



Consent & Intake Form

CONSENT FOR THE COLLECTION, USE, AND STORAGE OF PERSONAL INFORMATION

I seek the services of the Greater Victoria Coordinated ID Service (GVCIS), a program of the Community Social Planning Council (CSPC), to help me apply for, obtain, receive, and/or store my personal identification (“ID”). I understand that GVCIS helps individuals obtain ID, but GVCIS cannot guarantee that I will receive the ID that I seek.

I authorize GVCIS to collect and share my personal information to government and other agencies as may be necessary to obtain my ID. I understand that

- All information I give to GVCIS must be true, accurate, and complete to the best of my knowledge;
- GVCIS will rely on the information I give; and
- If any information I give is not true, accurate, or complete, my application for ID may be delayed or rejected.

By giving personal information to GVCIS, I give my consent to GVCIS to collect, use and share my personal information as follows:

- To verify my identity and communicate with me;
- To send my personal information to governmental or other agencies in connection with applying for, obtaining, or receiving my ID;
- To provide me with support services during the ID application process, including reviewing, assessing, updating, and tracking my application for ID;
- To communicate with any governmental or other agency concerning any aspect of applying for, obtaining, or receiving my ID;
- Collecting and processing payments;
- To store or retrieve my ID for me;
- To aid in proper management of GVCIS, including statutory or regulatory requirements;
- To respond to emergencies, security issues, or breaches;
- For any other purpose stated in the Community Social Planning Council’s Privacy Policy;
- Once my personal information is made anonymous so it cannot identify me, for statistical purposes and to improve GVCIS service; and
- Information about me in files from any earlier contacts with CSPC or GVCIS may be reviewed, as deemed appropriate by GVCIS.



Community Social Planning Council Greater Victoria Coordinated ID Service

I can withdraw my consent at any time, but that may mean GVCIS cannot provide any services. If I have any questions about this, I can ask my case manager or contact GVCIS directly.

I consent to being contacted to take part in a follow-up survey to help GVCIS assess its services. I understand that when I am contact, I can choose if I want to participate, and my choice will not affect the services I receive.

I understand that any time personal information is given, used, released, or stored that there is risk of security breach and loss of access to, confidentiality of, or control over the information. These risks are present when GVCIS provides any services to me.

In exchange for receiving services from GVCIS, I promise to release and hold harmless GVCIS and their directors, employees, contractors, partner agencies, and funders from any liability to me resulting from any act or omission done while providing assistance to me to apply for, obtain, receive, or store my ID, and including any further services that GVCIS may provide to me.

Many of the terms used in this form are described in the Community Social Planning Council's Privacy Policy. GVCIS's complete Privacy Policy is available upon request.

What we are responsible for:

- Providing ID Clinic spaces
- Providing necessary ID paperwork
- Supporting individuals with completing paperwork (where possible)
- Providing a safe storage location for ID files and paperwork
- Covering fees and postage for ID applications
- Maintaining open communication with all contacts and preferred client contacts regarding ID applications
- Ensuring that we are communicating accurate timelines for ID processing.

What we are not responsible for:

- Support with completing the paperwork associated with a citizenship or permanent residency application (we can still provide the application forms, postage, and cover the fees)
- Approval of your application
- Timeliness of outside agencies processing your ID application (approved or rejected)

What you are responsible for:

- Providing accurate and up to date information
- Notifying the ID Services office if a change in mailing address or contact information occurs (idservice@communitycouncil.ca or **250-383-6166 ext. 6**)
- Checking in with the ID Services team for updates on ID applications (within applicable processing times)



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What we are all responsible for:

- Creating an environment of mutual respect and providing each other with clear communication throughout the ID application process

By submitting this form, I confirm that I have read, understand, and agree with everything in this form, and I request GVCIS help me obtain my ID.

Signature: _____ Date: _____

Print Name: _____

Office use only

Client ID#: _____

Caseworker: _____



INTAKE FORM

Clinic Date & Location: _____

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Place of Residence or mailing address _____

Postal Code: _____

Phone # (Text or call?) _____

Email Address _____

Alternate Contact Information

Name: _____ Organization: _____

Phone: _____ Email: _____

Ministry Client? _____

Identification

List any ID you already have (See below for examples of Primary and Secondary ID):

Primary (Original Birth Certificate, BCID, Driver's License, BC Services Card, Current Canadian Passport):

Secondary (Bank or Credit Card with embossed name and signature, Social Insurance Card with signature strip, Canadian Citizenship Card/Certificate):



Secure Status Card

Do you identify as an Indigenous Person of Canada (This includes Peoples of First Nations, Metis, and Inuit descent)? Please circle one below.

Yes

No

Unsure

Comments:

If yes, do you want to acquire a status card as part of the ID process?

What ID are you needing today?

Birth Certificate from _____
 (Province or Territory of birth)

BC Services Card _____

BC ID

Name Change

Gender Designation

Secure Status Card

Permanent Residence Card _____

If client ID is being mailed to the CSPC office:

Do you consent to our case workers opening documents in your name from partner or government agencies? (Circle one)

YES

NO

BEING MAILED ELSEWHERE

NOTES: Take away card or business card provided? (Note any pertinent information)



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The following series of questions is optional. This information helps our organization understand the need for this program and ensures this program can continue running. Are you willing to continue?
(Circle Yes or No)

YES

NO

Are you permanently housed?

YES

NO

What caused you to lose your identification most recently?

What have you been unable to access since you have not had identification?

A bank account

Social services

Housing

Transportation

Employment

Other income sources: _____

Other: _____

What will you access once you have your new identification? (Check all that apply)

A bank account

Social services

Housing

Transportation

Employment

Other income sources: _____

Other: _____



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Notes: