



Gender Affirmation Program Waiver



Name of Intended Recipient:	Date of Birth (YYYY/MM/DD):
Name of Applicant or Authorized Representative (If Applicable):	Relationship to Intended Recipient:

Collection of Personal Information

All personal information collected is for the intended purpose of assessment for eligibility and access to the Gender Affirmation Program, personal information will be used by the Gender Affirmation Program, Diversity Cornwall, United Way of SD&G, authorized representatives of these organizations, or as otherwise required by law, to distribute services. In order to verify, clarify, and complete information required for this application the Gender Affirmation Program may contact and share information with the signatory.

For any questions regarding the use and collection of personal information contact the Gender Affirmation Program at:

gap.diversitycornwall@gmail.com

Declaration of Waiver

I acknowledge and consent to the use, disclosure, and collection of any personal information that has been provided for the application with the intended purpose of accessing and receiving services from the Gender Affirmation Program.

I declare that all of the information I have provided for this application, to the best of my knowledge and belief, to be true.

Except as required by law, I consent to the disclosure of personal information as described above for administration of the program.

I declare that I have not and will not be receiving additional financial assistance or supports for the same services I am requesting from the Gender Affirmation Program by any public or private sources such as Ontario Works, Ontario Disability Support Program, employee benefits/assistance plan, private insurance plan, or any other publicly-funded service.

Any services I intend to access outside of the Gender Affirmation Program is of my own choosing and I declare to hold no responsibility to the Gender Affirmation Program for the quality of services I receive.

I acknowledge should I choose to correspond by email with the program and/or consent to the program to share my personal information by email that there is no guarantee of full confidentiality of all information shared. I understand that by using this method of correspondence there is potential that my email may be accessed by third parties over the internet. I accept any risks affiliated with utilizing email as a method of communication and sharing information should I consent to this.

If accepted to the Gender Affirmation Program I agree to follow any procedures or terms required of myself.

Full Name of Applicant: _____

Applicant Signature: _____ Date: _____