

Individual Request for Access to Record (RAR)

I, the undersigned, authorize The Children's Aid Society of London and Middlesex ("CASLM") to search their records with respect to

Name of Individual Seeking Access

I am seeking the following information:

Vetted copies of: ☐ My most recent record **OR** ☐ Some of my records **OR** ☐ All of my records

OR

☐ A letter for a specific purpose (Service Ontario, Child Tax Benefit, Passport Office, etc.)

I require this information for:

- ☐ Proof of Identification/Revenue Canada/Passport Application/Health Card Renewal
- ☐ OSAP Application
- ☐ Class Action Suit (specify: _____)
- ☐ Family Law Matter
- ☐ Criminal Law Matter
- ☐ Counselling/Therapy
- ☐ To understand my past
- ☐ Other (specify: _____)
- ☐ I prefer not to specify

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

I understand that the CASLM currently uses CPIN (Child Protection Information Network) as their record system. I understand that when a CPIN using CAS searches for my record, it will find all records of my involvement with all Ontario CAS's also using CPIN. I agree that CPIN can be used to conduct a child welfare search in relation to my request, in addition to other record systems used by individual CAS's. I further understand that my information will be entered into CPIN in relation to the processing of this request for access to record.

Identifying Information Required for a Record Check

Full name(s)	
Date of birth (day/month/year)	
Birth name	
Other prior or known names	

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Current address	
Length of time at current address	
Previous addresses (street address, city, province)	1.
	2.
Phone number	
Email address	
If seeking records from when you were a child, please provide information of your parents' and siblings' names	

Children

Full name(s)	Other prior or known names	Date of birth

Note:

- **Decision making authority will need to be determined prior to providing the record of a minor child. If a parenting order/separation agreement exists, please provide along with your Individual Request for Access to Record form.**
- **The consent of a capable child/youth who is 12-years of age or older is required if their parent is seeking access to their personal information. We will consult with CPWs on open cases about the assessed capacity of children between the age of 7-11 to determine if their consent is required.**

Voluntary Consent to Electronic Communication

I am consenting to being contacted by email. Please use the following E-mail address:

(_____). I acknowledge that sending E-mail over the Internet is not secure, in that it can be intercepted, manipulated and/or retransmitted. Emailing of identifying information will only occur with your authorization.

Proof of Identification

To protect your privacy, the CASLM requires verification of identity prior to processing any request for access to record. Two pieces of identification are requested, at least one of which contains your photo and address. Please submit with your written request as able. If you are unable to supply the requested proof of identification, leave a message for the Privacy Consultant at 519-455-9000 ext. 2411, who will follow-up with you to problem solve.

Note: For purposes of protecting your identity, CASLM staff will not maintain a permanent record of the proof of identification that you provide to us. Copies of identification that you provide to us will be shredded at the completion of processing your access to record request.

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Note: Our documentation practices involve family systems. Part X of the Child, Youth, and Family Services Act, 2017, provides service recipients with the right to seek access to their own personal information only. The personal information of other individuals must be removed prior to providing a record sought under this section of the legislation except as may be included under rights as a substitute decision maker for an incapable person. Additionally, we must adhere to other legal considerations. Therefore, we require time to process requests for access to records. Our Privacy Consultant will maintain contact with you to keep you informed of the status of your request.

Printed Name of Requester: _____

Signature of Requester: _____

Date: _____

Printed Name of Witness: _____

Signature of Witness: _____