

Family Information Form

ODAYS DATE:

"Support to families during work related absences"

This form can be filled out prior to any work-related absence for the duration of 30 days or more. Located on the second page is a consent form which, when signed is used to capture client information. This information is collected for MFRC use only and will not be shared. Completed forms can be returned in person to the MFRC or emailed to nicoletaborowski@shilomfrc.ca

1. SERVICE MEMBER INFORMATION									
Last 3 Digits of Se	Rank				First Name		Last Name		
Home Unit Name						Deployed Unit	/ Lead Mo	ounting Unit	
Operation Name (if applicable)		Location			Departure Date		Return Date		
2. PRIMARY CONTACT INFORMATION									
First Name		Last Name			R	Relationship		Service Member	
							□ No	☐ Yes	
Email Address	Phone Numb			bei	er		Preferred Language		
								☐ Eng	lish □ French
City/Town				Province			Closest MFRC: if known		
3. CHILDREN (if applicable)									
First Name Last Name		e Birth [h Date	Fi	First Name Last Nan		ne	Birth Date
4. ADDITIONAL INFORMATION									
Special considerations you or family may have while away (pregnancy, health or other special needs)									
5. If your contacts are a PARENT, SIBLING, OR FRIEND, please check one of the following boxes.									
We will contact if boxes are left unchecked									
 Please contact my parent, sibling or friend Do not contact (Please note that spouses or partners listed will be contacted by the MFRC) 								•	

PRIVACY DISCLAIMER: The MFRC adheres to the Military Family Services Privacy Act. The information on this form will be kept confidential and only used for the purpose for which it is collected. This form may be shared with other MFRC locations.



Client Information

guardian (if necessary)



PROTECTED A (when completed)

PRIVACY NOTICE AND CONSENT STATEMENT

First Name:	Last Name:
All information and communications gathere Military Family Resource Centre (MFRC) will	ed is considered confidential and private. The take all possible safeguards to protect client information.
is used to administer the Military Family Serv by the Military Family Services (MFS), a divis through local MFRCs. The personal information	sections 2 and 38 – 41 of the <i>National Defence Act</i> . The information vices Program and the Veteran Family Program, which are managed sion of the Canadian Forces Morale and Welfare Services (CFMWS) on may include name, contact information, biographical information number (partial military ID), physical attributes, signature, services of, or about individuals.
In accordance with the memorandum of under user statistics will be provided to VAC for re Canada Secretariat (TBS). Information is store Athena Software (service provider). Case file	nd/or MFS for reporting, audit, evaluation, and statistical purposes erstanding between CFMWS and Veterans Affairs Canada (VAC), VFF eporting on program performance indicators to Treasury Board of ed in Canada in a cloud-based case management system provided by information may be transferred to a MFRC with the written consented or disclosed for program mailing and outreach purposes.
In accordance with applicable laws, information	tion may be disclosed in the following circumstances:
 law to report this to the local child we Harm to self or others – Professiona the proper authorities if there is a themselves or others 	Il Codes of Ethics and standards of Practice bind the MFRC to notify reason to believe that there is potential for the client to harmes when the MFRC may be requested by a court of law to disclose
Act (and other provincial/territorial privacy personal information bank CFMWS PPU 825 the <i>Privacy Act</i> , individuals have rights of acc	used and disclosed in accordance with the provisions of the <i>Privacy</i> y legislation applicable to the MFRC), as described above and in Military Family Services Program / Veteran Family Program. Under less to and correction of their personal information, and the right to oner of Canada regarding the institution's handling of personal
	ent, contact our privacy coordinator at ATIP.AIPRP@cfmws.com. For the Office of the Privacy Commissioner of Canada.
By selecting "I Agree", I certify that I under personal information as stated above.	erstand, and consent to the collection, use and disclosure of my
l Agree	Date
Name of signing parent or legal	