

## Access/Records Request Form

**Please print. Sections marked with an asterisk \* must be completed in order for the request to be processed.**

### **Involvement with Linck \***

- Child Protection
- Developmental Services
- Mental Health

### **My Information \*** (information about the person making the request)

First Name	Middle Name(s)	Last Name
Preferred name	Previous last name (if applicable)	Date of Birth (dd/mm/yyyy)

### **Full Address \***

Street Address			
Address Line 2			
City/Town	Province/State/Region	Postal/Zip Code	Country

### **Contact Information**

Daytime Telephone Number *	May we leave a message for you at this number? *	Alternate Telephone Number	May we leave a message for you at this number? *
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Email address that will be used to communicate about this request *			

### **Request Details**

Did you have any Involvement with Link's Early Help Team?     **Yes**     **No**

**I am requesting a file or records about:**

- My own personal information**    as a parent    as a child (check one or both)
- Someone else's Personal Information**

**Their legal name** \_\_\_\_\_,

**Their Date of Birth (DOB dd/mm/yy):** \_\_\_\_\_

**My relationship to them is:** \_\_\_\_\_

**If this person is your child, please detail any custody/ access agreements or orders that are in place:**

\_\_\_\_\_

Depending on your child's age, or your custody and access we may need additional consents completed to provide you with this information

**Reason for request** (this section is optional. But the information will assist staff in ensuring we provide you with everything you need e.g. if it's for a court matter or for an application for service).

**Details of My Request:**

I am requesting information for these specific dates: (dd/mm/yy) \_\_\_\_\_ up to and including (dd/mm/yy) \_\_\_\_\_

I am requesting the following specific records (list them by name and include date if known):

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

I was previously and/or am currently a child in care and am looking for information about this period of time (please specify): \_\_\_\_\_

I was adopted and / or the person I want records about was adopted and I am looking for information about this

I would like to request the whole file.

**Types of records requested:**

Client files can be very long and include a lot of information, some of which might be upsetting. If you have requested a specific time period, or the whole file, please let us know what type of information you would like included or excluded (definitions are included in the Frequently Asked Questions):

1. contact logs or case notes (documents including text messages, phone calls, emails, visits, meetings, etc.)  **Yes**    **No**
2. photos  **Yes**    **No**
3. Formal plans (such as safety plans, plans of care, treatment plans etc)  **Yes**    **No**
4. Legal documents  **Yes**    **No**

5. Referrals (from community to Linck)  **Yes**       **No**
6. other documents such as medical/dental, school, correspondence and referral files (please specify if you only want some)  **Yes**       **No**

Please add any details about types of records in this box

**In order to complete a full search, we require additional information about you/your relationships (if available) For those requesting information of a child:**

Mother (if known)	First Name	Middle Name(s)	Last Name	Date of Birth (dd/mm/yyyy)
Father (if known)	First Name	Middle Name(s)	Last Name	Date of Birth (dd/mm/yyyy)

**For those requesting information as a parent:**

Child 1	First Name	Middle Name(s)	Last Name	Date of Birth (dd/mm/yyyy)
Child 2	First Name	Middle Name(s)	Last Name	Date of Birth (dd/mm/yyyy)

*For additional children, kindly list their information on a separate sheet.*

**All requesters: Please choose the format in which you would like to receive your information**

- Electronic copy (to be picked up in person or sent by courier)
- Paper copy (to be picked up in person or sent by courier depending)

**I agree to provide Linck with government issued ID before they will release the records to me**

**Please attach photocopies of two pieces of identification (both sides), at least one of which shows your signature and at least one of which confirms your current mailing address – or you will be asked to show ID at the time of pick-up**

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## Consent of Requester / acknowledgement

I have signed this document after reading it, and after having been given an opportunity to ask questions about its contents. I am signing this document freely without any fraud, deception or coercion and understand the contents.

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

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

Please send your completed application form, copies of identification, and children's consents (if applicable):

*For Child Protection to:*

**Attn: screeners, Linck, 495 Grand Ave W, Chatham, ON N7L 1C5**, or by email to [screeners@linck.org](mailto:screeners@linck.org).

If you have any questions, please call **519-352-0440** and ask to speak to a child protection screener.

*For Mental Health or Development Services:*

**Attn: Mental Health Intake, Linck, 495 Grand Ave W, Chatham, ON N7L 1C5.**

If you have any questions, please call **519-352-0440** and ask to speak to a mental health intake worker.