



TALKING TOGETHER PROGRAM - INDIGENOUS ALTERNATIVE DISPUTE RESOLUTION

Share/Release of Information – Consent

I, _____ give consent to

- Tikinagan Child and Family Services
- Dilico Anishnabek Family Care
- Kunuwanimano Child and Family Services
- Payukotayno Child and Family Services
- (Other CAS) _____
- (Other Group/Organization) _____

To release the information requested below to the Talking Together Program:

- History of CAS Involvement
- History of Involvement with Group/Organization
- Areas of Concern and examples, strengths of family members
- Contact information for family members and service providers

For the purpose of:

- IADR Approach (Indigenous Alternative Dispute Resolution)

I have been informed and I understand the nature of this consent. I understand the consequences of giving, withholding or revoking consent and alternatives to it. I also understand that I can revoke this consent at any time.

Please Print:

Client Name	Date of Birth	First Nation

Client Signature

Date

Witness Signature

Date

Unless otherwise indicated, this consent is valid for one year from the date of signing.