

WELCOME FORM

Primary Contact Information

First Name	Last Name		Date Of Birth DD/MM/YY		Pronc	uns	
Rank Unit	E	mail			Telephon		
Address		City			Province Postal (Code
CAF Status (check if applicable)			ation	ship to	Member (if no	t the me	mber)
Reg Force	Attaché				Spouse/Partner		
Reserve	Veteran				Parent		
Imp. Restr. Me	Medical Release				Relative		
If applicable, Release Date			Bereaved Family				
		Other					
Preferred contact method: phone email or both			Perr	mission t	o leave voicemail'	? Yes or	no

Dependent Information

First Name	Last Name	DOB (DD/MM/YY)



WELCOME FORM PROTECTED B (when completed)

Secondary Contact Information

First	First Name Last Name			Date Of Birth DD/MM/YY		Pronouns				
Rank	Unit		Email				Telephone			
	Address		City			Province	Postal Code			
CAF Status (check if applicable)			Relationship to Member (if not the member)							
Reg F	orce		Attaché			Spouse/Partner				
Res	erve		Veteran				Parent			
Imp. R	estr.	Medical	edical Release				Relative			
If applicable, Release Date			Bereaved Family							
			Other							
Preferred contact method: phone email or both			Permission to leave voicemail? Yes or no							

Comments/ Additional Remarks	Preferred Language	
	English	
	French	
	Bilingual EN/FR	
	Bilingual FR/EN	



Client Information

Name of signing parent or legal

guardian (if necessary)



PROTECTED A (when completed)

PRIVACY NOTICE AND CONSENT STATEMENT

First Name:	Last Name:
	athered is considered confidential and private. The Greenwood e all possible safeguards to protect client information.
is used to administer the Military Fami by the Military Family Services (MFS), through local MFRCs. The personal info	ant to sections 2 and 38 – 41 of the <i>National Defence Act</i> . The information by Services Program and the Veteran Family Program, which are managed a division of the Canadian Forces Morale and Welfare Services (CFMWS) rmation may include name, contact information, biographical information, ration number (partial military ID), physical attributes, signature, services views of, or about individuals.
In accordance with the memorandum of user statistics will be provided to VAC Canada Secretariat (TBS). Information is Athena Software (service provider). Cas	FRC and/or MFS for reporting, audit, evaluation, and statistical purposes. f understanding between CFMWS and Veterans Affairs Canada (VAC), VFP for reporting on program performance indicators to Treasury Board of stored in Canada in a cloud-based case management system provided by se file information may be transferred to a MFRC with the written consent be used or disclosed for program mailing and outreach purposes.
In accordance with applicable laws, inf	ormation may be disclosed in the following circumstances:
 to report this to the local child Harm to self or others – Profesthe proper authorities if there themselves or others Testimony in court – There are 	ecomes aware of harm or potential harm to a child, it is required by law welfare agency ssional Codes of Ethics and standards of Practice bind the MFRC to notify is a reason to believe that there is potential for the client to harm times when MFS may be requested by a court of law to disclose ssions, under the above noted items
Act (and other provincial/territorial personal information bank CFMWS PPU the <i>Privacy Act</i> , individuals have rights	only used and disclosed in accordance with the provisions of the <i>Privacy</i> privacy legislation applicable to the MFRC), as described above and in J 825 Military Family Services Program / Veteran Family Program. Under of access to and correction of their personal information, and the right to missioner of Canada regarding the institution's handling of personal
	atement, contact our privacy coordinator at ATIP.AIPRP@cfmws.com. For onsult the Office of the Privacy Commissioner of Canada.
By selecting "I Agree", I certify that I personal information as stated above.	understand, and consent to the collection, use and disclosure of my
l Agree	Date