



**BLACK DIAMOND AND TURNER VALLEY
COMMUNITY ACCESS PROGRAM
APPLICATION FOR SUBSIDIZED TAXI SERVICES**

New

Renewal

Card Number Allocated

Full Name	
Date of Birth (Date/Month/Year)	Telephone Number
Full civic address	Town
Mailing Address (if different from above)	
Nature of Disability (if applicable)	
Special Needs (ie: Assistance Required, Folding Wheelchairs, etc.)	

By signing below, I confirm that all of the information provided is to the best of my knowledge, true and accurate and that I have no other means of transportation available to me. I also agree to indemnify the Town from all liabilities, fines, suits, claims and actions of any kind that may arise from my usage of this program, excepting only losses directly caused by the negligence or malfeasance of the Town, or its employees.

Signature

Date

PLEASE NOTE: Personal information collected by the Towns of Black Diamond and Turner Valley for its Community Access Program, is done so in accordance with FOIPP (Freedom of Information and Protection of Privacy Act). The information is used only by the Towns of Black Diamond and Turner Valley to monitor valid and statistical use of the program. Should you have questions, concerns or require further information about FOIPP, please contact the Black Diamond Town Office at (403) 933-4348.

FOR OFFICE USE ONLY: Application reviewed and approved by: _____ Date: _____

DIAMOND VALLEY COMMUNITY ACCESS PROGRAM

CONFIDENTIALITY UNDERTAKING

A. Principles of Confidentiality

During the course of the Diamond Valley Community Access Program (“program”), a volunteer, client, service provider or staff member may acquire information that, while voluntarily shared, is privileged information.

It is hereby agreed that the undersigned will:

1. Treat all personal information regarding any client, whether read, overheard, observed or told directly, as confidential.
2. Treat all information gathered while using the Community Access Program’s services as confidential, not only for the duration of the service/use of services, but indefinitely after service with or use of the Community Access Program.

B. Limits of Confidentiality

It is hereby agreed and understood that there are limits to confidentiality and that the program users are aware that:

1. Confidential information may be shared with FCSS staff and/or service providers and/or volunteers for the purpose of guidance, debriefing or referral without the consent of the client.
2. Confidential information will be shared with FCSS staff and/or service provider and/or appropriate authorities (i.e., Police, family members) upon disclosure of abuse, self-harm, or intended self-harm without the consent of the user.
3. Volunteers, staff, clients and service providers are encouraged to always use their best judgment and err on the side of caution.
4. Confidential information regarding clients may be shared among FCSS staff, volunteers and service providers for the purposes of maintaining the integrity of the Community Access Program.

The person signing this confidentiality undertaking understands and agrees to abide by the principles and limits of confidentiality outlined herein.

Executed at Black Diamond, Alberta, this ___ day of _____, _____

Signature

Print name & street address