

PROVINCIAL COMPLEX TRANSITION FUND (CTF)

CONSENT TO DISCLOSURE of INFORMATION for the purpose of making an application to the provincially available Complex Transition Fund.

The Provincial *Complex Transition Fund (CTF)* is intended to provide short term flexible financial support to assist children and youth (0-18) with complex mental health needs with transition to or from a community-based Live-In treatment program or to support stabilization while receiving Live-In treatment. CTF is accessed through York Hills Centre for Children, Youth, and Families and administered to applicants across the province of Ontario.

I/We _____ (*Parent/Guardian/Youth*) consent to the disclosure or transmittal of information (e.g.: **release of case history, relevant family history/constellation, assessment and treatment documentation, verbal discussion and other relevant documentation pertinent to the need for the CTF application**) to the Complex Transition Fund (CTF) team for the purpose of tracking referrals, fulfilling reporting requirements to the Ministry of Health, as well as review and recommendation for funding needs and prioritization in regards to:

Child/Youth Name: _____

Date of Birth: _____

Primary Case Managing Agency: _____

Phone Number: _____

Case Manager: _____

I/We acknowledge that the above-noted consent is being provided in connection with my/our application for the consideration of the Complex Transition Fund (CTF)

Name of Youth: _____

Signature (12 years+): _____

Name of Parent/Guardian: _____

Signature: _____

Witness: _____

Date: _____

Head Office

402 Bloomington Road
Aurora, ON, L4G 0L9

11225 Leslie Street
Richmond Hill, ON, L4S 1N5