

VQRP+ #

<b>Name of Applicant or Authorized Representative:</b>	
<b>Name of Victim/Intended Recipient of Benefits:</b>	

**Notice of Collection of Personal Information**

Personal information (including name, date of birth, gender, preferred language, contact information, crime information and services requested), which has been provided to apply to the Victim Quick Response Program+ (VQRP+), will be collected and used by the Ministry of the Attorney, Victims and Vulnerable Persons Division, the Service Delivery Organization and their authorized representatives, or as otherwise required by law, to administer the VQRP+. This includes processing, assessing and verifying the information provided. Please be advised that the VQRP+ may contact the signatory, the Service Delivery Organization, the referral source, or other government programs and share information for the purpose of completing, clarifying or verifying the information provided for this application.

Personal information is collected under the authority of section 5(4) of the *Victims' Bill of Rights, 1995* and section 5 of the *Ministry of the Attorney General Act*. If you have any questions about the collection and use of your information, please contact the Victim Quick Response Program+ Coordinator at:

Victim Quick Response Program+  
31 Adelaide St. E, PO Box 456, Toronto ON M5C 2J5  
Phone: 416 326 2546; toll free: 1-866-320-3350

**Declaration and Consent**

- I hereby consent to the collection, use, and disclosure of the information provided for this application for the administration of the Victim Quick Response Program+ (the "program") and other government financial support programs.
- I understand that, except as required by law, personal information will be disclosed only for the purposes of administering the program, as described above, and for the administration of other government financial support programs, such as Ontario Works, the Ontario Disability Support Program, the Financial Assistance for Families of Homicide Victims Program and the Criminal Injuries Compensation Board.
- I hereby declare that I have not received, and will not be receiving, financial assistance for the same supports and/or expenses contained in this request from any of the following sources:
 

<ul style="list-style-type: none"> <li>○ Private insurance plan</li> <li>○ Employee benefits/assistance plan</li> <li>○ Criminal Injuries Compensation Board</li> <li>○ Financial Assistance for Families of Homicide Victims Program</li> </ul>	<ul style="list-style-type: none"> <li>○ Ontario Works</li> <li>○ Ontario Disability Support Program</li> <li>○ Workplace Safety and Insurance Board</li> <li>○ Other publicly-funded service</li> </ul>
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- I understand that this is a program of last resort and hereby declare that I lack the personal resources and have no other recourse to pay for the requested VQRP+ supports/expenses.
- I hereby agree that, if I am approved for the program, I will follow the program's terms and restrictions.
- I hereby declare that all of the information I have provided for the purposes of this application are, to the best of my information and belief, true, correct, and complete.
- I hereby declare that the service provider is selected by me and I therefore release the Ministry of the Attorney General and the Service Delivery Organization from any quality of service guarantee.
- If I have voluntarily selected email as my preferred method of communication with the program and/or have provided my consent for the program to email service providers selected by me, I am aware that the program cannot guarantee the privacy or confidentiality of any information that is sent over the internet by email as it may not be free from interception by third parties. Knowing this, I hereby consent to this method of contact being used and agree to accept any associated risks.

<b>Signature of the Applicant or Authorized Representative</b>	
<b>Date</b>	

**Please complete an Applicant Agreement for every Victim/Intended Recipient of Benefit**