



CONSENT FORM

Client Consent to the Collection of Information from External Agencies

I, _____, hereby give permission to iHELP Centre and consent them to the release and exchange of the following information:

- Identification (Canadian/ International): YES NO
- Address (Rent/ Own): YES NO
- Housing File: YES NO
- Income/ Employment/ Training: YES NO
- Substance Use/ Harm Reduction: YES NO
- Tax Info/ NOA from CRA: YES NO
- Others _____: YES NO

Between an authorized representative of the agency/ organization named below:

Agency/ Organization Name: **iHELP Centre**

* Contact E-mail: iHelpTaxClinic@gmail.com

- For the following stated purposes: YES NO
- Housing Application: YES NO
- Income/ Employment/ Training: YES NO
- Legal support: YES NO
- Substance Use/ Harm Reduction: YES NO
- Tax File/ NOA from CRA: YES NO
- Food Bank: YES NO
- Clothing Bank: YES NO
- Language Efficiency/ Assessment: YES NO
- Others _____: YES NO

The consent is valid for **TWO** months.

I/we fully understand the purpose of this consent and give it voluntarily.

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

I/we expressly agree to absolve iHelp Centre, and any agency affiliated with the Centre, from any liability associated with my/our use of services, including if caused by negligence on the part of the Centre or any of its authorities, employees and/or volunteers.

* Dated this consent on (mm/dd/yyyy)

<u>Age 16 and over</u>	Full Name *	Date of Birth *	Signature *
Primary Applicant:			
Family Member:			
Family Member:			
Family Member:			

Signature & Date:

Authorized Person's Name/ **iHELP Centre**