



WINNIPEG CHILD AND FAMILY SERVICES
SERVICES À L'ENFANT ET À LA FAMILLE DE WINNIPEG
MEMORANDUM

faxed Aug 6/03

To: ACCOUNTING Fax #: 944-4395
Janet Rossnagel, Annette Fouasse or Judy Nesby

From: POS Program
222 Provencher Blvd.

Date: July 30, 2003

RE: APPROVED Place of Safety Care Providers

The following POS care provider's packages have been received, reviewed and authorized by our unit:

POS Name: *Kimberly Stephenson*

POS Address: *[Redacted] Wpg. [Redacted]*

Child(ren) Placed: *Phoenix Sinclair* , DOB: *April 23/00*

Placement Date: *July 31/03*

Child(ren)'s Worker: *Stan Williams*

Rate: *↓ 16.96 per diem effective July 31/03.*

Comments:

Authorizing Place of Safety Worker: *[Signature: Annette Bradley]*

/lg/feb/3/99

Date Printed: 1-Aug-03

CHILD CARE INSTRUCTION SHEET

CHILD'S NAME: SINCLAIR (last) PHOENIX (first) GENDER: F DOB: 23-Apr-00
(M/F) dd/mm/yyyy

GUARDIAN AGENCY: WPG CFS SUPERVISING AGENCY: WPG CFS DATE: 31-Jul-03
dd/mm/yyyy

BIRTHPLACE: WINNIPEG RACE: ABORIGINAL FILE #: C007676B

BAND NAME: LAKE ST. MARTIN TREATY #: 275 PHIN# [REDACTED]

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 type="checkbox"/>	<input type="checkbox"/>
Readmission <input type="checkbox"/>	Temporary Ward <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Place of Safety <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Transfer of Supervision <input type="checkbox"/>	Perm. Ward: Court <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Placement <input type="checkbox"/>		
Discharge (Close) <input type="checkbox"/>	Perm Ward: V.S.G. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Hotel/Motel <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Placement <input checked="" type="checkbox"/>	Voluntary Placement Agreement <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- ERFH / IPP <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Legal Status <input type="checkbox"/>	Transitional Planning <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Shelter- Agency <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Guardianship <input type="checkbox"/>	Petition Filed for Further Order <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Shelter- Collateral <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Worker <input type="checkbox"/>	Order of Supervision <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foster Home <input type="checkbox"/>		
Change of Information / Amended <input type="checkbox"/>	Non-Care <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Agency <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				- Ma Mawi <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				- Collateral Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EFFECTIVE DATE: 31-Jul-03 COURT/ EXPIRY DATE: _____
dd/mm/yyyy dd/mm/yyyy

From: Care Non-Care Name of Care Provider: [REDACTED]

Address: [REDACTED] Postal Code: _____

To: Care Non-Care Name of Care Provider: KIMBERLY STEPHENSON

Address: [REDACTED] Postal Code: [REDACTED]

Independent Living or Room & Board: _____
 - Agency - Collateral

Out of Province:

Residential Care Group Home:

Select Adoption Probation:

Correctional Facility:

Health/Mental Health/Hospital:

Non-pay (Own Home / Relative):

Placement Unknown / AWOL:

Enrol/Cancel: Man. Hlth # S.A.H.S.
 Children's Special Allowance

Instructions: CHANGE OF PLACEMENT

On All Admissions: Mother: SAMANTHA KEMATCH Maiden Name: _____ DOB: 9-Sep-81
yyyy/mm/dd

Address: [REDACTED] Postal Code: _____
 Man. Hlth.# _____ PHIN# _____ Band Name: _____ Treaty #: _____

Father: STEVEN SINCLAIR DOB: 15-May-80 Address: [REDACTED] P. Code: _____
yyyy/mm/dd

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 type="checkbox"/>	e) Transfer Out <input type="checkbox"/>
b) Desertion <input type="checkbox"/>	i) Transfer In <input type="checkbox"/>	b) Order of Adoption <input type="checkbox"/>	(Out-of-Province) <input type="checkbox"/>
c) Conditions/Parent <input type="checkbox"/>	(From MB Agency) <input type="checkbox"/>	c) Age of Majority <input type="checkbox"/>	f) Other _____
d) Conduct/Parent/Medical Refusal <input type="checkbox"/>	j) Transfer In <input type="checkbox"/>	d) Transfer Out <input type="checkbox"/>	(To MB agency) <input type="checkbox"/>
e) Conduct/Parent/Other <input type="checkbox"/>	(Out-of-Province) <input type="checkbox"/>		
f) Voluntary Relinquishment <input type="checkbox"/>	k) Other _____		
g) Conditions/Child <input type="checkbox"/>	TRANSFER: From: (Agency) _____ To: (Agency) _____		

CHANGE OF WORKER. From: _____ To: _____

UNIT: 290 JARVIS WORKER'S NAME: STAN WILLIAMS

SIGNATURE: STAN WILLIAMS SUPERVISOR'S SIGNATURE: HEATHER EDINBOROUGH

DATE FORMAT: vvvv/mm/dd eg. 2001/01/18 PLEASE PRINT ALL INFORMATION