

# iHELP

## 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 between an authorized representative and/or an agency/ organization and themselves:

Housing, RGI, Market Rent	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Income, Employment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Social Assistance - OW, ODSP	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Education, Training	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Legal Aid Service	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Language Assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tax File, NOA and CRA Documents	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Substance Use and Harm Reduction	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Food Bank	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Clothing Bank	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Furniture Bank	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Others _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**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 iHelp Centre, from any liability associated with my/our use of services and/or referrals including if caused by negligence on the part of the Centre or any of its authorities, employees, and/or volunteers.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Dated this consent on

### Family members' Consent: (age 16 and over)

Relationship	Full Name	Date of Birth	Signature