



OTHER ADULTS – 18 to 54 years old				
First Name	Last Name	Gender	Age	Date of Birth
SENIORS – 55 years and older				
First Name	Last Name	Gender	Age	Date of Birth

CLIENT'S CONTACT INFORMATION	
Preferred Language <i>If Client Does Not Speak English or French, please note that in the COMMENTS section.</i>	<input type="checkbox"/> English <input type="checkbox"/> French
Client's Email Address	
Has The Client Been Informed That They May Receive Notices About Any Potential Assistance By Email? <i>NOTE: Agency representatives will be copied on all communications to their clients.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Client's Main Phone Number	
Client's Alternate Phone Number	

CLIENT'S ADDRESS INFORMATION	
Is Client's Address a Co-op or Apt Building?	<input type="checkbox"/> Yes <input type="checkbox"/> No Buzz/Ring #: _____
Is this a Shelter or a Shared Apartment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client's Address	<i>Clients Must Live In Ottawa, Ontario Please Remember To Include The Unit Number</i>



CLIENT AUTHORIZATION FORM

To Be Completed By Client:

If referral is taken over the phone: Please read this information to the client and have them verbally agree.

By signing this Client Authorization Form, you agree that your referring agency has permission to share the personal information contained on the Client Application Form (either for the Sharing in Student Success program or the Christmas Exchange program) with the Caring and Sharing Exchange, which in turn may share the information with other community organizations or sponsors in order to provide you with the assistance you have requested.

Client's Name (Please Print)

Client's Signature

To Be Completed by Referring Agent:

If referral is taken over the phone: The above-named client is aware they are being registered for the Sharing in Student Success Program or the Christmas Exchange Program and has consented to having their information shared.

- Yes
- No

If referral is taken over the phone: The above-named client is a current client of this agency and we therefore have the correct address information on file.

- Yes
- No

Agent's Name: _____ Signature: _____