



FAMILY CONNECTION FORM

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This form allows the Halifax & Region Military Resource Centre (H&R MFRC) to connect with military families. By completing this form, military family members will receive communication from our team. All information collected by the H&R MFRC will be used solely for H&R MFRC purposes under strict confidentiality in accordance with the Privacy Act and the Military Family Services Program (MFSP) Privacy Code. Consent is required for your personal information to be collected and retained (page 3 consent form).

A. CAF MEMBER INFORMATION (Required Fields*)			
Reg. Force <input type="checkbox"/>	Reservist <input type="checkbox"/>	Veteran <input type="checkbox"/>	
Rank*	LAST Name*	FIRST Name*	
Preferred Email* <small>(Non-DWAN recommended)</small>			
City*	Province*	Postal Code*	
Primary Phone*	Alternate Phone	Language*	
First letter and last 3 digits of Service Number* ____ / ____	Unit*	I wish to receive H&R MFRC eNews (electronic newsletter) <input type="checkbox"/>	
MFRC support is family-centred and tailored to your family's current situation. Which statement currently describes your military journey? Select all that apply.			
New to area <input type="checkbox"/>	DEPLOYMENT/work-related absence <input type="checkbox"/> Deploying Unit Name: Operation* Name:		
New to the military <input type="checkbox"/>			
Experiencing an Imposed Restriction <input type="checkbox"/>			
Clear Out:			
Posted <input type="checkbox"/>	Preparing to Release <input type="checkbox"/>	Preparing to 3B Release <input type="checkbox"/>	Medically Released <input type="checkbox"/>
Family member with diverse needs/special considerations <input type="checkbox"/>			

B. FAMILY MEMBERS THE H&R MFRC SHOULD CONNECT WITH		
Contact Information	Primary Contact	Secondary Contact
Full Name		
Relationship		
City/Province		
Postal Code		
Email		
Phone Number		
Language		
C. CHILDREN (IF APPLICABLE)		
Name(s) and age(s):		
D. DEPLOYMENT FACEBOOK GROUPS		
Please list any additional Family Members that you permit to join our DEPLOYMENT closed/private Facebook Groups. Please include their Facebook name:		

By checking "I agree", the H&R MFRC is authorized to use this information to contact you and your identified family members.

☐ Name _____ Date (DD/MM/YY) _____

Please return this form to the H&R MFRC by email: admin@hrmfrc.ca

If you have any questions, please call us at 902-427-7788 (or toll-free 1-888-753-8827).