



## REQUEST FOR CHILD WELFARE RECORD

(please return completed form to [rd@facswaterloo.org](mailto:rd@facswaterloo.org))

| Applicant's Personal Information PLEASE WRITE LEGIBLY   |       |                                 |   |
|---|-------|---------------------------------|---|
| Last Name:  |       | First Name:                     | Middle Name:  |
|   |       |                                 | Have you ever been adopted:<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you identify as First Nations, Métis and/or Inuk/Inuit   |       |                                 | Gender Identity:  |
| <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuk/Inuit <input type="checkbox"/> Other: _____                                 |       |                                 |   |
| Your Date of Birth  |       | Birth, Maiden or Other Name(s): | Your Contact Telephone # (s):   |
| Day   | Month | Year                            | Home <input type="checkbox"/><br>Cell Phone <input type="checkbox"/>                    |
|   |       |                                 | Your e-mail address:  |
| Current Address (Street, Apt./Suite No., City, Postal Code):  |       |                                 |   |
| Previous Places of Residence (City, Province, Country)  |       |                                 |   |
| 1.  |       | How long?                       |   |
| 2.  |       | How long?                       |   |
| 3.  |       | How long?                       |   |
| <b>My child/ren's names</b> <i>Providing this information will assist with locating your record</i><br><i>Anyone of any age capable of consent may be asked to give consent</i> |       |                                 |   |
| Full Legal Name   |       | Date of Birth (dd/mm/yyyy)      | Other Parent/Guardian's Name  |
| 1.  |       |                                 |   |
| 2.  |       |                                 |   |
| 3.  |       |                                 |   |

| Reason for Request  |
|---|
| <input type="checkbox"/> I need a record check to determine if I have a child protection record for employment/volunteer purposes. If protection records are found, a summary letter will be included with the details of your child welfare/child protection record. |
| <input type="checkbox"/> I have a child welfare record and want a copy of my file   |
| <input type="checkbox"/> I need specific documents from my file. Specify: _____   |
| <input type="checkbox"/> I need confirmation of my status with the Children's Aid Society for the purpose of form completion. (e.g., OSAP). Please attach form to be completed by the Agency.   |
| <input type="checkbox"/> I need my history to apply for the 60's Scoop class action lawsuit   |
| <input type="checkbox"/> I need my history to register/connect with my First Nation, Inuit or Metis community   |
| <input type="checkbox"/> I am a former Child in Care and/or a former Crown Ward and request my child in care file   |

**Delivery Method:**

I understand that I may receive my records using any of the methods below:

Canada Post/Courier   Pick up in person   Encrypted Email   Tresorit Link

**Applicant's Declaration and Consent**

I hereby consent to a search being conducted of the records of 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 myself and any minor children.

I understand that most Ontario Children's Aid Societies are using CPIN (Child Protection Information Network) as their documentation system. I understand that when an agency using CPIN searches for my record, it will find all records of my involvement with all Ontario Children's Aid Societies also using CPIN.

I further understand that when Family & Children's Services of the Waterloo Region uses CPIN, now or in the future, my information will be entered in the provincial Child Protection Information Network. I also understand that documentation regarding the record check will be entered in CPIN as a non-protection service.

*For the purpose of this check, a record includes information in the agency's database in which the individual has been involved in a referral or investigation regarding a child in need of protection. This record check is valid for Agency records within the Region of Waterloo and for records within the CPIN database. It does not include records in the possession of other Children's Aid Societies not currently using the CPIN database or records which were not transferred by another Children's Aid Society to the CPIN database. It also does not include records from the Ontario Child Abuse Registry. It is in no way a guarantee that an individual does not pose a risk to children. This information is not offered as an opinion of suitability for the position, or responsibilities, for which you may have applied.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR AGENCY USE ONLY**

**TO BE COMPLETED UPON RECEIPT FROM APPLICANT:**

**1. Date Received:** \_\_\_\_\_ **Received By (Full Name):** \_\_\_\_\_

**2. Photo ID Available:**  Yes  No

**Type of Photo ID:**  Driver's Licence  Other: \_\_\_\_\_

If **NO** Photo ID available, indicate why: \_\_\_\_\_

**3. Using Photo ID, please verify the following:**

1. Photo match  Yes  No

2. Spelling of Name  Yes  No

3. DOB  Yes  No

4. Address matches form  Yes  No

If **No** to any of the above, please indicate why: \_\_\_\_\_

**4. The form is legible:**  Yes  No (If no, please confirm the details with the applicant)