**Confidential**

**Request for integration of services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child's name:** | **ID number:** | **Address:** | **Email:** | **Telephone:** |
|  |  |  |  |  |
| ☐ The child has two guardians  ☐ The child has one guardian |
| **Guardian A:** | **ID number:** | **Address:** | **Email:** | **Telephone:** |
|  |  |  |  |  |
| **Guardian B:** | **ID number:** | **Address:** | **Email:** | **Telephone:** |
|  |  |  |  |  |

By signing this request, I confirm that I have been informed about what integration of services is and what this request entails. I have also been informed about the manner in which personal information will be processed based on this request.

|  |  |
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| **Signature of guardian A:** | **Date** |
| **Signature of guardian B, if applicable:** | **Date** |
| **Child's signature, if applicable:** | **Date:** |

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| **Coordinator/Case Manager, if applicable:** |