



**MoCREEBEC COUNCIL OF THE CREE NATION**  
**MoCREEBEC EMPLOYMENT UNIT**

P.O. Box 4 • Moose Factory, Ontario • P0L 1W0 • (705) 658-4769 • Fax (705) 658-4487

**CLIENT CONSENT FORM**

**TO** administer and evaluate the effectiveness of the MoCreebec Employment Unit's programs and services; personal information about the Client is required by;

- OFIFC-GREAT Initiative
- Primary Funding Agencies, such as the Local Delivery Mechanism's (LDM's), Contribution Agreements and Regional Bilateral Agreements (RBA's)
- Organizations providing training

***TO be eligible for participation in MoCreebec Employment Unit programs and services, the Client must provide the information requested and must consent to the collection, disclosure and use of that information, as described in this notice by signing the consent and release form.***

**SOME** of the information collected will be asked directly from the client, such as gender, marital status, income disability, age, etc. This information is required for statistical collection and is used for reporting purposes in evaluating the programs and services.

**OTHER** organizations as described below may be contacted in order to obtain appropriate facts which aid in making informed decisions.

1. To confirm the Client's request for funds, information may be required directly from;
  - a) The federal government about exhausted Employment Insurance benefits or current status on Employment Insurance claim,
  - a) Ministry of Community and Social Services, First Nation, or municipality welfare office about receipt of social assistance,
  - b) Worker's Compensation Board or other disability insurer about receipt of Workers Compensation or disability insurance benefits,
  - c) Other relevant agencies.
2. Information may be required from Local Delivery Mechanisms when a request for funding from an individual's origin is outside the MoCreebec/Mushkegowuk region but currently resides within the stated region. Information may be requested from the primary funding agencies in other provinces when a client is requesting financial assistance and he/she originates from that province but currently resides with the stated MoCreebec/ Mushkegowuk region.
3. Verification of Indian Status and affiliation must occur prior to assessment of request. This information will be confirmed by a MoCreebec staff member and a First Nation membership clerk/Band administrator.
4. Participant information may be provided to employers when making referrals for potential jobs.
5. Clients may be referred to other partner agencies or organizations to access other services.
6. By signing this client consent form, the client authorizes the release of any test results, reports and other information that concerns the individual to the MoCreebec Employment Unit.
7. Should the client be successful in obtaining funding from the MoCreebec Employment Unit, the client will allow the MoCreebec Employment Unit to publish his/her name as a participant on a project funded through the MoCreebec Employment Unit.

**I, the Client, have read this document, or have had this document read to me, and fully understand the above notice and do consent to the collection, disclosure and use of personal information as described herein.**

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Print Client Name here**

\_\_\_\_\_  
**Social Insurance Number**

\_\_\_\_\_  
**Date**