



**Children's Aid Foundation of Canada COVID-19 Support Fund for Former Youth in Care
Consent Form for Department of Community Services**

Date: _____

To Whom It May Concern,

I, _____ born _____, give consent to the Department of
(Your Name Here) (mm/dd/yyyy)
Community Services to release information to the Halifax Region Children's Aid Foundation in order to confirm
that:

- I was in temporary care or permanent care and custody, or a youth agreement.
- I am **NOT** receiving Post-Secondary Support for Youth through a Post Care and Custody Agreement.
- I am **NOT** receiving funding due to a pandemic-extension of involvement.

I understand that this information is required to apply for a financial grant from the Halifax Region Children's Aid Foundation's COVID-19 Support Fund for Former Youth in Care.

Name: _____
(Please Print)

Signature: _____

For Department of Community Service Use Only:

- Yes, youth was formerly in care. No, youth is not receiving PCCA/COVID-19 Extension Funding.
- No, youth was not in care.

Name: _____ Position: _____

Signature: _____ Date: _____

DSC: Please email this completed form to monique@hrcaf.org.

Thank you!

