



**Niijaansinaanik**

Child and Family Services

# Child Welfare Record Check Consent Form CPIN

I, \_\_\_\_\_  
(present Full Legal Name) D.O.B. (month, day, year)

\_\_\_\_\_  
Other Names (married/birth/other)

Of: \_\_\_\_\_  
(Current Address)

Hereby consent to a person and provider search being conducted of the records of the Children's Aid Societies in Ontario and the examination and disclosure of any information in the possession of or under the control of a Children's Aid Society in Ontario, regarding my self and any involvement I may have had directly, or indirectly, with respect to the provision of any and all types of child welfare services.

**A copy of my identification is attached to this consent?**

Yes      No

**Previous Places of Residence:**

I have lived in the following places since I reached the age of 18 years or became a parent, whichever first occurred (if more space is needed, please use back of this form)

City, Province, Country	Date (from –to)
_____	_____
_____	_____
_____	_____
_____	_____

When completing your request, it is possible that records could be located that match both your name and date of birth but could belong to individuals other than yourself. Finding these alternative records may cause delays in our ability to provide you with timely results in order to confirm your identity. The additional information below is necessary in order to limit the possibility of locating alternative records. If your child(ren) are over the age of 18, their information would only be used to confirm your identity.

**My Child/ren's name(s):** (your children's information will not be stored in CPIN)

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
D.O.B (month/day/year)

\_\_\_\_\_  
Child's Mother's Maiden Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
D.O.B (month/day/year)

\_\_\_\_\_  
Child's Mother's Maiden Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
D.O.B (month/day/year)

\_\_\_\_\_  
Child's Mother's Maiden Name

Purpose of Request:  
Former CAS Ward/Client File Review  
Employment\*\*

Company: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

<b>This Section is for Offices Purposes Only – DO NOT SIGN HERE</b>	
Results:	
Signature	Date
Director of Services Signature	Date
Comments/Approval/Denied	