

TALKING TOGETHER PROGRAM - INDIGENOUS ALTERNATIVE DISPUTE RESOLUTION

Share/Release of Information – Consent

l,		give consent to				
	O Tikinagan Child and Family Services					
	0	 Dilico Anishnabek Family Care Kunuwanimano Child and Family Services 				
	0					
	0	Payukotayno Child and F	Family Services			
	0	(Other CAS)				
	0	(Other Group/Organizat	ion)			
X X X X X	History of Involvement with Group/Organization Areas of Concern and examples, strengths of family members					
For th X		ose of: Approach (Indigenous Alte	ernative Dispute Resolu	ition)		
				sent. I understand the cons understand that I can revok		
Please	e Print:					
Client Name		e	Date of Birth	First Nation		
Client Signature			Date	Date		
Witness Signature			 Date	Date		
Unles	s other	wise indicated, this conser	nt is valid for one year f	rom the date of signing.		