

Manitoba Youth Transitional Employment Assistance Mentorship (MYTEAM)

Worker Referral Form (for youth under 18 and adult youth receiving support from CFS)

MYTEAM is a pilot project intended to support youth who are leaving or who have recently left the care of Child and Family Services (as Permanent or Temporary Wards, or under a Voluntary Placement Agreement). The goal of MYTEAM is for participants to successfully transition to living independently in the community. The program will focus on youth who meet the eligibility criteria and have a reasonable ability to achieve the service goals. MYTEAM is being delivered by community agencies in Thompson (Macdonald Youth Services) and Winnipeg (Ka Ni Kanichihk), in partnership with the Province of Manitoba. (For more information, see last page.)

It will be important that you keep all contact information up to date with us, so we can reach you and the youth you referred later if there is a waiting list.

Please provide all of the following information:

Name: _____

Other names (first or last): _____

Date of birth: _____

Address (including postal code): _____

Mailing address (if different): _____

Phone number: _____ Cell #: _____

Other phone number where messages can be left: _____

Email: _____

Referring worker: _____

Agency/ organization: _____

Contact (phone and email): _____

Are you the legal guardian? Yes If not, who is? _____

Please note: Consent is required from this youth's legal guardian and must be received with referral for it to be processed. The multi-system consent form and instructions are attached.

If the youth is receiving supports from CFS beyond the age of 18, how long is this expected to continue and why/ why not? _____

Is this youth eligible or were they previously referred to or considered for adult supports, such as Community Living disABILITY Services, Market Abilities, Community Mental Health, FASD Spectrum Connections/ Life Journey or the Provincial Special Need program? Yes No

If YES, what is the status of the referral or why was it declined? _____

To help us learn if this youth is eligible for MYTEAM, please answer the following questions. Some of this information will need to be verified during the intake process. Is this youth:

- Living in Winnipeg or Thompson? Yes No
- Between 16 and 18 years old? Yes No Over 18 and not yet 20 years old? Yes No
- A Canadian citizen (landed immigrant, permanent resident, etc.) Yes No
- In CFS care in Manitoba (in the past three years as a PW, TW or under VPA)? Yes No
- Married, common law or living with the mother or father of their child/ children? Yes No
- Attending school? Yes No Sometimes
- Unemployed? Yes No Sometimes
- Working full time? Yes No Sometimes
- Working part- time? Yes No Sometimes
- On EIA (or living with someone who is), or receiving financial support from CFS? Yes No
- Involved in activities that could affect their being in this program (drugs, alcohol, etc)? Yes No Maybe
- Wanted on a warrant or awaiting sentencing on serious criminal charge(s)? Yes No Don't know
- Actively associated with gangs? Yes No Sometimes Don't know
- In custody? Yes No In treatment for addictions or mental health concerns? Yes No

The MYTEAM program is voluntary, and youth will be expected to participate daily. In your opinion (and in discussion with the applicant), is this youth willing to:

- Work closely with a mentor in the MYTEAM program? Yes No
- Develop an individual plan with goals toward living on their own? Yes No
- Enrol in school or training, or able/ willing to re-enrol? Yes No
- Be part of work experiences to help with long-term job options? Yes No
- Develop new life skills and personal resources? Yes No
- Work to find stable housing and become a responsible tenant? Yes No
- Experience positive personal relationships and be part of their community? Yes No

Please send completed referral and the attached consent to the MYTEAM Coordinator in:

Winnipeg, call 204-942-2506 / 204-944-4216, email myteam@kanikanichihk.ca or fax 204-942-2502
Thompson, call 204-677-7878 / 204-778-4590, email info@mys.mb.ca or fax 204-778-7778

MYTEAM Multi-System Consent Form

To be completed by the legal guardian of MYTEAM applicants (or youth over 18 with the support of referring worker). For your information, there is a Fact Sheet for Service Providers attached.

Why Personal Information and Personal Health Information needs to be collected:

Some personal information and personal health information (“information”) is required to support a youth’s participation in the MYTEAM program.

With this consent, information could be shared (disclosed) between programs, people and the MYTEAM Coordinator *to the extent necessary to enable the program to support youth; to respect the policies of other services they receive; and, to help support a personal plan towards the achievement of stated goals.*

Notice of Authority for Collection of Information

The authority for collecting personal information is section 36 (1)(b) of *The Freedom of Information and Protection of Privacy Act (FIPPA)* (directly related to and necessary for an existing program of the Departments). The authority for the collection of your personal health information is section 13(1) of *The Personal Health Information Act (PHIA)*, necessary for a lawful purpose connected to an activity of the Departments (the program).

Consent for the Use and Disclosure of Personal and Personal Health Information

I, _____ (print guardian or adult participant name) agree to allow *Ka Ni Kanichihk (Winnipeg)* or *Macdonald Youth Services (Thompson)*, the service provider agency, to access information from (and in some instances share relevant information with) the following organizations or provincial government departments, in addition to Manitoba Family Services (Child Protection Branch), for the purposes of verifying my eligibility and supporting participation in MYTEAM. This would include all agencies with whom the youth is or might need to be involved, including:

- Employment and Income Assistance (Manitoba Jobs and the Economy)
- Manitoba Housing (and other potential landlords)
- Community Mental Health (Winnipeg or Burntwood Regional Health Authority)
- Child and Family Services
- Manitoba Early Learning and Child Care Program (Manitoba Family Services)
- Probation Services (Manitoba Justice)
- School (name) _____

Other(s): _____

Consent to Disclose Personal Information and Personal Health Information

I understand that the MYTEAM Service Provider (Program Coordinator) may access the following information, (only) to the extent necessary to determine eligibility for the program and support participation in the MYTEAM program, including employment, medical or other service needs:

- Full name (including any aliases), telephone number, mailing, residential address and emergency contact(s)
- Employment and Income Assistance case number, birth date, language(s) and gender
- Education, job skills, experience and/or credentials
- Employment or education status and any sources of income
- Any health, mental health, limitations, medical conditions, living arrangements and/ or legal restrictions that may impact the youth or others' safety, housing situation, training and/or employment objectives or that will impact ability to achieve stated MYTEAM goals
- Any serious safety or child protection concerns related to youth and / or children in their care

Maintaining Confidentiality of Information

I understand that any other use or disclosure of this personal information or personal health information will not be permitted without my consent, unless so authorized by the law, particularly by *The Freedom of Information and Protection of Privacy Act (FIPPA)*, *The Personal Health Information Act (PHIA)*, the *Youth Criminal Justice Act (YCJA)*, *The Manitoba Correctional Services Act (CSA)* and *The Child and Family Services Act (CFSA)*.

Contact Information:

If there are any questions or concerns about the collection, use, sharing or disclosure of my personal and personal health information, I can contact the MYTEAM Coordinator in my area:

- in Winnipeg at Ka Ni Kanichihk Inc, (204) 942-2506 / 204-945-4216
- in Thompson at Macdonald Youth Services, (204) 677-7878 / 204-778-4590

If my matter cannot be resolved with the service provider, parties may also consult with the Family Services Special Projects Coordinator, Michelle Decorby at (204) 945-4188 (regarding how removing this consent affects youth in the program).

Or, if there are questions about the privacy legislation (and not the MYTEAM program) contact the Family Services Access and Privacy Coordinator, Robin Osmond at (204) 945-2013.

Expiry of Consent

I understand this consent is only valid during screening and enrollment in the MYTEAM Program, and ends when involvement in MYTEAM ends. I further understand that youth or their guardians may change or cancel this consent at any time with written notice to the service provider agency, and understand this could affect MYTEAM program eligibility.

If information is used only for screening purposes and the youth does not enter the MYTEAM program, it will be destroyed according to the MYTEAM policy and procedure on Confidentiality, Retention and Storage of Information. Limited information will be kept for tracking, evaluation and accountability purposes, and will be protected accordingly.

Copy of Form

I understand that I have the right to receive a copy of this notice and consent form (youth /guardian).

Authorizing Signature(s)

Participant (if over 18) or guardian signature

I have read this notice, it has been explained to me and I understand it enough to provide informed consent.

I consent to the MYTEAM program accessing the information as noted on this form and sharing it where relevant and necessary. This will be where doing so is directly related to participation in the MYTEAM program and achievement of stated goals.

I am aware that this consent form will be kept on the MYTEAM file. It will be given to the agencies and departments from which the MYTEAM program is seeking or sharing information, where necessary to support ongoing participation. I/ the youth/ guardian will be informed when this occurs.

Applicant or Legal Guardian (please print) Signature _____ date _____

Witness to signature (please print) Signature _____ date _____

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**Office use only:**

**Copy provided to participant**

**Additional copies provided to (organization/ department/ agency):**

- \_\_\_\_\_ **date** \_\_\_\_\_
- \_\_\_\_\_ **date** \_\_\_\_\_
- \_\_\_\_\_ **date** \_\_\_\_\_
- \_\_\_\_\_ **date** \_\_\_\_\_
- \_\_\_\_\_ **date** \_\_\_\_\_

## Manitoba Youth Employment Assistance Mentorship (MYTEAM)

### Information Sharing Fact Sheet for Service Providers

The Manitoba Youth Transitional Employment Assistance Mentorship (MYTEAM) program is committed to managing personal and personal health information with integrity. While respecting our participants’ right to privacy, some information needs to be shared to ensure the coordinated and effective provision of services and supports.

*The Freedom of Information and Protection of Privacy Act (FIPPA) and The Personal Health Information Act (PHIA)* authorize the **collection, use and disclosure** (sharing) of personal information and personal health information only in certain circumstances. The *Youth Criminal Justice Act (YCJA)*, *The Manitoba Correctional Services Act (CSA)* and *The Child and Family Services Act (CFSA)* also contain related provisions. Some of this legislation is more restrictive than the general information below.

This document is a summary, intended as a quick reference. Please refer to FIPPA and PHIA legislation or contact your Manitoba Family Services (MFS) representative for more information.

Generally, **personal information** can be shared under the following circumstances:

- with written consent
- to avert or minimize imminent danger to the health and safety of a person
- to assist or report a child who might need intervention under *The Child and Family Services Act*
- to perform assigned duties and responsibilities
- where organizations that are subject to FIPPA and/or PHIA are involved in a common program or integrated service
- by Order of the Court
- as under the federal *Youth Criminal Justice Act* to facilitate the rehabilitation of a young person
- to cooperate with a police and/or child intervention investigation

Generally, **personal health information** can be shared if the situation meets at least one of the following:

- with written consent
- to avert or minimize imminent danger to the health or safety of a person
- to support a child who might need intervention under *The Child and Family Services Act*
- by Order of the Court
- to a person who is responsible for providing continuing treatment and care to the individual (does not need to be a formal health services provider).

Personal Information and/or Personal Health Information must be kept **secure** at all times.

A **privacy breach** occurs when personal information and/or personal health information is inappropriate disclosed.

### Collection

The purpose of collection is to enroll and engage participant in Manitoba Youth Transitional Employment Assistance and Mentorship (MYTEAM), to support youth who are leaving or who

have recently left care of Child and Family Services. Consent will facilitate confirmation of eligibility, coordination and provision of a range of services intended to address participant needs in a holistic manner, inclusive of housing, education, training, financial, employment and social supports, in order to support youth in making a successful transition to independent living.

- You should **only collect as much personal and personal health information about an individual as is reasonably necessary to accomplish the purpose for which is collected.**
- Information **must relate directly to, and be necessary for, an existing program of the public body** (government program) collecting the information.
- When collecting personal and personal health information directly from an individual, the **public body must explain the purpose of collection and the authority, and provide a contact with which the person could discuss the matter further.** (This contact is built into the consent form.)

The authority to collect the personal information is section 36(1)(b) of FIPPA and section 13(1) of PHIA, the personal information is directly related to, and necessary for, an existing program of the Department.

### Use

- A public body shall limit use of personal and personal health information to those of its employees and agents who **need to know** the information to carry out the **purposes for which the information was collected.**
- Every use of personal and personal health information by a public body must be **limited to the minimum amount of information necessary to accomplish the purpose** for which it is used.
- For a use of personal and personal health information to be authorized under FIPPA and PHIA, it must be used for one of the following:
  - The **purpose** for which it was collected;
  - A purpose **consistent with the purpose for which it was collected;**
  - A **use to which the individual the information is about has consented.**

### Disclosure (Sharing)

- The sharing of personal or personal health information between separate public bodies – departments, agencies, authorities – is called disclosure of information. A public body must not disclose personal or personal health information except as authorized related legislation. Section 76(14) of *The Child and Family Services Act* allows for disclosure of sealed information for the purposes of the adult subject of these records to receive a benefit. Other consent is to be explicit.
- Every disclosure of personal or personal health information must be limited to the minimum amount of information necessary to accomplish the purpose for which it is disclosed.
- A disclosure must be for at least one of the following purposes:
  - For the purpose for which – or consistent with – the information was collected;
  - With the consent of the individual the information is about;

- To comply with a statute or regulation of Manitoba or Canada;
  - to determine or verify an individual's suitability or eligibility for a program, service or benefit (FIPPA);
  - to a person who is providing or has provided health care to the individual, to the extent necessary to provide health care to the individual, unless the individual has instructed the trustee (service provider) not to make the disclosure (PHIA);
  - to comply with a subpoena, warrant or order of a person or body with jurisdiction to compel the production of information;
  - to determine the amount of, or collect a, fine, debt, tax or payment owing by an individual to the Government of Manitoba or to the public body;
  - to make a payment.
- The consent form for participants outlines which public bodies the personal or personal health information collected for this program may be disclosed to:
- appropriate federal authorities, including Revenue Canada Agency, Canada Pension Plan and federal departments dealing with First Nations persons;
  - Emergency homeless shelters and other social services agencies;
  - Faith-based organizations;
  - Financial institutions;
  - First Nations communities;
  - Health care providers, including addictions services and mental health services;
  - Income security programs, including Employment and Income Assistance, Old Age Security, Canada Pension Plan and The Workers Compensation Board of Manitoba;
  - Potential landlords, private and public; and
  - Provincial/federal authorities governing probation, parole, or other criminal sanctions.

### **Maintaining Confidentiality of Information**

Any other use or disclosure of participants' personal or personal health information is not permitted without the participant's consent, unless so authorized by legislation, in particular: FIPPA, PHIA, or *The Manitoba Correctional Services Act (CSA)*, *The Manitoba Youth Criminal Justice Act (YCJA)* or *The Child and Family Services Act (CFSA)*.

The MYTEAM participant could always speak to the MYTEAM Coordinator about consent and how it is necessary to support participation in the program. Youth, guardians or program staff may call the MFS Special Projects Coordinator, Michelle Decorby, at (204) 945-4188 to discuss how this information relates to administration and service delivery in the MYTEAM program.

Access and Privacy Coordinator, Robin Osmond, may be contacted at (204) 945-2013 to discuss the matter of collection, use, and disclosure of personal and personal health information under FIPPA and PHIA (not MYTEAM program itself).



## Manitoba Youth Transitional Employment Assistance and Mentorship

MYTEAM is a pilot project intended to support youth who are leaving or who have recently left the temporary or intermittent care of Child and Family Services. The program is being offered in a partnership between the province of Manitoba; Child Protection Branch (Manitoba Family Services); Employment and Income Assistance (Jobs and the Economy); as well as Ka Ni Kanichihk and Macdonald Youth Services, the community agencies providing the service in Winnipeg and Thompson respectively. This unique partnership has provided an exclusive opportunity for youth in the MYTEAM project, by offering collaborative case planning to youth in the community with the support of provincial government programs in a number of departments.

Eligibility is based on a legal status of Permanent Ward, Temporary Ward or the existence of a Voluntary Placement Agreement in the three years prior to referral. Those receiving support beyond termination of guardianship, loosely known as an "extension of care," will be assessed on a case-by-case basis. Youth not receiving support beyond termination of guardianship must also be enrolled or eligible to be enrolled on the Employment and Income Assistance (EIA), and must remain in good standing with EIA throughout their participation in the program. Youth on extension whose support from the CFS agency ends while in MYTEAM must enroll on EIA to continue in the program, as there is no alternate source of living expenses.

The MYTEAM pilot began development in September 2010 and will continue through August 31, 2015. MYTEAM will provide a range of services intended to address participant needs in a holistic manner, inclusive of housing, education, training, finance, employment and community supports. There will be a maximum of 22 participants in the program in Winnipeg and up to eight in Thompson. The ideal target youth for this pilot program are those who, with assessed needs and targeted mentorship assistance, are able to gain eventual independence from structured systemic supports and programs.

The goal of MYTEAM is for participants to successfully transition to living independently in the community. The project will focus on youth who meet the eligibility criteria and are deemed to have reasonable potential to achieve the service goals within the time available in the pilot. The service objectives of the MYTEAM project are that participants will:

- develop an individual plan identifying goals to facilitate the transition to living independently, and how they will achieve those goals;
- complete education or training programs, as a means to acquiring employment and life skills;
- have positive employment experiences which may lead to long-term career opportunities;
- acquire or strengthen life skills (e.g. nutrition, money management, etc.);
- experience stable housing arrangements, and become responsible and established tenants;
- experience positive personal relationships and community contributions; and
- access child care resources, if required.

Intake is ongoing, and will continue as vacancies arise in the program once it is full.

**Winnipeg:** call 204-942-2506 / 204-944-4216, email [myteam@kanikanichihk.ca](mailto:myteam@kanikanichihk.ca) or fax 204-942-2502

**Thompson:** call 204-677-7878 / 204-778-4590, email [info@mys.mb.ca](mailto:info@mys.mb.ca) or fax 204-778-7778