Access and disclosure of information to support a Child First Initiative (CFI) Nunavik request

CLIENT IDENTIFICATION	
Child Full Name :	
Date of Birth (yy/mm/dd) :	Sex : ☐Female ☐Male ☐Other
Beneficiary Number and/or N Number:	
Full Address :	
Telephone :	Email :

IDENTIFICATION OF THE APPLICANT	
Full Name :	
Title or Relationship with the Client:	Organization Name:
Full Address :	
Telephone :	Email :

CONSENT OF THE USER OR HIS/HER LEGAL REPRESENTATIVE

As a legal representative of *(name of child)* **_____ I authorize the following entities to exchange information found in my child's file (s) and in the Child First Initiative application for the purpose of filling the gap in service and to gather the necessary information to complete the request process.**

I *(user or legal representative)* _____, authorize:

- ☐ Nunavik Regional Board of Health and Social Services (NRBHSS)
- ☐ Child First Initiative/Jordan Principle Team (Federal Government)
- ☐ Ungava Tulattavik Health Centre (UTHC)
- ☐ Inuulitsivik Health Centre (IHC)
- ☐ Makivik Corporation
- ☐ Kativik Ilisarniliriniq (KI)
- ☐ Kativik Regional Government (KRG)
- ☐ CLSC
- ☐ Other (specify) _____

Signature:_____ Date: _____
(Parent or Legal Custodian)

Signature:_____ Date: _____
(Child, 14 years and older)

Return the form to:

Nunavik Regional Board of Health and Social Services (NRBHSS)

Child First Initiative (CFI)

Phone: 833-405-1234
cfi.nrbhss@ssss.gouv.qc.ca

Web : nrbhss.ca/CFI