AGREEMENT FOR
DISTRICT OF THUNDER BAY HIFIS DATA SHARING PROTOCOL

This Agreement is dated this ____ day of _____, 2016
{Date to be filled in by [Service Manager], who will sign agreement last}

BETWEEN:

[Service Manager]
and

HER MAJESTY THE QUEEN IN RIGHT OF CANADA, as represented by Employment and Social Development Canada, Community Development and Homelessness Partnerships Directorate
and

[Service Provider]
and

[Service Provider]

The above-noted parties to this Agreement hereby agree as follows:

1. The parties agree to the terms and conditions contained in the District of Thunder Bay HIFIS Data Sharing Protocol, attached to this Agreement as Schedule A, which is incorporated into and forms a part of this Agreement.

2. This Agreement together with Schedule A constitute the entire agreement between the parties regarding the subject matter contained in Schedule A.

3. Each party warrants that it has full authority to enter into and perform this Agreement, and that the person signing this Agreement on behalf of the named party is properly authorized to sign it, and each party further acknowledges that it has read this Agreement and Schedule A, understands it, and agrees to be bound by it.

4. This Agreement shall come into force on the date first written above to December 31st, 2016.

5. This Agreement may be executed and delivered in any number of counterparts with the same effect as if all parties had all signed and delivered the same document and all counterparts will be construed together to be an original and will constitute one and the same Agreement.

The parties have executed this Agreement under the hands of their respective duly authorized officers.

[Service Manager]

Per: _____
Name: _____
Title: _____

I have authority to bind the Organization

Her Majesty the Queen in the Right of Canada, as represented by Employment and Social Development Canada, Community Development and Homelessness Partnerships Directorate

Per: _____
Name: _____
Title: _____

I have authority to bind the Corporation

[Service Provider]

Per: _____
Name: _____
Title: _____

I have authority to bind the Corporation

[Service Provider]

Per: _____
Name: _____
Title: _____

I have authority to bind the Corporation

Per: _____
Name: _____
Title: _____

I have authority to bind the Corporation

Schedule A

District of Thunder Bay HIFIS Data Sharing Protocol

(see next page)

THE DISTRICT OF THUNDER BAY
SOCIAL SERVICES ADMINISTRATION BOARD

The District of Thunder Bay HIFIS Data Sharing Protocol

Version 1

March 31st, 2016

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1 INTRODUCTION

(a) The Homeless Individuals and Family Information System (HIFIS) was developed by the Government of Canada in partnership with communities and shelter operators sheltering the homeless across Canada. It is a computer software system designed to assist emergency shelter providers with daily operations such as, booking in clients, maintaining bed lists, and producing billing reports. In addition, by creating one national data collection and management software system, communities and shelter operators across Canada are able to, over time, compare aggregate data on the nature of homelessness in their communities. HIFIS data can also be analyzed to influence micro and macro level decision-making, and can be made available to researchers and various levels of government for the purpose of policy and planning development, with the goals of alleviating and eliminating homelessness.

2 DEFINITIONS

(a) In this Protocol:

(i) "aggregate data" refers to information that cannot be used to identify a specific individual. The information compiled from HIFIS data exports is generally referred to as aggregate data since it brings all export data together in a single database for reporting and analysis.

(ii) “client record” refers to any information recorded in the HIFIS database that can be directly linked to a particular client;

(iii) “client” refers to an individual or a family unit requesting service from an emergency shelter provider in Thunder Bay;

(iv) “data dictionary” refers to the list all look-up fields in HIFIS that defines the meaning and interpretation of each field. It also provides a list of approved values for all lookup categories;

(v) “database file” refers to an electronic file stored on a computer hard disk that contains raw data;

(vi) “HIFIS Application Host” refers to the entity that owns and houses the equipment on which the HIFIS application and data reside;

(vii) “HIFIS Community Coordinator” refers to a local community representative appointed by the local community and recognized by the federal government to:

(1) be responsible for the coordination, implementation, ongoing operations of HIFIS; and

(2) be responsible for all reporting to the federal government relating to HIFIS;

(viii) “HIFIS Data Sharing Reference Committee” refers to a governing and decision making body, which oversees all matters relating to this Protocol. Terms of reference for the Committee shall be defined during its first meeting. Core membership consists of the director/administrator of each shelter operator, and a representative of the HIFIS Community Coordinator;

(ix) “look-up field” refers to data elements containing a list of predefined values from which to choose;

(x) "personal information" refers to any recorded information about an identifiable individual, including but not limited to information relating to race, national or ethnic origin, religion, sex, age, medical or psychiatric history, education and employment history, and name if it appears with other personal information relating to the individual or where the disclosure of the name would reveal other personal information about the individual, and "identifying data" has a similar meaning;

(xi) "service provider" refers to an organization providing sheltering services to homeless individuals or families, "shelter operator" has a similar meaning;

(xii) "Standard Data Set" refers to the list of all database fields included in the HIFIS export.

3 PURPOSE

(a) The purpose of the District of Thunder Bay HIFIS Data Sharing Protocol is to support the implementation of a shared HIFIS Shelter Community Database and specifically to:

(i) define the nature and format of the HIFIS data that will be collected and shared;

(ii) set parameters around how and when data, including the personal information of shelter clients, will be collected and by whom;

(iii) clarify issues of data ownership; and

(iv) determine steps to ensure that client privacy will be protected.

4 SCOPE

(a) The HIFIS Data Sharing Protocol is an agreement among the organizations listed under subsection 5(b) of the Protocol, and is intended to facilitate and govern the collections and exchange of HIFIS data collected by emergency shelters in the District of Thunder Bay.

(b) This Protocol, and all parties to the Protocol, shall comply with all applicable municipal, provincial and federal laws and regulations relating to the collection, use, disclosure, retention and disposal of personal information.

(c) The geographic area governed by this Protocol is the District of Thunder Bay.

5 PARTIES TO THE PROTOCOL

(a) This Protocol applies to organizations described in subsection (b) as well as all members of the Local HIFIS Working Group.

(b) The parties to this Protocol are:

(i) [Service Manager]

(iii) Government of Canada, as represented by Employment and Social Development Canada, Community Development and Homelessness Partnerships Directorate

(iv) [Service Provider]

(v) [Service Provider]

(vi) Other service providers using HIFIS software as appropriate

6 ROLE OF [SERVICE MANAGER] ([SERVICE MANAGER])

(a) The [SERVICE MANAGER] is designated by the province of Ontario as the service system manager for homelessness in the Thunder Bay area. This includes the administration of funding for emergency shelter and homelessness support services.

(b) The [SERVICE MANAGER] is identified as the HIFIS Community Coordinator and has the primary responsibility for HIFIS operations in the District of Thunder Bay including implementation, data management, ongoing operation, training, and support of HIFIS.

(c) The Government of Canada has mandated that the HIFIS Community Coordinator is the single point-of-contact for interactions with the Federal government with regard to all HIFIS matters.

(d) The [SERVICE MANAGER] is the HIFIS Application Host for all data collected and shared by the parties to this protocol.

7 ROLE OF THE GOVERNMENT OF CANADA

(a) The Government of Canada has mandated the Community Development and Homelessness Partnerships Directorate of Employment and Social Development Canada with the national role of developing government policies, supports, and services relating to homeless individuals and families.

(b) The Homelessness Partnering Secretariat is mandated with the ongoing implementation, development and support of HIFIS. The Homelessness Partnering Secretariat, therefore, has the authority to access aggregated HIFIS data to fully realize this mandate and role.

(c) The Government of Canada retains all rights and responsibilities for the development and improvement of HIFIS and for the technical properties of the HIFIS data collection system. The Federal government has full ownership of the HIFIS system.

8 ROLE OF THE SERVICE PROVIDERS

(a) Service providers are responsible for providing services in accordance with their Service Agreement with [SERVICE MANAGER].

(b) Service providers are responsible for providing accurate and timely data collection and insuring the integrity of data entered into the HIFIS software in the course of service delivery.

9 REVIEW PROCESS

(a) The Local HIFIS Working Group shall review the HIFIS Data Sharing Protocol on an annual basis or more frequently as may be required.

(b) All revisions and/or amendments shall be noted, dated and signed by the parties to this Protocol.

10 GUIDING PRINCIPLES

The HIFIS Data Sharing Protocol is built upon the following guiding principles:

(a) Sharing data increases service system accountability.

(b) Sharing data provides opportunities to more effectively serve clients experiencing homelessness.

(c) Individuals and families requiring emergency shelter services have the right to personal privacy without fear of reprisal or the withholding of services.

(d) The Local HIFIS Working Group shall act as the entity responsible for monitoring the scope, direction, and execution of, and any amendments to this Protocol.

11 IDENTIFICATION OF DATA ELEMENTS

(a) General

(i) Data is classified as identifying or non-identifying. Identifying data is also referred to as “personal information” and, on its own, identifies a particular client (for example: name). Non-identifying data cannot identify any particular client (for example: reason for service).

(ii) Aggregated data contains only non-identifying data.

(b) Data Dictionary

(i) The Data Dictionary lists all fields in HIFIS. It defines the meaning and interpretation of each field, and provides a list of approved values for all lookup categories.

(ii) The Community Coordinator, in consultation with the Local HIFIS Working Group, shall review and maintain the Data Dictionary to provide a consistent definition for all data elements collected in HIFIS.

12 DATA COLLECTION

(a) Data Collection Requirements

(i) Service Provider

(1) Service providers are responsible for ensuring the collection of all data defined by the Standard Data Set.

(2) All other data that may be collected by the service provider for the purpose of operating the emergency shelter is at the sole discretion of the service provider.

(ii) [SERVICE MANAGER]

(1) The [SERVICE MANAGER], as HIFIS Community Coordinator, requires that service providers collect both identifying and non-identifying data for the purposes of supporting funding programs, and reporting to provincial and federal funding bodies, and further requires the collection of non-identifying data for the purposes of broader community planning and development.

(iii) Government of Canada

(1) The Government of Canada, via the Community Development and Homelessness Partnerships Directorate of Employment and Social Development Canada, requires that the HIFIS Community Coordinator collect non-identifying data from service providers for the purposes of producing statistical reports and counts, and conducting longitudinal research studies about the nature of homelessness in Canada.

Researchers and other interested parties at various levels of government, as well as service agencies, will use these studies.

(b) Data Collection Process

(i) Service providers collect HIFIS data with the consent of the client for the purposes of providing emergency shelter services only.

(ii) Data collection shall be completed by authorized and trained shelter staff of each shelter operator at the beginning and throughout the course of a client's shelter stay.

(iii) Data collection shall be completed in a timely manner. Ideally, data entry will take place at the time data is collected or as soon as possible thereafter.

(iv) Each service provider is responsible for ensuring that data collection is complete and accurate at all times.

(c) Data Verification

(i) Each service provider will ensure that their HIFIS data is reviewed on a weekly basis for the purpose of verification and accuracy.

(ii) The Thunder Bay HIFIS Community Coordinator shall be responsible for ensuring that the required HIFIS data verification and correction of mistakes is performed regularly.

13 DATA SHARING AND OWNERSHIP

(a) Service Provider

(i) In keeping with the guiding principles, each service provider agrees to share client information, as specified in Appendix A, through the use of a centrally hosted HIFIS application.

(ii) Shared access to data will be limited to each service provider's target service sector population. For example, shelters serving single women will only have access to database records for single women.

(iii) The service provider providing initial direct service to a client is considered to have primary ownership over the client record (see Appendix A). Primary ownership of other information for this client will belong to the service provider recording that information ("secondary service provider").

(iv) Service providers understand that some data, over which they have primary ownership, may be modified by other service providers as necessary to correct or add information to the database. Likewise, some data will be shared that can only be modified by the service provider with primary ownership. (See Appendix A for a listing of all shared and editable fields.)

(b) [SERVICE MANAGER]

(i) The [SERVICE MANAGER], as HIFIS Community Coordinator, is given "shared ownership" of the aggregate HIFIS data.

(ii) Shared ownership stipulates that the HIFIS Community Coordinator can analyze and report on aggregate HIFIS data to the Government of Canada, provincial funding bodies, service providers and other relevant stakeholders.

(iii) The [SERVICE MANAGER], as HIFIS Application Host, does not own identifying data.

(c) Government of Canada

(i) The Government of Canada, via the Community Development and Homelessness Partnerships Directorate of Employment and Social Development Canada, has no ownership of HIFIS data.

14 DATA CONFIDENTIALITY

(a) Service Provider

(i) Each service provider shall keep in confidence the personal information of shelter clients to which it has access as part of this agreement.

(ii) All service providers must comply with applicable municipal, provincial and federal legislation relating to the collection, storage and sharing of personal client information, and in so doing will take all reasonable precautions to protect all personal information from any unauthorized use, disclosure, copying, modification and destruction.

(iii) Service providers shall notify clients that personal information collected in HIFIS may be shared with designated parties named in this protocol for the purposes of providing and funding ongoing or future emergency shelter services. Service providers shall ensure that all clients provide prior expressed consent for the collection and use of their personal information by signing an approved consent form (Appendix C).

(iv) The sharing of aggregate data does not require the permission of individual clients.

(v) Service providers shall be responsible for responding to requests for access to personal information made by their clients in accordance with applicable legislation and regulations. The service provider with primary ownership of the client record will be responsible for coordinating the response to such requests. In the case where the bulk of the information requested by the client has been collected by one or more secondary service providers, the affected service providers and the HIFIS Application Host, and the HIFIS Community Coordinator, as required, shall come to an agreement with respect to responding to the client's request and shall do so in accordance with all applicable legislation.

(b) [SERVICE MANAGER] and Government of Canada

(i) The [SERVICE MANAGER], in its role as HIFIS Application Host, will ensure that the database files are stored and backed up in a secure location.

(ii) The [SERVICE MANAGER] will not release any personal information of shelter clients to any third party without the expressed written permission of the client with the exception of any disclosures that may be required by law or for obtaining funding from other levels of Government.

(iii) The [SERVICE MANAGER], as the HIFIS Community Coordinator, is responsible for the secure storage and backup of all HIFIS aggregate data collected from service providers.

(iv) The Government of Canada, via the Community Development and Homelessness Partnerships Directorate of Employment and Social Development Canada, shall ensure that all aggregate HIFIS data received from the HIFIS Community Coordinator is backed-up and stored in a secure location.

15 DATA SUBMISSION, AGGREGATION & REPORTING

(a) Service Provider

(i) Each service provider will be responsible for ensuring that data input into HIFIS occurs daily and that all exportation and transmission of data occurs in a timely and secure manner.

(b) [SERVICE MANAGER]

(i) At any given time, the [SERVICE MANAGER], as HIFIS Community Coordinator, may access the aggregate data in the HIFIS database for the purposes of monitoring, analyzing, and reporting on the shelter service system.

(ii) The HIFIS Community Coordinator shall ensure that only non-identifying core HIFIS data is aggregated and sent to the National Secretariat on Homelessness.

(iii) The [SERVICE MANAGER], as HIFIS Community Coordinator, must submit specific aggregated data to the Province of Ontario and Government of Canada as part of its funding agreements with these government bodies, and for the purposes of research and planning. The [SERVICE MANAGER] will maintain a schedule and record of this reporting for review by the HIFIS Data Sharing Reference Committee, if requested.

(iv) Reporting at the system level will be the sole responsibility of the Thunder Bay HIFIS Community Coordinator.

(c) Government of Canada

(i) The Government of Canada, via the Community Development and Homelessness Partnerships Directorate of Employment and Social Development Canada, requires that the HIFIS Community Coordinator submit the Standard Data Set to it on a quarterly basis.

(ii) The Government of Canada, via the Community Development and Homelessness Partnerships Directorate of Employment and Social Development Canada, shall be responsible for all reporting of aggregated data on a national level for the purposes of research, policy formation, and planning.

16 HIFIS APPLICATION HOSTING

(a) Service Provider

(i) Each service provider acknowledges that the [SERVICE MANAGER], as HIFIS Application Host, will authorize designated personnel to access the HIFIS application and database files for the purposes of maintenance, security, and backup of the system.

(ii) Service providers will notify clients that the [SERVICE MANAGER] is the HIFIS Application Host. This information will be included on client consent forms.

(iii) Access to the HIFIS system will be managed by the [SERVICE MANAGER] as follows:

(1) Authorized service provider staff (to be identified by the service providers) will be required to use a specified username and password for each individual to gain access, via a Virtual Private Network (VPN), a designated [SERVICE MANAGER] network.

(2) After securely connecting to the [SERVICE MANAGER] network, the authorized service provider staff member will be required to login into the Citrix platform with a specific username, and password assigned to each staff member.

(3) Access to the HIFIS application itself will require a personal unique username and password for each user, to be managed by the [SERVICE MANAGER] in consultation with each service provider.

(4) Acquisition of Required Infrastructure by Service Providers

(a) All hardware, software, and other infrastructure necessary to access the HIFIS system are to be acquired by the service providers at their own cost and are required to meet security standards established by the [SERVICE MANAGER]. Parties to this Protocol acknowledge and agree that these standards may change from time to time and the [SERVICE MANAGER] shall communicate any changes to the parties as soon as possible in the circumstances.

(b) Each party shall be solely responsible, at its own costs, to ensure its ability to connect to the Internet and the database (including acquiring all necessary hardware, software, and other required infrastructure, such as, but not limited to, antivirus software, relevant security patches must be installed within one month of published release, and static IP addresses) sufficient to meet its operational requirements and its obligations under this Protocol.

(b) [SERVICE MANAGER]

(i) The [SERVICE MANAGER], as HIFIS Application Host will:

(1) ensure, to the best of its ability, that the HIFIS system is working at all times;

(2) provide training to service providers when requested;

(3) be required, from time to time, to perform system maintenance that may impact service providers' access to HIFIS;

(4) notify service providers of planned service interruptions with as much advanced warning as possible, including an estimate on how long the system will be unavailable, so as to minimize service interruptions;

(5) not be responsible, in any manner, for any losses or damages that may be incurred by the service providers, their employees, agents or contractors, due to any service interruptions in the HIFIS system;

(6) maintain a log of all access to the HIFIS system which shall include the identity of the service provider and user, the date, time, and activity, for the purpose of monitoring use and ensuring the security of the HIFIS data;

(7) backup the HIFIS application and database in a manner that is in concurrence with current [SERVICE MANAGER] ITS policies and procedures; and,

(8) inform service providers and the Government of Canada of suspected or known unauthorized access to HIFIS data. All incidents of suspected or known unauthorized access to the HIFIS system shall be reviewed by the parties to this Protocol taking into consideration all applicable legislation and with a view to reaching consensus on the appropriate next steps regarding the incident in question.

17 REQUESTS FOR ACCESS TO DATA

(a) Release of Data to External Parties

(i) Requests for release of aggregated HIFIS data made by any party external to the Protocol for research or media purposes shall be considered, approved or denied following the criteria and processes outlined in the attached Data Access Protocol for External Requests of HIFIS Aggregate Data (Appendix C).

(ii) The HIFIS Local Working Group will work with the Community Coordinator to ensure implementation of the Data Access Protocol for External Requests of HIFIS Aggregate Data.

(iii) The HIFIS Local Working Group will review the Data Access Protocol for External Requests of HIFIS Aggregate Data annually, as part of this Protocol.

18 CONTRACTUAL AGREEMENT

(a) Undertaking

(i) The parties to this Protocol agree and undertake to comply with the terms and conditions of this Protocol, and their authorized representative(s) shall sign a letter attesting to that fact as required under this Section.

(b) The parties agree to:

(i) implement procedures within their organizations that meet the requirements of applicable privacy legislation to ensure the privacy and security of client-related information, including personal information, and shall take steps to ensure that that those procedures are documented, known, and adhered to within their organizations;

(ii) ensure that any personal information collected and subsequently shared between the parties to this Protocol shall be done so with the informed consent of the client;

(iii) ensure that service provider staff comply with the terms, conditions, and procedures provided in and required under this Protocol;

(iv) ensure the accuracy and the security of the information collected and inputted into the HIFIS system;

(v) participate in the HIFIS Local Working Group;

(vi) agree that any reviews and subsequent amendments to this Protocol shall be made in adherence to the Protocol; and

(vii) agree to give one another written notice of any changes in legislation, regulations or policies respecting the organizations and programs that are likely to affect this Protocol.

(c) Signatories

(i) A covering letter will be distributed with this Protocol to be signed by an authorized representative of each party on behalf of their organizations. This letter together with the Protocol will form a formal binding contractual agreement between the parties.

19 TERMINATION

(a) In the event that a service provider terminates its participation in HIFIS due to a cessation of operations or for any other reason, the service provider will give 30 days prior written notice to the Government of Canada, via the Community Development and Homelessness Partnerships Directorate of Employment and Social Development Canada, and the [SERVICE MANAGER] of its intention to cease operations or to terminate participation in this Protocol. The service provider who terminates participation in the HIFIS system shall immediately take the appropriate steps to ensure the security and privacy of its clients' personal information in accordance with applicable privacy legislation. The parties agree that information will continue to be provided to the [SERVICE MANAGER] in accordance with the terms and conditions of the applicable emergency shelter service agreement.

(b) In the event that the [SERVICE MANAGER] can no longer assume its role as host of the HIFIS system for any reason whatsoever, the [SERVICE MANAGER], as the HIFIS Community Coordinator, shall:

(i) immediately notify the parties to this Protocol of such a fact;

(ii) consult with the parties to this Protocol with a view to finding a new host or a mutually agreeable solution for the continuation of the database; and,

(iii) secure, transfer, or destroy the master copy of the database as may be required and appropriate to the agreed upon solution and applicable legislation.

(c) In the event that the HIFIS system is no longer in operation, the parties to this Protocol shall take immediate steps to ensure the privacy and security of the client personal information in accordance with applicable legislation. The HIFIS Community Coordinator shall ensure that the system and the data that it contains are securely kept, and either retained under its custody and control, or destroyed, as the case may be, in accordance with applicable legislation and after consultation with the parties to this Protocol.

20 INQUIRIES AND COMPLAINTS

(a) The HIFIS Community Coordinator shall address any complaints or inquiries regarding the Protocol and shall attempt to resolve the complaint or answer the inquiry, as the case may be, or alternatively shall forward the complaint or inquiry to the appropriate party/parties to the Protocol for response or resolution. Inquiries or complaints that cannot be satisfactorily resolved by the HIFIS Community Coordinator or the affected party/parties to the Protocol, shall be forwarded to the HIFIS Local Working Group for final resolution.

21 DISCLAIMER, INDEMNIFICATION AND APPLICATION OF LAWS

(a) The parties to this protocol agree and accept that the HIFIS system may become inoperable on a temporary or permanent basis due to technical or other unforeseen reasons that are beyond the control of the [SERVICE MANAGER], despite the [SERVICE MANAGER]'s best efforts to host the HIFIS system.

(b) In consideration for the [SERVICE MANAGER]'s agreement to host the HIFIS database, the parties to the Protocol agree to waive any and all claims against the [SERVICE MANAGER], its employees and agents, and to release the [SERVICE MANAGER] from any and all liability for any

loss, damage, expense and other consequence whatsoever that the parties may suffer as a result of the [SERVICE MANAGER]'s acts, omissions and obligations under this Protocol, including but not limited to any temporary or permanent interruptions in operations of the HIFIS system.

(c) The parties to this protocol agree that they shall participate in and use the HIFIS database in a manner that is consistent with all applicable laws and regulations, including those relating to privacy. The collection, use, disclosure, retention and destruction of personal information by parties to this protocol shall be solely managed and governed by each party in accordance with applicable laws and regulations.

(d) The parties to this protocol shall indemnify and save harmless the other parties to the protocol from any and all damages, claims, losses or actions whatsoever arising from their participation in, and use of, the HIFIS system, and in relation to their acts, omissions and performance or non-performance of their obligations under this Protocol.

APPENDIX A

Symbols

□ item is not shared with other service providers; modifiable by other service providers; exported.

■ item is shared with other service providers; modifiable by other service providers; exported.

● item is exported to federal database.

Address **Description**
Address information for clients, emergency contacts and shelters.

Item	*Comment*	*Share*	*Edit*	*Export*
Province		■	■	■
Country		■	■	■
Housing type	Used to record housing type in long-term housing history (Client > Housing)	■	■	■
Building		■	■	□
Address line 1		■	■	□
Address line 2		■	■	□
City		■	■	□
Postal code		■	■	□
Start date		■	■	■
End date		■	■	■
Telephone 1		■	■	□
Telephone 2		■	■	□
Extension		■	■	□

Barred **Description**
Details on barred clients.

Item	*Comment*	*Share*	*Edit*	*Export*
Client	See ***Client*** table	■	□	■
Service provider		■	□	■
On behalf of		■	□	□
Effective from		■	□	■
Effective to		■	□	■
Description		□	□	□

Bulletin **Description**
Information related to bulletins in HIFIS.

Item	*Comment*	*Share*	*Edit*	*Export*
Associated client	See ***Client*** table	■	□	□
Service provider		■	□	□
On behalf of		■	□	□
Priority		■	□	□
Effective from		■	□	□
Effective to		■	□	□
Subject		■	□	□
Description		■	□	□

Calls and Visits

Description
Information related to calls and visits received for a client.

Item	*Comment*	*Share*	*Edit*	*Export*
Client	See ***Client*** table	□	□	□
Service provider		□	□	□
Type		□	□	□
Date		□	□	□
Time		□	□	□
Name		□	□	□
Nature of call/visit		□	□	□
Comment		□	□	□

Note – Calls and Visits are not currently used by service providers.

Contributing Factors

Description
Information related to a client's contributing factors.

Item	*Comment*	*Share*	*Edit*	*Export*
Client	See ***Client*** table	■	□	■
Contributing factor		■	■	■
Start date		■	■	■
End date		■	■	■

Chores

Description
Information about chores assigned to clients.

Item	*Comment*	*Share*	*Edit*	*Export*
Client	See ***Client*** table	□	□	□
Stay		□	□	□
Chore Type		□	□	□
Start date		□	□	□
End Date		□	□	□
Hours		□	□	□
Comment		□	□	□

Note – Chores are not currently used by service providers.

Clients

Description
This table contains details about each client in HIFIS.

Item	***Comment***	***Share***	***Edit***	***Export***
Last name		■	■	□
First name		■	■	□
Middle name		■	■	□
Alias 1		■	■	□
Alias 2		■	■	□
Gender		■	■	●
Date of birth / age		■	■	●
Family role		■	■	■
Relationship		■	■	■
Family head		■	■	■
Identification type		■	■	□
Identification number		■	■	□
File number		■	■	□
Language of service		■	■	■
Disability		■	■	■
EC last name	(*emergency contact*)	■	■	□
EC first name		■	■	□
EC comments		■	■	□
EC relationship		■	■	■
EC address	See ***Address*** table	■	■	■
Eye colour		■	■	■
Hair colour		■	■	■
Distinguishing features		■	■	■
Photo		■	■	□
Height		■	■	□
Weight		■	■	□
Additional attribute info		■	□	□
Comments subject		■	□	□
Comments		□	□	□
Contributing factor		■	■	■
Contributing factor start		■	■	■
Contributing factor end		■	■	■
Current occupations		■	■	■
Reason(s) for not working		■	■	■
Source of income	See ***Finance*** table	■	■	■
Housing	See ***Address*** table	■	■	■
Educational attainment		■	■	■
Country of schooling		■	■	■
Currently enrolled?		■	■	■
Enrolment problems		■	■	■
Country of birth		■	■	■
Province/state of birth		■	■	■
City of birth		■	■	■
Citizenship		■	■	■
Aboriginal indicator		■	■	■
Geo region		■	■	■
Marital status		■	■	■
Parent situation		■	■	■
Relationship to parent(s)		■	■	■
Active		■	■	■

Health **Description**
Contains client health information.

Item	*Comment*	*Share*	*Edit*	*Export*
Client	See ***Client*** table	□	□	■
Start date		□	□	■
End date		□	□	■
Health issue		□	□	■
Description		□	□	□
Medication		□	□	□
Treatment		□	□	□
Suspected		□	□	■
Diagnosed		□	□	■
Contagious		■	□	■

Note – Health is not currently used by Service Providers.

Turnaways **Description**
This table contains information on turnaways.

Item	*Comment*	*Share*	*Edit*	*Export*
Client	See ***Client*** table	■	□	■
From date		■	□	■
To date		■	□	■
Service provider		■	□	■
Reason for turn away		■	□	■
On behalf of		■	□	□
Comments		■	□	□

Expenses **Description**
This table contains information about client expenses in the financial profile.

Item	*Comment*	*Share*	*Edit*	*Export*
Client	See ***Client*** table	■	□	■
Expense		■	■	■
Frequency		■	■	■
Start date		■	■	■
End date		■	■	■
Monthly amount		■	■	■
Essential		■	■	■

Income **Description**
This table contains information about client income in the financial profile.

Item	*Comment*	*Share*	*Edit*	*Export*
Client	See ***Client*** table	■	□	■
Source if income		■	■	■
Employer		■	■	■
Pay frequency		■	■	■
Employment type		■	■	■
Start date		■	■	■
End date		■	■	■
Monthly amount		■	■	■

Goodsrvc **Description**
This table contains information about client access to good and services.

Item	*Comment*	*Share*	*Edit*	*Export*
Service provider		■	□	■
Client	See ***Client*** table	■	□	■
Anonymous		■	□	■
Type of Assistance		■	□	■
Reason for service		■	□	■
Referred from		■	□	■
Referred to		■	□	■
Date		■	□	■
Time		■	□	■
Number of people		■	□	■
Comments		■	□	□

Gsgood **Description**
This table contains information about client access to goods.

Field Name	*Description*	*Share*	*Edit*	*Export*
Client	See ***Client*** table	□	□	■
Good		□	□	■
Unit of measure		□	□	■
Quantity		□	□	■
Cost		□	□	■

Gsmeal **Description**
This table contains information about hot and cold meals.

Field Name	*Description*	*Share*	*Edit*	*Export*
Number of people		□	□	■
Children/youth		□	□	■
Adults		□	□	■
Seniors		□	□	■
Age unknown		□	□	■
Males		□	□	■
Females		□	□	■
Other		□	□	■
Gender unknown		□	□	■
Aboriginal		□	□	■
Non-aboriginal		□	□	■
Aboriginal status unknown		□	□	■
Disabled		□	□	■
Non-disabled		□	□	■
Unknown disability status		□	□	■

Gssrvc **Description**
This table contains information about client access to services.

Field Name	*Description*	*Share*	*Edit*	*Export*
Client	See ***Client*** table	□	□	■
Service		□	□	■
Effective from		□	□	■
Effective to		□	□	■
Time spent		□	□	□

Ident

Description
This table contains identification details for clients.

Field Name	*Description*	*Share*	*Edit*	*Export*
Client	See ***Client*** table	■	□	□
ID Type		■	□	□
ID Number		■	□	□

Payment

Description
This table contains payment information related to programs.

Field Name	*Description*	*Share*	*Edit*	*Export*
Client	See ***Client*** table	□	□	■
Program name		□	□	■
Payment method		□	□	■
Payment date		□	□	■
Payment period from date		□	□	■
Payment period to date		□	□	■
Amount		□	□	■
Comments		□	□	□

Note – Payment is not currently used by Service Providers.

Program

Description
This table contains program information as defined by HIFIS Administration > Programs.

Field Name	*Description*	*Share*	*Edit*	*Export*
Service Provider		□	□	■
Payable by		□	□	■
Program type		□	□	■
Time unit		□	□	■
Program name		□	□	■
Program period start date		□	□	■
Program period end date		□	□	■
Rate		□	□	■
Maximum funding		□	□	■
Maximum beds		□	□	■
Comments		□	□	□
Active		□	□	■

Note – Program is not currently used by Service Providers.

SPDAT

Description
These tables contain SPDAT Surveys and Answers recorded in HIFIS. – SPDANSW, SPDQSTN and SPDSURV

Field Name	*Description*	*Share*	*Edit*	*Export*
AnswerI	Answer to SPDAT questions	■	□	□
AnswerL	Answer to SPDAT – Text	■	□	□
Refused	Refused to Answer checkbox	■	□	□
Comments	Additional Comments	■	□	□

Question

Description
This table contains question items used in questionnaires.

Field Name	*Description*	*Share*	*Edit*	*Export*
Type of answer		■	□	□
Questionnaire		■	□	□
Number		■	□	□
English		■	□	□
French		■	□	□
List Items (English)		■	□	□
List Items (French)		■	□	□
Active		■	□	□

Referral

Description
This table contains referral information used in HIFIS.

Field Name	*Description*	*Share*	*Edit*	*Export*
Referring category		■	□	■
Referrer		■	□	■
Active		■	□	■

Reservtn

Description
This table contains reservation information recorded in HIFIS.

Field Name	*Description*	*Share*	*Edit*	*Export*
Service provider		■	□	■
Client	See ***Client*** table	■	□	■
Anonymous		■	□	■
Agency requested by		■	□	■
Date		■	□	■
Description		■	□	□
Number of people		■	□	■
Showed up		■	□	■

Shelter

Description
This table contains information about the service providers entered into HIFIS.

Field Name	*Description*	*Share*	*Edit*	*Export*
Address		■	□	■
Clientele served		■	□	■
Age		■	□	■
Agency		■	□	■
Service provider ID		■	□	●
Name		■	□	●
Telephone number		■	□	■
Telephone extension		■	□	■
Fax number		■	□	■
Email address		■	□	■
Prevent exports		■	□	□
Family shelter		■	□	□
Rooms		■	□	■
Beds		■	□	●
Overflow		■	□	●
Cut-off time		■	□	□
Active		■	□	□

Stays **Description**
Contains information about shelter visits.

Item	*Comment*	*Share*	*Edit*	*Export*
Client	See ***Client*** table	■	□	■
Service provider		■	□	●
Late pass		■	□	□
Wake up		■	□	□
Room / bed		■	□	□
Date in		■	□	●
Time in		■	□	□
Date out		■	□	●
Time out		■	□	□
Booking By		■	□	□
Reason for service		■	□	■
Referral from		■	□	■
Referral to		■	□	■
Comment		■	□	□

Stayprog **Description**
This table contains programs that are associated with stays.

Field Name	*Description*	*Share*	*Edit*	*Export*
Stay		■	□	■
Program		■	□	■
Covered period from date		■	□	■
Covered period to date		■	□	■
Comments		■	□	□

Note – Stayprog is not currently used by Service Providers

Survans **Description**
This table contains responses to questionnaires. Non-text based answers are stored in the *answere* field.

Field Name	*Description*	*Share*	*Edit*	*Export*
Survey		■	□	■
Question		■	□	■
Answer (English)		■	□	■
Answer (French)		■	□	■

Survey **Description**
This table contains survey information completed for clients.

Field Name	*Description*	*Share*	*Edit*	*Export*
Client	See ***Client*** table	■	□	■
Questionnaire		■	□	■
Date of survey		■	□	■

Turnaway **Description**
This table contains turn away information.

Field Name	*Description*	*Share*	*Edit*	*Export*
Client	See ***Client*** table	■	□	■
Anonymous		■	□	■
Service provider		■	□	■
Reason for turn away		■	□	■
Effective date		■	□	■
Effective time		■	□	■
On behalf of		■	□	□
Comments		■	□	□

APPENDIX B

Data Access Protocol for External Requests on HIFIS Aggregate Data

Purpose

The Data Access Protocol for External Requests on HIFIS Aggregate Data is a procedural reference for processing requests by entities (*the requestor*) external to the District of Thunder Bay HIFIS Data Sharing Protocol (DSP) to access the HIFIS aggregate data (*the data*).

Process

1 An external request is made for access to the data.

(a) A requestor contacts the HIFIS Community Coordinator (*the coordinator*) or a member of the HIFIS Local Working Group (the steering committee) and expresses interest in the data.

(b) The coordinator or steering committee member directs the requestor to complete the *Request for Data* and *Data Use Agreement (attached)* forms and submit request to the coordinator.

(c) A requestor submits the completed forms to the coordinator.

(d) The coordinator makes a record of the request.

2 The coordinator will acknowledge the request and categorize as either: incomplete, satisfied by a standard release, or an exceptional request.

(a) Incomplete requests will be returned to the requestor with appropriate remarks indicating why the request was incomplete.

(b) Requests that can be satisfied by referencing the standard catalogue of reported information will be returned to the requestor with details on accessing that material.

(c) Requests that cannot be accommodated by a standard release will be subject to further review as follows.

(d) The requestor is advised of any relevant timelines.

3 The coordinator will review a request that cannot be accommodated by the standard catalogue.

(a) The request must be limited to the scope of data available as follows:

(i) The request refers only to data elements contained in the "Standard Data Set" (the District of Thunder Bay HIFIS Data Sharing Protocol).

(ii) The request does not concern a single shelter and/or program of operation.

(iii) The request is limited to a time period for which the desired data elements are available.

(iv) For any data element the minimum non-zero value in a response category is 5.

(1) If a response category value is < 5 the request is either denied or that response category is merged with another suitable category to produce a new category with a value of 5 or more.

(v) For any data element the minimum coverage response rate is 60% in each potential report grouping.

(1) If a data element coverage response rate is < 60% the request is denied or that data element is merged with results from 1 or more additional report groupings with a combined coverage rate of at least 60%.

(vi) The request does not otherwise require the release of data that may directly or indirectly be used to isolate and identify any single client.

(b) The coordinator will determine from the review if the request can be accepted as requested, accepted in part or denied.

4 The coordinator will respond to the requestor.

(a) The coordinator returns a denied request to the requester with suitable information on why the request was denied.

(b) The coordinator prepares the data to respond to an accepted request.

(i) Requested data is assembled in a format applicable to the request.

(ii) Necessary context and parameters are documented for inclusion with the data.

(c) The coordinator responds to the request with the data and supporting information.

(d) The coordinator makes a record of the response provided to the requestor, and if necessary, includes all supporting data and information.

5 The coordinator on a quarterly basis will inform the steering committee members (or a sub-committee, as appointed by the steering committee) of the types of requests released.

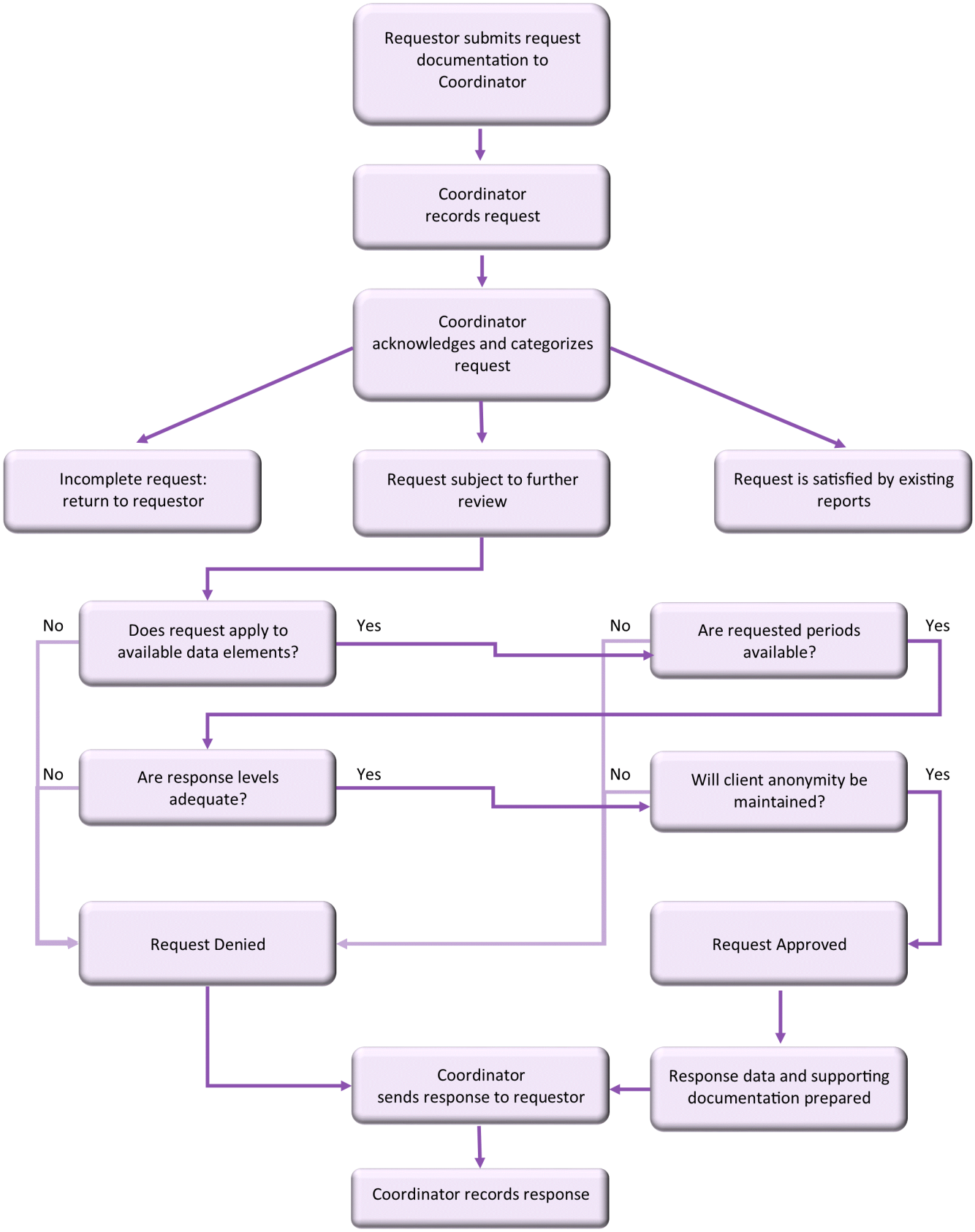
6 The steering committee will review the record of data requests and from time to time adjust the standard catalogue to reflect prevalent issues revealed in the request history or emerging community priorities.

Definitions

1. A *Standard Release* is the collected data and statistics, organized by topic/content in a report format, that are maintained on a regular basis for the purposes of responding to external requests. This collection comprises information identified by the HIFIS Community Coordinator and/or the HIFIS Data Sharing Reference Committee as relevant to stakeholders and suitable for regular monitoring/release.

2. A *Standard Catalogue* is a catalogue of Standard Releases.

Data Access Protocol for External Requests



DATA REQUEST FORM
Data Access Protocol for External Requests on HIFIS Aggregate Data

REQUESTOR INFORMATION			
LAST NAME	FIRST NAME	TITLE	
STREET ADDRESS	CITY	PROVINCE	POSTAL CODE
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	
ORGANIZATION			
ORGANIZATION DESCRIPTION			

DATA REQUESTED
Please explain what information you are requesting as clearly and completely as possible; If applicable, note the timeframe (e.g., May 04-Dec 04) for which you would like data:

DETAILS OF THE PROJECT
Please describe the intended use of the data (in sufficient details to assess your request's scope and purpose) (for research projects, attach a copy of the project outline or research protocol):
What is your proposed method of data analysis:
Comment on the benefits/public interest value to be derived from your research project:
If data is being requested for research purposes, does the project have (or will have) approval from a formal ethics committee review?
Please indicate the date you require this data:

- ☐ Yes, I am aware I must include the parameters relevant to this data (provided with the data) in any communication regarding the data.
- ☐ Yes, I have examined the Data Use Agreement Form, which includes the Rules for Data Use and Reporting. I agree to abide by these rules and have enclosed the signed form with this application.

DATE _____ SIGNATURE OF REQUESTOR _____

FOR INTERNAL USE ONLY

DATA USE AGREEMENT FORM
Data Access Protocol for External Requests on HIFIS Aggregate Data

TERMS AND CONDITIONS FOR DATA USE AND REPORTING/GUIDELINES FOR DATA UTILIZATION

The Undersigned (hereinafter, the "Recipient") hereby agrees to the following terms and conditions in exchange for receiving access to HIFIS Aggregate Data (hereinafter the "data"), and agrees that his/her use of the data is contingent upon acceptance and adherence to these terms and conditions:

1. HIFIS data is the shared property of the participating shelters and the [SERVICE MANAGER]. It is distributed under the condition that all of the Recipient's publications using the data acknowledge this ownership. Publications include oral and written presentations, posters, reports, scientific papers, and any other form of communication using or referring to the data (hereinafter "publication").
2. The Recipient of the data shall include in any publication of the data a statement acknowledging that the publication or parts thereof, as appropriate, is based on data and information provided by the District of Thunder Bay HIFIS database, and that the analysis, conclusion, opinions and statements expressed in the publication are those of the author(s), and not those of the [SERVICE MANAGER] or community of emergency shelter providers in Thunder Bay.
3. The Recipient will provide the HIFIS Community Coordinator with a copy of any published, reported, or otherwise disclosed material within three months from the date of publication.
4. The Recipient agrees to use the data only for the purpose(s) that is described in the application form, and for no other purpose.
5. The Recipient shall not share, or give access to, the data file that has been provided by the City with any person, group or organization other than those identified on the application form.
6. The Recipient agrees to indemnify the [SERVICE MANAGER] save it harmless for any and all, losses, expenses, costs, including legal costs, and damages resulting directly or indirectly from the actions or inactions of the Recipient, its officers, agents and employees, under this Agreement and with respect to the use or disclosure of the data.
7. The [SERVICE MANAGER] has made every effort to ensure that the data is accurate. Notwithstanding this, Recipient acknowledges and accepts that the [SERVICE MANAGER] does not warrant the utility, accuracy or completeness of the information, which is provided "as is" without warranty or condition of any kind. The Recipient agrees that the [SERVICE MANAGER] shall not be responsible for any liability whatsoever or howsoever caused resulting from adopting or relying upon the data.
8. The Recipient understands that data parameters/methodological notes will accompany the data, and agrees to include these notes in any publication using this data.
9. The Recipient understands and accepts that failure of the Recipient to comply with the terms and conditions of this Agreement is cause for termination of this Agreement and, where applicable, the City or participating shelters may lodge a complaint to the Information and Privacy Commissioner of Ontario, or to equivalent data protection authority, in addition to availing themselves of all available legal remedies.

Signed at: _____ this ____ day of _____ , _____ .

SIGNATURE OF RECIPIENT	SIGNATURE OF WITNESS
PRINT NAME OF RECIPIENT	PRINT NAME OF WITNESS

INSTITUTION/AGENCY
(Include name and address of institution and/or agency, if applicable)

APPENDIX C

SHELTER CLIENT CONSENT FORM

See next page for:

1. *Shelter Consent*
2. *Adult Consent*
3. *Youth Consent*

SHELTER CLIENT INFORMATION COLLECTION

CONSENT FORM

I _____, date of birth _____,

Name of Resident / Client (please print) *dd / mm / yyyy*

understand that this agency is part of the District of Thunder Bay Shared HIFIS Network (Homeless Individuals and Families Information System). HIFIS is a system that uses computers to collect information about homelessness in order to help provide services to people who are experiencing homelessness. The HIFIS system is shared between [Service Provider], [Service Provider] and the HIFIS Community Coordinator.

I give permission to the emergency shelter operator, or designated staff person, to collect the following information:

My full name;	My contact information;
My date of birth;	My educational history;
My Social Insurance Number;	My physical description;
My health card number;	My marital, family status, and history;
My current income and assets;	My employment status, history;
My previous address;	My shelter history. Including services and programs accessed or applied for;

I understand that the HIFIS information is hosted by the [SERVICE MANAGER] (HIFIS Community Coordinator) and may be accessible to other shelters, for the same purposes and for managing/administering my shelter stays, in the event that I choose to stay at other shelters in the future. This agency will never give information about a person to anyone outside this shared network without the person's written consent, or as required by law through a court order.

Information in this system may not be used to deny outreach, shelter, housing or other assistance. My decision to sign or not sign this consent document will not be used to deny outreach, shelter, housing services or other assistance. I may revoke my consent at any time, in writing, and no new information will be shared. **This consent will end 1 year from today**.

I have a right to see my HIFIS record, ask for changes, and to have a copy of my record from this agency upon written request.

Signed: _____ Date: _____

Signature / Mark of Resident *dd / mm / yyyy*

☐ Resident / Client could not / would not sign form.

☐ Form contents and MFIPPA Collection Statement (below) read orally to Resident / Client.

Witness:_____ Date: _____

Signature of Shelter Staff Person *dd / mm / yyyy*

FORMULAIRE DE CONSENTEMENT À LA COLLECTE DE RENSEIGNEMENTS SUR LA CLIENTE OU LE CLIENT D'UN REFUGE

Je, _____, né(e) le _____,
Nom de la résidente ou du résident/de la cliente ou du client (en lettres moulées) *jj / mm / aaaa*

comprends que cet organisme fait partie du SIPFSA (Système d'information sur les personnes et les familles sans abri, également appelé SISA) du district de Thunder Bay. Le SIPFSA est un réseau informatique servant à recueillir des renseignements sur l'itinérance dans le but d'offrir des services aux sans-abri. L'organisme [Service Provider], l'Armée du Salut et le coordonnateur communautaire du SIPFSA ont tous accès aux données du SIPFSA.

J'autorise l'exploitante ou l'exploitant du refuge d'urgence, ou le personnel désigné, à recueillir les renseignements suivants me concernant :

- mon nom au complet;
- ma date de naissance;
- mon numéro d'assurance sociale;
- le numéro de ma carte Santé;
- mon revenu et mes avoirs actuels;
- mon adresse précédente;
- mes coordonnées;
- mes antécédents scolaires;
- ma description physique;
- mon état matrimonial, ma situation familiale et mes antécédents familiaux;
- ma situation professionnelle et mes antécédents de travail;
- l'historique de mes séjours dans des refuges, y compris les services et programmes auxquels j'ai eu accès ou pour lesquels j'ai fait une demande.

Je comprends que le [SERVICE MANAGER] (coordonnateur communautaire du SIPFSA) héberge les données enregistrées dans le SIPFSA et que ces dernières peuvent être accessibles à d'autres refuges pour les mêmes motifs et aux fins de la gestion et de l'administration de mes séjours en refuge, dans l'éventualité où je déciderais de séjourner, à l'avenir, dans d'autres refuges. L'organisme ne divulguera jamais de renseignements au sujet d'une personne à quiconque en dehors du réseau sans le consentement écrit de ladite personne ou à moins qu'il y soit tenu par la loi à la suite d'une ordonnance du tribunal.

Les renseignements contenus dans ce système ne peuvent pas être utilisés pour me refuser l'accès à des services, à un refuge, à un logement ou à d'autres formes d'aide. De plus, ma décision de signer ou non le présent formulaire de consentement ne peut pas entraîner un refus d'accès aux services, à un refuge, à un logement ou à d'autres formes d'aide. Je peux retirer par écrit mon consentement à n'importe quel moment afin que les renseignements à mon sujet ne puissent plus être transmis à d'autres personnes et organismes. Ce consentement est valide pour un (1) an à partir d'aujourd'hui.
J'ai en outre le droit d'examiner mon dossier du SIPFSA, d'y faire apporter des changements et d'en demander une copie à l'organisme en présentant une demande écrite.

Signature :_____Date : _____
Signature ou marque de la résidente ou du résident *jj / mm / aaaa*

☐ La résidente ou le résident/la cliente ou le client ne peut pas/ne veut pas signer le formulaire.

☐ J'ai lu le contenu du présent formulaire et l'énoncé de collecte de renseignements, qui est conforme à la *Loi sur l'accès à l'information municipale et la protection de la vie privée* (LAIMPVP) (ci-dessous), à la résidente ou au résident/à la cliente ou au client.

Témoin : _____Date : _____
Signature du personnel du refuge *jj / mm / aaaa*

SHELTER CLIENT CONSENT FORM

CONSENT FOR RELEASE OF INFORMATION

I _____, date of birth _____,

Name of Resident / Client (please print) *dd / mm / yyyy*

of _____, give permission to the emergency shelter

Name of Emergency Shelter (please print)

operator, or designated staff person, to collect and release the following information:

My full name;	My contact information;
My date of birth;	My educational history;
My Social Insurance Number;	My physical description;
My health card number;	My marital, family status, and history;
My current income and assets;	My employment status, history;
My previous address;	My shelter history. Including services and programs accessed or applied for;

to such employees of the [SERVICE MANAGER], and of the Ministry of Community and Social Services, as required for the purposes of verifying my eligibility for a personal needs allowance and other applicable social programs. I understand that the information is hosted by the [SERVICE MANAGER] and may be accessible to other shelters, for the same purposes and for managing/administering my shelter stays, in the event that I choose to stay at other shelters in the future.

Signed: _____ Date: _____

Signature / Mark of Resident *dd / mm / yyyy*

☐ Resident / Client could not / would not sign form.

☐ Form contents and MFIPPA Collection Statement (below) read orally to Resident / Client.

Witness:_____ Date: _____

Signature of Shelter Staff Person *dd / mm / yyyy*

Once signed, this consent form will be valid for the period of time during which I require per diem funding or a personal needs allowance for my stay at an emergency shelter.

This personal information is collected under the authority of s. 39(1) of the *Ontario Works Act, 1997*, .S.O. 1997, and s. 6 of Ont. Regulation 135/98, and will be used to meet provincial funding requirements for verifying eligibility (both present and ongoing) for a personal needs allowance for emergency shelter clients and for per diem funding of emergency shelters. The personal information may also be used by authorized staff at the [SERVICE MANAGER] in its role as database Host for the purposes of administering and maintaining the database on which the personal information is kept. Questions about this collection should be directed to: Chief Privacy Officer…

FORMULAIRE DE CONSENTEMENT À L'INTENTION DES CLIENTS DES REFUGES

CONSENTEMENT À LA DIVULGATION DE RENSEIGNEMENTS

Je_____, date de naissance _____,

Nom du résident ou du client (veuillez écrire en lettres moulées) *jj/ mm /aaaa*

De _____, autorise la téléphoniste du refuge d'urgence,

Nom du refuge d'urgence (veuillez écrire en lettres moulées)

ou l'employé désigné, à recueillir et à divulguer les renseignements suivants :

ɔn nom au complet;	Mes coordonnées;
ɹ date de naissance;	Mon niveau de scolarité;
ɔn numéro d'assurance sociale;	Mon signalement;
ɔn numéro de carte-santé;	Mon état matrimonial et mes antécédents familiaux;
ɔn revenu et mon actif actuels;	Mes états de service et mes antécédents de travail;
ɔn adresse précédente;	Mes antécédents en ce qui a trait aux refuges, notamment les services et les programmes auxquels j'ai eu accès ou pour lesquels j'ai fait une demande;

aux employés autorisés du [SERVICE MANAGER] et du ministère des Services sociaux et communautaires, au besoin, aux fins de la vérification de mon admissibilité à une allocation pour besoins personnels et aussi de la vérification de mon admissibilité à d'autres programmes sociaux applicables. Je comprends que les renseignements sont détenus par le [SERVICE MANAGER] et qu'ils pourraient être accessibles à d'autres refuges, pour les mêmes motifs et pour la gestion et l'administration de mes séjours en refuge, dans l'éventualité où je choisirais de séjourner dans d'autres refuges à l'avenir.

Signé: _____Date: _____

Signature ou marque du résident *jj / mm /aaaa*

- □ Le résident ou le client n'a pas pu ou n'a pas voulu signer le formulaire.
- □ Le contenu du formulaire et l'énoncé relatif à la collecte de renseignements de la LAIMPVP (plus bas) ont été lus à haute voix au résident ou au client.

Témoin: _____Date: _____

Signature de l'employé du refuge d'urgence *jj/ mm aaaa*

Une fois signé, le formulaire de consentement sera valide pour la période de temps pendant laquelle j'ai besoin d'une indemnité quotidienne ou d'une allocation pour besoins personnels pour mon séjour dans un refuge d'urgence.

Ces renseignements personnels sont recueillis en vertu du paragraphe 39(1) de la *Loi de 1997 sur le programme Ontario au travail* et de l'article 6 du règlement 135/98 de l'Ontario et ils seront utilisés dans le but de satisfaire aux exigences du financement provincial relatives à la vérification de l'admissibilité (présente et continue) à une allocation pour besoins personnels pour les clients des refuges d'urgence et à une indemnité quotidienne pour les séjours dans des refuges d'urgence. Les renseignements personnels pourraient aussi être utilisés par le personnel autorisé du Conseil d'administration des services sociaux du district de Thunder Bay en tant que détentrice de la base de données, aux fins de l'administration et du maintien de la base de données qui contient les renseignements personnels. Les questions au sujet de cette collecte de renseignements doivent être adressées Services du chef de la protection des renseignements personnels

YOUTH (Under 18) SHELTER CLIENT CONSENT FORM

CONSENT FOR RELEASE OF INFORMATION

I _____, date of birth _____,

Name of Resident / Client (please print) *dd / mm / yyyy*

of _____, give permission to the emergency shelter

Name of Emergency Shelter (please print)

operator, or designated staff person, to collect and release the following information:

My full name;	My contact information;
My date of birth;	My educational history;
My Social Insurance Number;	My physical description;
My health card number;	My marital, family status, and history;
My current income and assets;	My employment status, history;
My previous address;	My shelter history. Including services and programs accessed or
My contributing factors;	applied for;

to such employees of the [SERVICE MANAGER], and of the Ministry of Community and Social Services, as required for the purposes of verifying my eligibility for a personal needs allowance and other applicable social programs. I understand that the information is hosted by the [SERVICE MANAGER] and may be accessible to other shelters upon my eighteenth birthday, for the same purposes and for managing/administering my shelter stays, in the event that I choose to stay at other shelters in the future.

Signed: _____ Date: _____

Signature / Mark of Resident *dd / mm / yyyy*

☐ Resident / Client could not / would not sign form.

☐ Form contents and MFIPPA Collection Statement (below) read orally to Resident / Client.

Witness:_____ Date: _____

Signature of Shelter Staff Person *dd / mm / yyyy*

Once signed, this consent form will be valid for the period of time during which I require per diem funding or a personal needs allowance for my stay at an emergency shelter.

This personal information is collected under the authority of s. 39(1) of the *Ontario Works Act, 1997*, .S.O. 1997, and s. 6 of Ont. Regulation 135/98, and will be used to meet provincial funding requirements for verifying eligibility (both present and ongoing) for a personal needs allowance for emergency shelter clients and for per diem funding of emergency shelters. The personal information may also be used by authorized staff at the [SERVICE MANAGER] in its role as database Host for the purposes of administering and maintaining the database on which the personal information is kept. Questions about this collection should be directed to: Chief Privacy Officer,

FORMULAIRE DE CONSENTEMENT À L'INTENTION DES CLIENTS DES REFUGES – JEUNES (moins de 18 ans)

CONSENTEMENT À LA DIVULGATION DE RENSEIGNEMENTS

Je_____, date de naissance _____,

Nom du résident ou du client (veuillez écrire en lettres moulées) *jj/ mm /aaaa*

De _____, autorise la téléphoniste du refuge d'urgence,

Nom du refuge d'urgence (veuillez écrire en lettres moulées)

ou l'employé désigné, à recueillir et à divulguer les renseignements suivants :

Mon nom au complet;	Mon niveau de scolarité;
Ma date de naissance;	Mon signalement;
Mon numéro d'assurance sociale;	Mon état matrimonial et mes antécédents familiaux;
Mon numéro de carte-santé;	Mes états de service et mes antécédents de travail;
Mon revenu et mon actif actuels;	Mes antécédents en ce qui a trait aux refuges, notamment les services et les
Mon adresse précédente;	programmes auxquels j'ai eu accès ou pour lesquels j'ai fait une demande;
Mes coordonnées;	Les facteurs contributifs de ma situation;

aux employés autorisés du Conseil d'administration des services aux fins de la vérification de mon admissibilité à une allocation pour besoins personnels et aussi de la vérification de mon admissibilité à d'autres programmes sociaux applicables. Je comprends que les renseignements sont détenus par le [SERVICE MANAGER] et qu'ils pourraient être accessibles à d'autres refuges à mon dix-huitième anniversaire, pour les mêmes motifs et pour la gestion et l'administration de mes séjours en refuge, dans l'éventualité où je choisirais de séjourner dans d'autres refuges à l'avenir.

Signé : _____Date: _____

Signature ou marque du résident *jj / mm /aaaa*

☐ Le résident ou le client n'a pas pu ou n'a pas voulu signer le formulaire.

☐ Le contenu du formulaire et l'énoncé relatif à la collecte de renseignements de la LAIMPVP (plus bas) ont été lus à haute voix au résident ou au client.

Témoin : _____Date : _____

Signature de l'employé du refuge d'urgence *jj/ mm aaaa*

Une fois signé, le formulaire de consentement sera valide pour la période de temps pendant laquelle j'ai besoin d'une indemnité quotidienne ou d'une allocation pour besoins personnels pour mon séjour dans un refuge d'urgence.

Ces renseignements personnels sont recueillis en vertu du paragraphe 39(1) de la *Loi de 1997 sur le programme Ontario au travail* et de l'article 6 du règlement 135/98 de l'Ontario et ils seront utilisés dans le but de satisfaire aux exigences du financement provincial relatives à la vérification de l'admissibilité (présente et continue) à une allocation pour besoins personnels pour les clients des refuges d'urgence et à une indemnité quotidienne pour les séjours dans des refuges d'urgence. Les renseignements personnels pourraient aussi être utilisés par le personnel autorisé du Conseil d'administration des services sociaux du district de Thunder Bay en tant que détentrice de la base de données, aux fins de l'administration et du maintien de la base de données qui contient les renseignements personnels. Les questions au sujet de cette collecte de renseignements doivent être adressées au Services du chef de la protection des renseignements personnels,.