

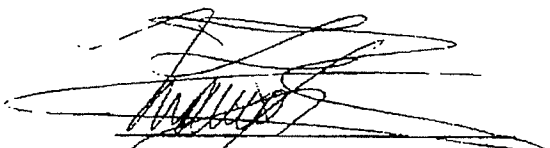
**PLACE OF SAFETY
CLOSING SUMMARY**

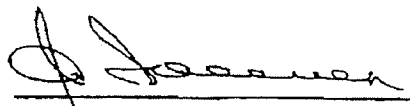
Care Provider: STEPHENSON, Kimberly
Address: [REDACTED]
Telephone Number: [REDACTED]
Child Placed: SINCLAIR, Phoenix DOB: April 23rd / 2000
Placement Date: July 31st, 2003
Discharge Date: October 3rd / 2003
Relationship: Godparent (Spiritual mentor)
Case Worker: Stan Williams

The above mentioned child was placed at Ms. Stephenson's, under a Place of Safety Contract on July 31st, 2003 and she was discharged from this home on October 3rd, 2003.

Given time frame constrains, this worker was able to meet once with this care provider. Nevertheless, she should be invited to apply as a general foster home provider.

This home was opened as a Place of Safety for care and concern of Phoenix Sinclair.
This Place of Safety should now be closed.


Mario Rojas
Place of Safety Social Worker
Foster Placement Resource Department


Anne Loewen
Unit Supervisor

Date: October 7, 2003

MR/mv

Manitoba



Family Services
and Housing

Winnipeg Child and Family Services

222 Provencher Boulevard
Winnipeg, Manitoba
R2H 0G5
CANADA

(204) 944-4288
Fax: (204) 944-4666

October 10, 2003

FILE COPY

Kimberly Stephenson
1331 Selkirk Ave.
Winnipeg, MB
R2X 0C9

Dear Kimberly;

I am writing to you to inform you that your Place of Safety Foster file with Winnipeg Child & Family Services is now closed. Phoenix Sinclair was placed in your home on July 31, 2003. Our files indicate that Phoenix was discharged from your home on October 3, 2003. Your file and contact with this agency was specifically for the care and concern of this child. Because the agency no longer has children placed in your home, your file as a Place of Safety is now closed.

Winnipeg Child and Family services and I would like to take this opportunity to thank you for the care and commitment you have shown toward Phoenix while in your care. If in the future you would like to foster children on a general basis, please contact our foster recruitment coordinator for information and an invitation to an agency foster parent orientation.

Sincerely,

Mario Rojas
POS worker

Anne Loewen
Unit Supervisor

/lg

CHILD CARE INSTRUCTION SHEET

For Accounting Use Only:
CHILD NUMBER:

CHILD'S NAME: Sinclair Phoenix GENDER: Femal DOB: 23-Apr-00 FILE #: C007676B
(M) (F) M/F dd/mm/yyyy

GUARDIAN AGENCY: WCFS SUPERVISING AGENCY: JarvisUnit DATE: 6-Oct-03
dd/mm/yyyy

BIRTHPLACE: Wpg. RACE: Aboriginal BAND NAME: Lake St. Martin TREATY #: 275 PHIN: 117706 650
dd/mm/yyyy

ACTIVITIES	LEGAL STATUS	From	To	PLACEMENT	From	To
New Admission <input type="checkbox"/>	Apprehension <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-Care (Discharge)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Readmission <input type="checkbox"/>	Temporary Ward <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Place of Safety		
Transfer of Supervision <input type="checkbox"/>	Perm. Ward: Court <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Hotel/Motel	<input type="checkbox"/>	<input type="checkbox"/>
Discharge (Close) <input checked="" type="checkbox"/>	Perm. Ward: V.S.G. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Kinship Care Placement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Change of Placement <input type="checkbox"/>	Voluntary Placement Agreement <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Women's Shelter	<input type="checkbox"/>	<input type="checkbox"/>
Change of Legal Status <input type="checkbox"/>	Transitional Planning <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foster Home Staffed		
Change of Guardianship <input type="checkbox"/>	Petition Filed for Further Order <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- 4 Bed/Receiving Home	<input type="checkbox"/>	<input type="checkbox"/>
Change of Worker <input type="checkbox"/>	Order of Supervision <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Apartment/Shelter	<input type="checkbox"/>	<input type="checkbox"/>
Change of Information / Amended <input type="checkbox"/>	Non-Care <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	- Interim Placement Prog.	<input type="checkbox"/>	<input type="checkbox"/>
				Foster Home Specialized		
				- Agency	<input type="checkbox"/>	<input type="checkbox"/>
				- Collateral (eg. MYS)	<input type="checkbox"/>	<input type="checkbox"/>
				Foster Home		
				- Regular Rate	<input type="checkbox"/>	<input type="checkbox"/>
				- Special Rate	<input type="checkbox"/>	<input type="checkbox"/>
				- Ma Mawi	<input type="checkbox"/>	<input type="checkbox"/>
				Independent Living or Room & Board		
				- Agency	<input type="checkbox"/>	<input type="checkbox"/>
				- Collateral	<input type="checkbox"/>	<input type="checkbox"/>
				Out of Province	<input type="checkbox"/>	<input type="checkbox"/>
				Residential Care Group Home	<input type="checkbox"/>	<input type="checkbox"/>
				Select Adoption Probation	<input type="checkbox"/>	<input type="checkbox"/>
				Correctional Facility	<input type="checkbox"/>	<input type="checkbox"/>
				Health/Mental Health/Hospital	<input type="checkbox"/>	<input type="checkbox"/>
				Non-pay (Own Home / Relative)	<input type="checkbox"/>	<input type="checkbox"/>
				Placement Unknown / AWOL	<input type="checkbox"/>	<input type="checkbox"/>

EFFECTIVE DATE: 3-Oct-03 COURT/ EXPIRY DATE: 3-Oct-03
dd/mm/yyyy dd/mm/yyyy

From Care Non-Care Name of Care Provider Kimberly Stephenson

Address [Redacted] Postal Code [Redacted]

To Care Non-Care Name of Care Provider Steven Sinclair

Address [Redacted] Postal Code [Redacted]

Enrol/Cancel: Man. Health # Children's Special
S.A.H.S. Birth Certificate

Instructions: _____

On All Admissions: Mother: _____ Maiden Name: _____ DOB: _____
Address: _____ Postal Code _____
Man. Hlth.# _____ PHIN# _____ Band Name: _____ Treaty#: _____

Father: _____ DOB: _____ Address: _____ P. Code _____
Man. Hlth.# _____ PHIN# _____ Band Name: _____ Treaty#: _____

REASON FOR ADMISSION, READMISSION		REASON FOR DISCHARGE	
a) Abandonment <input type="checkbox"/>	h) Conduct/Child <input type="checkbox"/>	a) Return to Parents <input checked="" type="checkbox"/>	e) Transfer Out (Out-of-Province) <input type="checkbox"/>
b) Desertion <input type="checkbox"/>	i) Transfer In (From MB Agency) <input type="checkbox"/>	b) Order of Adoption <input type="checkbox"/>	f) Other _____
c) Conditions/Parent <input type="checkbox"/>	j) Transfer In (Out-of-Province) <input type="checkbox"/>	c) Age of Majority <input type="checkbox"/>	
d) Conduct/Parent/Medical Refusal <input type="checkbox"/>	k) Other _____	d) Transfer Out (To MB agency) <input type="checkbox"/>	
e) Conduct/Parent/Other <input type="checkbox"/>			
f) Voluntary Relinquishment <input type="checkbox"/>			
g) Conditions/Child <input type="checkbox"/>	TRANSFER: From: (Agency) _____ To: (Agency) _____		

CHANGE OF WORKER: From: _____ To: _____ WORKER'S NAME: Stan W. Williams
Please Print

INFO. ENTERED ON CFSIS: Yes No CICCASE CIC SUPERVISION
INFO. SENT TO ACCOUNTING SIGNATURE: _____ SUPERVISOR'S SIGNATURE: H. Edinborough
DATE FORMAT: dd/mth/yyyy eg. 01/Jan/1998 PLEASE PRINT ALL INFORMATION