

Client Referral to UHC - Hub of Opportunities

Windsor location:	Belle River location:
UHC	UHC
6955 Cantelon Drive Windsor, ON	612 Notre Dame Street Belle River, ON
N8T 3J9	NOR 1AO
Phone: 519-944-4900	Phone: 519-944-4900
Fax: 519-944-9184	Fax: 519-728-9055
Client Name:	
Client Address:	
Client contact information:	
(Please include phone, cell and/or email)	
I hereby authorize consent to my Ontario Works cas	seworker:
Worker #:Phone number:	to disclose information
contained in my file and release of information and r	refer to services offered at the UHC - Hub of
Opportunities.	
Lundarstand that my narranal information is considered confi	dontial and will be protected under the provisions of the Freedom
	dential and will be protected under the provisions of the Freedom I Freedom of Information and Protection of Privacy Act and their
regulations. I will allow the Ministry of Community and Social S	
	ach other. This may include the form of electronic data exchanges
Client Signature	Date (DD/MM/YYYY)
Parent/Guardian Signature	Date (DD/MM/YYYY)
(if participant under 16)	Date (DD/WIWI/TTTT)
(ii participant ander 10)	
☐ Verbal consent provided	Date of Verbal Consent (DD/MM/YYYY)
Signature of Caseworker and Caseworker Number	Date (DD/MM/YYYY)
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