

PLACE OF SAFETY PLACEMENT FORM

LEGAL NAMES OF PERSON(s) Providing Care:

*NOT *7 LIVING IN THE HOME but as co-parenting!*

<u>Stephenson</u>	<u>Kimberly</u>		<u>Edwards</u>	Birth Date: _____
Surname	First name	Middle name(s)	Maiden/AKA name	dd/mm/yy
<u>Stephenson</u>	<u>Rhon</u>			Birth Date: _____
Surname	First name	Middle name(s)	AKA name	dd/mm/yy
Mailing Address: _____		City: <u>Wpg.</u>	Postal Code: _____	
Street Address (if different than above): _____				
Phone Numbers	Home: _____	Work: _____	Wife	Husband

CHILD(REN) PLACED INFORMATION

CHILD(REN)

PLACED:

Phoenix Sinclair Birth Date: April 23/00

Birth Date: _____

Birth Date: _____

RELATIONSHIP TO CHILD: Godparents (Spiritual mentors)

DATE PLACED: July 31/03 Estimated Length of Stay: 3 months +

REASON FOR PLACEMENT: Parents in Dad require time to "straighten up" before can go

i.e.; abuse, abandonment, neglect, desertion, conditions/parent, conduct/parent/medical refusal, conduct/parent/other, voluntary relinquishment, conditions/child, conduct/child, transfer in, other with explanation.

ALL OTHER INDIVIDUALS OVER 18 YEARS OF AGE ALSO MUST HAVE POLICE AND ABUSE CHECKS DONE WITH ANY CONCERNS LISTED ON THE BACK OF THIS PAGE.

SECURITY CHECKS

	Done (Yes or No)	Concerns	Please state the result of the checks.
Criminal Records Wpg. Police # 986-6052	Yes		<u>No Record</u>
Abuse Registry (Linda 4501)	Yes		<u>Kimberly Edwards Stephenson not on file Rhon Stephenson - Not on Abuse Registry Reg'd</u>
Records Check	Yes		<u>Kimberly Edwards: Pst file # 160795 opened June 30/90 closed June 30/90 Rhon Stephenson not on system</u>
Reference Check	Yes		<u>- None</u>

I certify that the above person(s) has/have been the subject of all checks listed above.

Social Worker: Stash Williams Date: July 31/03

Supervisor's Approval: Heather Dunborough Date: July 31/03

Resource Manager's Approval: Phil Date: Aug. 20/03

11g/Mar.6/00

(OVER)

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OWN CHILDREN PRESENTLY RESIDING IN THE HOME

Name in Full	Birth Date	Sex
[REDACTED]	Dec 28/86	Female
[REDACTED]	May 19/87	Male
[REDACTED]	June 14/91	Male

OTHERS RESIDING IN THE HOME (If over 18 years of age Police / Abuse / Record Checks must be done)

Name in Full	Birth Date	Relationship	CHECKS			Comments:
			Police	Abuse	Record	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

REFERENCE: Please list one person whom we may contact who is well acquainted with you and your home and family.

Name in Full	Complete Mailing Address	Telephone Number
[Handwritten Name] [Handwritten Address] [Handwritten City/State]	[REDACTED]	[REDACTED]

lg/mar/6/00