

MENTAL HEALTH PROGRAM - DECLARATION OF CUSTODY

I, \_\_\_\_\_ am a custodial parent/legal guardian of \_\_\_\_\_ (list child's name). Child's date of Birth: \_\_\_\_\_.

I declare that \_\_\_\_\_ is an absent parent.

Please check the situation that applies:
[ ] There is no father named on the birth certificate
[ ] My child has had no contact with this person since: \_\_\_\_\_
[ ] I do not know where this person is presently living and have no way of contacting them.
Please provide any additional information in this space:

Declaration:

I declare that all the information given on this form is true and correct to the best of my knowledge. I have not knowingly left out information or provided false information.

I understand that I must notify The West Carleton Family Health Team immediately if any of the above information changes.

I understand that this declaration is valid until counselling services are completed.

Personal information contained in this form or in any attachments to it is collected by the West Carleton Family Health Team to determine eligibility for services when custody/access is undetermined and unique circumstances do not allow for the signature of one parent.

SIGN HERE
Name: (please print) Signature: Date:
Name of Witness: Signature: Date:

Form: Declaration of Custody for Mental Health Services January 2020