



**Housing Division**  
Social Services Department  
82 Erie Street, Stratford, Ontario N5A 2M4  
Phone: 519-271-3773 Toll Free: 1-800-669-2948

## Form 111 - Consent to Release Personal Information

I give permission to the City of Stratford to share my personal information regarding Social Services related matters and supports with the following persons/organizations. This may include but is not limited to your Next of Kin, OW/ODSP Worker, Trustee and/or Power of Attorney, or any other supports (CMHA/Housing Stability Worker/Outreach), etc.

I/we understand the purpose for disclosing this personal information to the persons /organizations provided in the Support Contacts section below is so that they can assist me/us with obtaining and maintaining housing services. I/we understand that I/we can withdraw this consent at any time by providing written notice.

### Support One:

<b>Full Name of Person:</b>	
<b>Relation to You:</b>	
<b>Organization:</b>	
<b>Phone (and extension)</b>	
<b>Email</b>	

### Support Two:

<b>Full Name of Person:</b>	
<b>Relation to You:</b>	
<b>Organization:</b>	
<b>Phone (and extension)</b>	
<b>Email</b>	

### Support Three:

<b>Full Name of Person:</b>	
<b>Relation to You:</b>	
<b>Organization:</b>	
<b>Phone (and extension)</b>	
<b>Email</b>	

**Support Four:**

<b>Full Name of Person:</b>	
<b>Relation to You:</b>	
<b>Organization:</b>	
<b>Phone (and extension)</b>	
<b>Email</b>	

I understand the purpose for disclosing this personal information to the person or people noted above. I understand that I can withdraw this consent at any time by providing written notice.

**Your Name:**

**Date:**

**Signature:**

**Witness Name:**

**Date:**

**Witness Signature:**

The personal information collected on this form is collected by The Corporation of the City of Stratford under the authority of the Housing Services Act, 2011 and will be used by Social Services staff for the purpose of reviewing the application and other administrative purposes. Questions regarding the collection and use of this information may be made to the City Clerk, P.O. Box 818, Stratford, ON, N5A 6W1 or by telephone 519-271-0250 extension 5329 during business hours.

If you require this document in an alternate format, please contact the Clerk's office at 519-271-0250 extension 5237 or [clerks@stratford.ca](mailto:clerks@stratford.ca).