

We are available to support you through this request. We encourage you to contact us if you have any questions or need help filling out the form, we are available weekdays from 8:30 AM to 4:30 PM. You can also refer to the guidance materials available [here](#).

**Call:** (902) 424-2755 or 1-833-424-2755

**Email:** [disclosureprogram@novascotia.ca](mailto:disclosureprogram@novascotia.ca)

#### Please read this section very carefully as it contains important information for this request

- This form is to be used if you are seeking information from your child in care records, and you are a person over 19 years of age who was the subject of an order for permanent care and custody, and who was not adopted.
- If you were adopted and are looking for information related to your time in care prior to the adoption, please submit a Request for Adoption Information, Supports and / or Services.
- If you were in temporary care and custody, you will need to apply for information through the provisions of the Freedom of Information and Protection of Privacy Act. You can contact them here: Phone: 902-424-2985/ Toll-free: 1-844-424-2985 or Email: [iapervices@novascotia.ca](mailto:iapervices@novascotia.ca). Further information can be found at: Apply to access information under the Freedom of Information and Protection of Privacy (FOIPOP) [Act](#) (Form 1) - Government of Nova Scotia.

#### Instructions

- When submitting this form, please provide a clear **copy of two pieces** of current government-issued identification (e.g. Driver's license, a provincial ID card, Certificate of Indian Status (Status Card), international passport, Canadian military identification, NEXUS card, Nova Scotia Health Card, etc.). **One must be a photo identification.**
- If you don't have a current piece of identification, contact the Disclosure Program for assistance in processing your request.
- If you are a representative submitting this request on behalf of a former child in permanent care who does not have capacity under the *Adult Capacity Decision Making Act*, you must complete information about yourself and the person you are representing in Section 2 of this form. You must include a copy of the court order granted under the *Adult Capacity Decision Making Act* as proof you are allowed to act as the person's representative. Contact us if you are not sure what this is.
- Complete all mandatory sections. These are indicated with the asterisk **\*\***.
- On page 2, tell us how you prefer to be contacted when there are updates to your request.
- Complete the Declaration Section on page 4 with your signature and the date.
- Print information clearly in ink.
- **It is your responsibility to notify us if you change your name, telephone number(s) and/or address.**

# 1 What do you want to do? \*\*

## \*\* Mandatory section

Select all that apply:

- I want to request information on my birth family and the reasons why I came into care. I understand that I will receive only the information that can be released to me under Section 53A of the Children and Family Services Act.
- I am also interested in the following specific information about my time in care.

# 2 Provide your personal information \*\*

## \*\* Mandatory section

I am the/a/an:

I am a representative of the/a/an:

Former Child in Permanent Care

Former Child in Permanent Care

- **If you are the former child in care**, provide your name and contact details in the "**Personal information**" and "**Contact details**" sections below.
- **If you are a representative**, provide the information about the person you are representing in the "**Personal information**" and "**Contact details**" sections below. Provide your name and contact details in the "**Representative section**" on the following page.

### Personal information

Current surname: \_\_\_\_\_ First name: \_\_\_\_\_

Middle name: \_\_\_\_\_ Previous name (if applicable): \_\_\_\_\_

Also known as/ Preferred Name (if applicable): \_\_\_\_\_

### Preferred pronouns

She, her, hers     He, him, his     They, them, theirs     Ze, zir

I use different pronouns (please specify) \_\_\_\_\_

### Contact details

We may contact you to confirm receipt of your request, get additional information from you, or to notify you of updates to your request. Indicate your preference for contact in the spaces provided below.

Apartment number: \_\_\_\_\_ Street number and name: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal/Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

My mailing address is the same as my address above.

If it is not the same, please provide your mailing address below:

Apartment number: \_\_\_\_\_ Street number and name: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal/Zip code: \_\_\_\_\_ P. O. Box: \_\_\_\_\_

### My preference for contact from the Disclosure Program:

This should be where you are most comfortable discussing this request.

No preference

Phone (specify) \_\_\_\_\_  Permission to leave message

Mail

Email

If your preference includes communication via **email**, please review the information below about the risks of using email for communication and indicate your permission to share information regarding this request via email in the check box provided.

- The security and confidentiality of email messages is not guaranteed as we cannot guarantee the security of third-party e-mail service providers, like Yahoo or Google. Unauthorized individuals may be able to access, read and possibly modify any email you are sent by Community Services.
- Email may mistakenly be sent to the wrong email address or to the wrong person.
- Employers may monitor work email sent or received by their system. By doing so your privacy could be breached by an employer inadvertently viewing personal information.
- If you share a device (phone or tablet) or email address, the person you share with may be able to see your information. Shared family email accounts can jeopardize confidentiality.

I understand the risks and agree that email can be used to send information to me

Provide any additional information regarding your preference for contact from the Disclosure Program e.g. other contact information (if different from what is provided above), preferred time of the day or day of the week for contact, etc. **Note:** The Disclosure Program staff are **only available from Monday to Friday between 8:30am and 4:30pm.**

**For representatives: Provide your information below:**

Current surname: \_\_\_\_\_ First name: \_\_\_\_\_

**Contact details**

We may contact you to confirm receipt of your request, get additional information from you, or to notify you of updates to your request.

Apartment number: \_\_\_\_\_ Street number and name: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal/Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

### 3 Birth information \*\*

**\*\* Mandatory section**

**If known, complete all information in this section**

**Former Child in Care:**

Full birth name: \_\_\_\_\_ Date of birth (yyyy/mm/dd): \_\_\_\_\_

Place of birth: \_\_\_\_\_ Sex/sex indicator at birth:  Male  Female  Unknown

**Name of birth parent (1) if known:**

Last name (legal): \_\_\_\_\_ First name (legal): \_\_\_\_\_

**Name of birth parent (2) if known:**

Last name (legal): \_\_\_\_\_ First name (legal): \_\_\_\_\_

**Name of Agency/DCS Office/Children's Aid Office involved while in care (if known):** \_\_\_\_\_

## 4 Declaration

### Applicant

By signing my name, I understand and acknowledge that the Disclosure Program will request access to child welfare records held by the Department of Community Services on my behalf.

I understand that I will be provided with all information to which I am entitled in accordance with the Children and Family Services Act, subject to the availability of records.

I understand that personal information about third parties, including former foster parents, foster siblings or foster relatives, former children in care, persons who made a report about me needing protective services or individuals who provided voluntary services to an agency cannot be released unless consent has been obtained from those persons.

I understand that by requesting personal information about third parties who may be referenced in my records, I give consent to disclose my name as was used when I was a child in care.

I understand that the Minister has the right to withhold any information that, in the opinion of the Minister, poses a risk to health, safety or well-being of any person to whom the information relates.

All the information provided on this form is accurate and complete as far as I know.

I understand that I must provide updated contact information such as address, telephone number, or email to ensure that my application can be fully processed.

Signature: \_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_\_

### Representative attestation

I (print name), \_\_\_\_\_ attest that I am authorized to make this request on behalf of (print applicant's name) \_\_\_\_\_

All the information provided on this form is accurate and complete as far as I know.

Signature: \_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_\_

*Provide a clear copy of two pieces of current government-issued identification (e.g. Driver's license, a provincial ID card, Certification of Indian Status (Status Card), international passport, Canadian military identification, NEXUS card, Nova Scotia Health Card, etc.). One must be a photo identification.*

**Please complete the checklist section on the following page**

## 5 Checklist

- I have printed my FULL NAME clearly in **Section 2 - page 2**, with no initials or omissions, and I have indicated any previous names in the spaces provided
- I have completed the mandatory section of the form indicated with the asterisk sign **\*\*** and I have signed and dated Section 4 - page 4
- I have provided a clear COPY of TWO (2) pieces of valid, government-issued identification, one of which is a photo identification
- I have also included a court order, a proof, of my application to become a representative, granted under the Adult Capacity and Decision-making Act as a proof of consent to act as a representative (if applicable)

### To contact the Disclosure Program

**Call:** (902) 424-2755 or 1-833-424-2755

**Fax:** (902) 424-0779

**Email:**

**disclosureprogram@novascotia.ca**

### Write to/mail:

Department of Community Services

Disclosure Program

2131 Gottingen Street, 3rd Floor

Halifax, Nova Scotia B3K 5Z7

**To submit this form, please send via email or mail to the addresses noted above.**