

Indigenous Identity Declaration Form

Declaration Information
<p>The personal information collected on this form will be used to help the Department of Families understand the composition of Indigenous participants of the Children's disABILITY Services (CDS), Community Living disABILITY Services (CLDS) and Provincial Alternative Support Services (PASS) programs.</p> <p>Providing this information is voluntary.</p>
Participant Information
<p>Participant Name: _____ Date of Birth: _____</p> <p>Program: <input type="checkbox"/> CDS <input type="checkbox"/> CLDS <input type="checkbox"/> PASS</p> <p>Which best describes the participant's Indigenous identity? Please select all that apply:</p> <p>First Nations <input type="checkbox"/></p> <p>Inuit <input type="checkbox"/></p> <p>Métis <input type="checkbox"/></p> <p>If First Nations, please select all that apply:</p> <p>Anishinaabeg (Ojibwe) <input type="checkbox"/></p> <p>Anishininewuk <input type="checkbox"/></p> <p>Dakota Oyate <input type="checkbox"/></p> <p>Denesuline (Dene) <input type="checkbox"/></p> <p>Nehethowuk (Cree) <input type="checkbox"/></p> <p>Other <input type="checkbox"/> Please specify: _____</p> <p>If the participant is a member of a First Nation:</p> <p>Registration No.: _____</p> <p>Registry Group No. and Name: _____</p>

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Declarant Information

I understand that completing this form is optional and I am providing this information on a voluntary basis. I understand that the Department of Families may use and disclose this information in accordance with applicable privacy laws to help plan, deliver and improve the Children's disABILITY Services (CDS), Community Living disABILITY Services (CLDS) and Provincial Alternative Support Services (PASS) programs.

Name: _____ Relationship to participant: _____

Date: _____

Collection of Personal Information and Personal Health Information

Collection, use and disclosure of the information in this form is done under the authority of The Freedom of Information and Protection of Privacy Act. This information will be used by the Department of Families to plan and deliver services to those who are enrolled in the Children's disABILITY Services (CDS), Community Living disABILITY Services (CLDS) and Provincial Alternative Support Services (PASS) programs.

If you have any questions on the collection of your information, please contact Family Support Services (CDS) at 204-945-8311 or Centralized Intake for CLDS at 204-945-0979 (Winnipeg) or 204-904-8412 (outside Winnipeg).