

mailed
June 24

WINNIPEG CHILD AND FAMILY SERVICES FAMILY SUPPORT SERVICES REQUEST / RENEWAL FORM

Date: June 20, 2000

New Request *Renewal

* If Renewal, name of previous Coordinator or Support Worker:

I. REFERRING SOCIAL WORKER: Kerri-Lynn Greeley Service Unit: Jarvis
Phone # of Worker: 944 - 4060

II. A. FOCUS OF SERVICE REQUESTED (Please Check)

Family Child in Care Child at Home

B. TYPE OF SERVICE REQUESTED (Please Check)

Children: 0-5 6-11 11-17

Select One:

Respite Child Care Physical Support
Teaching 1-on-1 Supervised Visit

III. PRIMARY CLIENT: Samantha Kematch DOB: Sept. 9, 1981
Address: 4 - 864 Magnus Ave. Phone: none

IV. FAMILY OF ORIGIN INFORMATION

	Adult Female	Adult Male
Name	<u>Samantha Kematch</u>	<u>Steve Sinclair</u>
Address	<u>as above</u>	<u>as above</u>
Home Phone	<u>as above</u>	<u>as above</u>
Work Phone	<u></u>	<u></u>
Marital Status	<u>common law</u>	<u>common law</u>

V. CHILDREN / SIBLINGS

	Name	DOB/Age	School	In Care	Not In Care
1.	<u>Phoenix Sinclair</u>	<u>Apr. 23/00</u>	<u>n/a</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>

VI. SIGNIFICANT OTHERS

Extended Family:
Collaterals / Other Service Providers: Nikki Taylor -Wpg Boys and Girls Club; West Region CFS; Cree Nat CFS
Other Family Support Providers:

VII. SERVICE ARRANGEMENTS:

Requested Starting Date: July 10, 2000 Expiry Date: October 30, 2000
Direct Service Hours / Week: 4 - 6 Administrative Hours / Week:
Number of Weeks: 16 TOTAL HOURS:

RESOURCE COORDINATOR: (Office Use Only)

Support Worker Assigned: G/L Code:
Date Assigned: Classification:
Review Date:

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VI. PLACEMENT RESOURCE INFORMATION (complete if appropriate)

Type of Placement: (Please Check)

- Foster Family
- Residential Care
- Independent Living
- Other: Specify: _____

Primary Caregiver: _____ Phone: (res) _____ (bus) _____
 Address of Caregiver: _____

IX. POTENTIAL FOR VIOLENCE No Yes If Yes, please describe below.

Samantha has been known to become verbally aggressive and uncooperative

X. BILLING

Family Support Service Agreement yes Parent Contribution: nil
 Provincial Economic Security _____ Worker Name: _____
 Activity Expenses Required Yes No Amount: _____
 Describe Activity: _____

XI. GOALS FOR FAMILY

- to learn appropriate parenting skills
- to build a bond and relationship between parents and child
- to increase access with goal of possible reunification of family

XII. ROLE AND RESPONSIBILITY

- A. Support Worker
 - to provide modelling and education regarding appropriate parenting during access visits
 - to provide support and teaching to family in the home should child be returned to parents
 - to assist with assessing mother's parenting ability by providing information to social worker
- B. Social Worker
 - to assess mother and father's parenting ability
 - to monitor access visits

XIII. ROLE AND RESPONSIBILITY OF OTHERS INVOLVED WITH FAMILY / CHILD

Nikki Taylor to provide support to family

AUTHORIZING SIGNATURES

[Signature] _____ Date June 5/1/11
 Social Worker
[Signature] _____ Date June 7/11
 Unit Supervisor