ASSISTED LIVING REPORT

Privacy Statement

This statement outlines the purposes for the collection and use of personal information. Only information needed to respond to program requirements will be requested. Collection, use, and disclosure of personal information are in accordance with the *Privacy Act* (https://laws-lois.justice.gc.ca/eng/acts/P-21/index.html). In some cases, information may be disclosed without your consent pursuant to subsection 8(2) of the *Privacy Act*. The authority to collect and use personal information for the Assisted Living Sub-Program within Social Development is derived from OIC 2017-1464 (http://orders-in-council.canada.ca/attachment.php?attach=35375&lang=en), as well as from annual *Appropriation Acts* granting authority to the Government to spend funds on programs. We will use personal information for administrating, assessing and determining eligibility for the program to which you are applying and for reporting aggregated program results. We may share the personal information you provide us with as outlined under AANDC PPU 215, detailed at Info Source (https://www.aadnc-aandc.gc.ca/eng/1353081939455/1353082011520). The information collected will be retained for a period of five years, then transferred to Library and Archives Canada. As stated in the *Privacy Act*, you have the right to access the personal information you give us and request changes to incorrect information. Contact your Regional Office (http://www.aadnc-aandc.gc.ca/eng/1100100016936/1100100016940) to notify us about incorrect information or contact the departmental Public Enquiries Contact Centre at 1-800-567-9604 for general enquiries. For more information on privacy issues and the *Privacy Act* in general, you may consult the Privacy Commissioner at 1-800-282-1376.

Identification

Funding Recipient Name	Recipient Number	Region	Reporting Period
			From (YYYYMMDD): To (YYYYMMDD):

Client Information

Band Number	Given Name	Family Name	Sex	Date of Birth (YYYYMMDD)	Name of Institution or Foster Care Home (if applicable)	Assessment Date (YYYYMMDD)	Type of Service Need Assessed	Type of Service Provided	Care Start Date (YYYYMMDD)	Care End Date (YYYYMMDD)	Rate ($)	Rate Unit	Total Number of Units	Total ($)

Total

Declaration

The information provided is accurate to the best of my knowledge.

Given Name	Family Name	Title	Date (YYYYMMDD)

Canada