

**CONSENT FOR RELEASE OF INFORMATION**  
**COGNITIVE DISABILITY INTAKE COMMITTEE**  
INITIAL CONSENT

The Cognitive Disability intake committee will be reviewing information to decide if your/your child's support needs could be best met through the Cognitive Disability Strategy. Our role will be to ensure that a coordinator is identified to work with you/your child to develop a support team. We will make recommendations to the coordinator of organizations and/or people we feel would be beneficial to be a part of your/your child's team. If the intake committee feels your support needs can best be met through the Cognitive Disability Strategy, the information we have obtained will be given to the identified team coordinator. If the Cognitive Disability Strategy does not seem to be the best place to have your/your child's support needs met, the papers will be kept for 6 months and then confidentially destroyed. The papers will be kept for 6 months for purposes of an appeal if one is requested.

Before the cognitive disability intake committee can consider your request for supports we need consent from you/a legal guardian to review the information that has been provided to us.

I/Legal Guardian, \_\_\_\_\_ of  
\_\_\_\_\_ understand the following documents have been enclosed with the request for Cognitive Disability Benefits to continue.

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I consent to this information being released to the Saskatoon Cognitive Disability Strategy intake committee for purposes of determining if I/my child meet the Cognitive Disability Strategy criteria.

The information being released to the intake committee is for  
\_\_\_\_\_ (name of person request of support is for).

*I understand this information will be released to:*

The Cognitive Disability Intake Committee which consists of representatives from the following organizations:

Ministry of Corrections, Public Safety and Policing

Ministry of Social Services

Saskatoon Health Region

Prairie Spirit School Division

Greater Saskatoon Catholic School Division

Horizon School Division

Saskatoon Public School Division

Saskatoon Cognitive Disability Consultants

\*CUMFI – only when unmet need identified is specifically for mentor support

*I understand that members of the intake committee will review their specific organization information only to determine if there is a role that someone in their organization has with an individual AND to assist in determining if someone meets the criteria for the Cognitive Disability Strategy.*

*I understand that if my request for support has been accepted by the intake committee, a Cognitive Disability Strategy file will be opened with the Department of Community Resources. The purpose of this file will be to have a place to review statistics on the use of the Cognitive Disability Strategy in each region as well as set up a system in which payment can be made if Cognitive Disability Benefits are approved.*

\_\_\_\_\_  
Signature  
(Individual, when appropriate)

\_\_\_\_\_  
Signature  
(If other than individual, state relationship)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

***This consent is valid for 1 year from the date signed. Consent must be reviewed and renewed at that time.***

***You may change your consent at any time. To do so, inform the coordinator of your/your child's team.***