.O. 201. c.6 and is subject to the Municipal Freedom of Information and Protection of Privacy Act, S.O. 1990, c. M. 56. Questions about the collection of this information should be directed to the County of Wellington Social Services-Housing at 519.824.7822