

We are available to support you through this request. We encourage you to contact us if you have any questions or need help filling out the form, we are available weekdays from 8:30 AM to 4:30 PM.

Call: (902) 424-2755 or 1-833-424-2755

Email: disclosureprogram@novascotia.ca

Introduction / Overview

- There are a number of organizations that offer resources and supports for former children in care. If you are a former child in care, please use this form to indicate your interest in any of the listed supports. If the support you are looking for is not listed that requires verification of your eligibility, you can add it into the field provided.
- Tuition waiver: The tuition waiver program is an initiative aimed at making post-secondary education more accessible to Nova Scotians who lived in care and / or received Youth Services between the ages of 16 – 18 via signed agreement, as defined by Section 19 of the Children and Family Services Act <https://nslegislature.ca/sites/default/files/legc/statutes/children%20and%20family%20services.pdf>, by waiving tuition and mandatory program fees for eligible students. Each educational institution has different eligibility criteria; details of which can be found on each institution website.
- Halifax Regional Children's Aid Foundation: The Halifax Regional Children's Aid Foundation offers a variety of programs and resources for former children in care, eligibility of which vary depending on the grant funding.

Instructions

- When submitting this form, please provide a clear **copy of one piece** of current identification (e.g. Driver's license, a provincial ID card, Certificate of Indian Status (Status Card), international passport, Canadian military identification, NEXUS card, Nova Scotia Health Card, etc.)
- If you don't have a current piece of identification, contact the Disclosure Program for assistance in processing your request.
- Complete all mandatory sections. These are indicated with the asterisk ******.
- On page 2, tell us how you prefer to be contacted when there are updates to your request.
- Complete the Declaration Section on page 4 with your signature and the date.
- Print information clearly in ink.
- **It is your responsibility to notify us if you change your name, telephone number(s) and/or address.**

1 Provide your personal information **

** Mandatory section

I am the/a/an:

- Former Child in Care
- Received Youth Services via signed agreement, as defined by Section 19 of the Children and Family Services Act
- I was adopted and I was a former child in care in Nova Scotia

Personal information

Current surname: _____ First name: _____

Middle name: _____ Previous name (if applicable): _____

Also known as/ Preferred Name (if applicable): _____

Preferred pronouns

- She, her, hers He, him, his They, them, theirs Ze, zir
- I use different pronouns (please specify) _____

Contact details

We may contact you to confirm receipt of your request, get additional information from you, or to notify you of updates to your request. Indicate your preference for contact in the spaces provided below.

Apartment number: _____ Street number and name: _____ City/Town: _____

Province/State: _____ Country: _____ Postal/Zip code: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email: _____

- My mailing address is the same as my address above.

If it is not the same, please provide your mailing address below:

Apartment number: _____ Street number and name: _____ City/Town: _____

Province/State: _____ Country: _____ Postal/Zip code: _____ P. O. Box: _____

My preference for contact from the Disclosure Program:

This should be where you are most comfortable discussing this request.

- No preference
- Phone (specify) _____ Permission to leave message
- Email

If your preference includes communication via **email**, please review the information below about the risks of using email for communication and indicate your permission to share information regarding this request via email in the check box provided.

- The security and confidentiality of email messages is not guaranteed as we cannot guarantee the security of third-party e-mail service providers, like Yahoo or Google. Unauthorized individuals may be able to access, read and possibly modify any email you are sent by Community Services.
- Email may mistakenly be sent to the wrong email address or to the wrong person.
- Employers may monitor work email sent or received by their system. By doing so your privacy could be breached by an employer inadvertently viewing personal information.
- If you share a device (phone or tablet) or email address, the person you share with may be able to see your information. Shared family email accounts can jeopardize confidentiality.

- I understand the risks and agree that email can be used to send information to me

Provide any additional information regarding your preference for contact from the Disclosure Program e.g. other contact information (if different from what is provided above), preferred time of the day or day of the week for contact, etc. **Note:** The Disclosure Program is **only available from Monday to Friday between 8:30am and 4:30pm.**

2 Birth information

If known, complete all information in this section

Full birth name: _____ Date of birth (yyyy/mm/dd): _____

Place of birth: _____ Sex/sex indicator at birth: Male Female Unknown

Name of birth parent (1) if known:

Last name (legal): _____ First name (legal): _____

Middle name: _____

Name of birth parent (2) if known:

Last name (legal): _____ First name (legal): _____

Middle name: _____

Name of adoptive parent (1) if known:

Last name (legal): _____ First name (legal): _____

Middle name: _____

Name of adoptive parent (2) if known:

Last name (legal): _____ First name (legal): _____

Middle name: _____

Name of Agency/DCS Office/Children's Aid Office involved while in care (if known): _____

3 Which programs/supports are you interested in receiving verification for? **

**** Mandatory section**

Select all that apply

- Tuition Waiver
 - Cape Breton University
 - Mount Saint Vincent University
 - Nova Scotia Community College
 - Saint Mary's University
 - Other (Please specify - be sure to spell the full name of the institution correctly) _____
- Children's Aid Foundation of Nova Scotia
 - Please specify which HRCFAF program/bursary you are applying to _____
- Mobile Services, e.g. Telus Mobility for Good Program
- Other (Please specify which program you are seeking verification for if it is not listed above) _____

4 Declaration

Applicant

By signing my name and applying for eligibility verification, I understand and acknowledge that the Disclosure Program will request access to adoption and / or child welfare records held by the Department of Community Services on my behalf.

If applying for tuition waiver, this may include exploring my eligibility for other programs or supports that may be available to me such as the DCS Educational Bursary Program via a Post-Care and Custody Agreement (PCCA). These agreements are available to those who were in Permanent Care and Custody when they reached 19 years of age, with a PCCA offered up to the age of 24. I understand I may be contacted to discuss my eligibility for other programs and supports.

I understand that the institution may reach out to the Disclosure Program to verify the letter I will receive regarding my eligibility, and I consent to the Disclosure Program validating this information with the institution/organization.

All the information provided on this form is accurate and complete as far as I know.

I understand that I must provide updated contact information such as address, telephone number, or email to ensure that my application can be fully processed.

Signature: _____ Date (yyyy/mm/dd): _____

Provide a clear copy of one piece of current identification (i.e. Driver's license, a provincial ID card, international passport, etc.)

OPTIONAL: If you would like the Disclosure Program to be able to discuss this application with someone who is supporting you (i.e. parent / caregiver), please provide their information below. By providing their information, you consent to the Disclosure Program discussing this form and application process with this person:

Full name: _____

Relationship: _____

5 Checklist

- I have printed my FULL NAME clearly in **Section 1 - page 2**, with no initials or omissions, and I have indicated any previous names in the spaces provided
- I have completed the mandatory section of the form indicated with the asterisk sign ****** and I have signed and dated Section 4 - page 5
- I have provided a clear COPY of ONE (1) piece of valid, government-issued identification

If you don't have a current identification, contact the Disclosure Program for assistance in processing your request.

To contact the Disclosure Program

Call: (902) 424-2755 or 1-833-424-2755

Fax: (902) 424-0779

Email: disclosureprogram@novascotia.ca

Write to/mail:

Department of Community Services

Disclosure Program

2131 Gottingen Street, 3rd Floor

Halifax, Nova Scotia B3K 5Z7

To submit this form, please send via email or mail to the addresses noted above.