



ACCESS TO RECORDS REQUEST FORM

Catholic Children's Aid Society of Toronto (CCAS)

Under Part X of the *Child, Youth, and Family Services Act, 2017* (CYFSA)

APPLICANT INFORMATION:

Full Name (Other or/and Former Name(s)):

Date of Birth (DD/MM/YYYY):

Full Address: (i.e. House/Apt Number, Street, City, Province, Postal Code)

Home Phone:

Cell:

Email:

Can we leave a message?

YES

NO

Please indicate below if your request pertains to a specific date, time-period or a document type:

Are You requesting your records for a family law matter? **YES** **NO**

If YES, you may provide your lawyer's information and upcoming court date to assist in processing your request.

Do we have consent to communicate with your lawyer? **YES** **NO**

LAWYER INFORMATION:

NAME:

PHONE NUMBER:

EMAIL:

COURT DATE:

FAMILY INFORMATION

TO BE COMPLETED BY AN INDIVIDUAL WHO IS REQUESTING ACCESS TO THEIR HISTORY OF INVOLVEMENT WITH CCAS AS **A CHILD/YOUTH**

Parent/Caregiver #1 Name & DOB: (DD/MM/YYYY) (Include alternate names)	
Parent/Caregiver #2 Name & DOB: (DD/MM/YYYY) (Include alternate names)	
Sibling Name	
Sibling Name	
Sibling Name	

TO BE COMPLETED BY AN INDIVIDUAL WHO IS REQUESTING THEIR HISTORY OF INVOLVEMENT WITH CCAS AS **A PARENT/CAREGIVER**

Other Parent/Caregiver Name & DOB: (DD/MM/YYYY)	
Child's Name & DOB: (DD/MM/YYYY)	
Child's Name & DOB: (DD/MM/YYYY)	
Child's Name & DOB: (DD/MM/YYYY)	

If you are requesting disclosure pertaining to your biological child(ren) or child(ren) who is / are in your legal care, please confirm if there were any Court Orders / Parenting Plans / Separation Agreements or any other legally binding documents that were made in relation to the children.

- YES** – Please provide us with the most recent copy of any relevant legal documents currently in effect (most recent judicial Endorsement and the most recent court order relating to parenting time and decision making). Obtaining the above-mentioned materials would enable us to process your request for file disclosure in a more timely and efficient manner.
- NO** – Please be advised that you might not be entitled to receive the children's personal information without providing evidence that you have the right to access it.

ADDITIONAL INFORMATION

Provide information that may assist us in our records search and/or any other information relevant to your request.

PROOF OF IDENTITY: Please provide copies of 2 pieces of identification – one of which must be Government issued photo ID.

CONSENT: We require written, signed consent and **a copy of one identifying document with a photograph** from all other individuals (whose information is also contained within the requested record) to release their personal information to you. The personal information of those individuals who have not provided consent will be removed from your disclosure.

HOW WOULD YOU LIKE TO RECEIVE YOUR INFORMATION?

- Password Protected Email (**recommended**)
- Password Protected USB (**recommended**)
- Hard Copy (paper format)

APPLICANT SIGNATURE: _____

DATE: _____

IF YOU HAVE ANY QUESTIONS, REQUIRE ASSISTANCE OR ACCOMODATIONS, PLEASE CONTACT US VIA:

**EMAIL (DISCLOSURE@TORONTOCCAS.ORG),
TELEPHONE (416) 395 – 1650, OR
IN PERSON AT:**

**2206 EGLINTON AVENUE EAST,
SCARBOROUGH, ON M1L 4S7
(BY APPOINTMENT)**

This form can be e-mailed to: disclosure@torontoccas.org;
mailed to or dropped off at the above-listed address.

ID Verified by CCAS Employee (Office Use Only)