FORM 4

CONSENT FORM - CARE OUTSIDE OF THE PARENTAL HOME
For change of custody related to Canada Child Tax Benefit payments and integrated provincial payment if applicable

I confirm that the child(ren) identified below who were formerly in the custody and control of the previous care giver identified below, are, in law or in fact, now in my custody and control and are wholly dependent on me for support and will be for a period of more than two consecutive months. I authorize the Administrative Authority for Social Assistance to communicate with the Canada Revenue Agency on my behalf to request that their records show me as the "eligible individual" for the purposes of the Canada Child Tax Benefit relating to the child(ren) and for this purpose to disclose as much identifying information as is necessary.

Name and address of the previous caregiver

Social Insurance number |_|_|_| |_|_|_| |_|_|_|

Name and address of the new caregiver

Social Insurance number |_|_|_| |_|_|_| |_|_|_|

Name(s) and date(s) of birth of the child(ren) in question

Date that the child(ren) were no longer in care of previous caregiver

_____

Date that the new caregiver became the primary caregiver of the child(ren)

_____

This form will not be accepted if it is not signed by the social assistance client

_____ (____) _____ _____

Signature of client **Telephone number** **Date**