



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

**Service Agreement Between**

**Samantha Kematch and Steve Sinclair**

And

**Winnipeg Child and Family Services**

**RE: Phoenix Sinclair      DOB April 23, 2000**

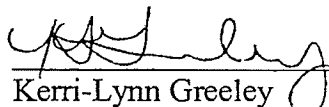
The above named child was placed in the care of Winnipeg Child and Family Services for a period of four months to allow the family time to address the issues that lead to the apprehension of the child. The parents have begun to address those issues and the plan is to return the child to the care of her parents on September 5, 2000. Over the next six months the parents and the Agency will continue to address the issues of concern by following the conditions outlined in this agreement. The Agency and the parents agree to the following conditions as part of this Service Agreement:


1. Samantha will meet with Dr. Altman to assess her emotional stability. Samantha will follow recommendations made by Dr. Altman.
2. Samantha and Steve will work cooperatively with the Agency in home support worker and will meet with her at least two times a week.
3. Samantha and Steve will work cooperatively with the Agency Family Services Worker, this includes meeting with the worker on a regular basis and allow the worker access to the family home. Samantha and Steve will also cooperate with the Agency worker regarding further exploration of issues related to substance use and family violence.
4. Samantha and Steve will attend and participate in a parenting class that focuses on issues related to child development.
5. Samantha and Steve will work cooperatively with the public health nurse as a method of gaining information regarding general health issues of small children.
6. The Agency worker will assist Samantha and Steve with identifying a pediatrician to use for Phoenix's routine medical issues.

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All parties understand that failure to meet the conditions of this service agreement could result in the child being removed from the family home and placed in the care of Winnipeg Child and Family services. This agreement will be reviewed after six months.

  
Samantha Kematch

  
Kerri-Lynn Greeley  
Family Service Worker

  
Steve Sinclair

Sept 5 / 00  
Date

# Voluntary Placement Agreement

Manitoba  
Family  
Services



## *The Child and Family Services Act*

*The Child and Family Services Act*  
(subsection 14(1))

BETWEEN:

The Agency: Winnipeg Child and Family Services

-and-

The Applicant(s): SAMANTHA KEMATCH & STEVE SINCLAIR  
Address: 8-864 MAGNUS AVENUE, WPG, MB R2X 0M8

IN THE MATTER OF PHOENIX VICTORIA SINCLAIR ("the child")

Manitoba Health Registration No.: 442876  
Child's Personal Health Information No.: 117570650

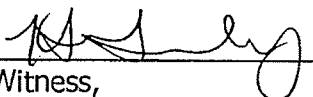
born the 23RD day of APRIL, 2000.


WHEREAS the above-named child is in the actual custody of the applicant(s) who has (have) applied to the agency to take the said child into care beginning on the 3RD day of AUGUST, 2000, and continuing until the 1ST day of SEPTEMBER, 2000, a period not exceeding twelve months;

NOW, THEREFORE, in consideration of the care to be provided for the child, the applicant(s) hereby agree(s) to provide health benefits under *The Health Services Insurance Act* and to pay to the agency the sum of NIL per month of service.

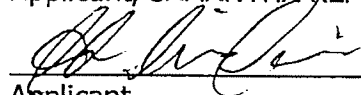
I/we, the applicant(s), has/have read (had explained to me/us) the terms and conditions noted on this agreement and am/are in full agreement with those terms and conditions.

SIGNED this 25 day of July, at Winnipeg, Manitoba.

  
\_\_\_\_\_  
Witness,

  
\_\_\_\_\_  
Witness,

  
\_\_\_\_\_  
Applicant, SAMANTHA KEMATCH

  
\_\_\_\_\_  
Applicant,

  
\_\_\_\_\_  
Assistant Program Manager

Copy 1 - The Agency  
Copy 2 - The Applicant(s)  
Copy 3 - The Director of Child and Family Services  
Copy 4 - Program Manager (All four copies must be signed and witnessed)

**TERMS AND CONDITIONS:**

1. This agreement is effective the date it is signed by the applicant(s) and the agency, and the agency agrees to take the child into care upon the signing of this agreement by both parties.
2. The applicant(s) hereby authorize(s) the agency, during the term of this agreement, to do all such things as may be necessary to provide or obtain proper medical, surgical, or other remedial care or treatment necessary for the health and well-being of the child when it is recommended by a duly qualified medical practitioner; and it is agreed that neither the agency, nor anyone acting under its instruction, incurs any liability in respect of any such treatment that may be provided.
3. The applicant(s) agree(s) that the agency will receive the Children's Special Allowances (Canada Child Tax Benefit) payments for the child during the period that the child is in its care.
4. The applicant(s) agree(s) to make payment in full of their portion of the cost as assessed on the first day of the month for the services provided during the previous month.
5. If the agency considers it in the best interest of the child, the agency may terminate this agreement, and may proceed under *The Child and Family Services Act* before a judge for an Order of Guardianship of the child, or the agency may proceed for such an Order of Guardianship if the applicant(s), during the term of this agreement, leave(s) the province without the prior approval in writing of the director.
6. If the agency considers it in the best interest of the child, the agency may renew this agreement subject to the provisions of *The Child and Family Services Act*.
7. This agreement may be terminated by either party to the agreement upon written notice on a prescribed form.



# ✓ VOLUNTARY PLACEMENT AGREEMENT PLACEMENT INFORMATION

1. **Applicants**

	<u>Mother</u>	<u>Father</u>
Name	Samantha Kematch	Steve Sinclair
Maiden Name		
Address - Present		
- Permanent	4-864 Magnus Ave	4-864 Magnus Ave
Birthdate	September 9/81	May 15/80
Place of Birth		
Occupation	Homemaker	Training Program
Monthly Income	Social Assistance	

2. **Children Admitted to Care**

		<u>Address At</u>		
<u>Surname</u>	<u>Given Name</u>	<u>Admission</u>	<u>Birthdate</u>	<u>Birthplace</u>
Sinclair	Phoenix	in care	April 23/2000	Wpg, MB

3. **Special Needs or Handicaps of Child(ren) Taken Into Care**

N/A

4. **Intended Placement**

- Foster Home -
- Group Home -
- Institution -
- Other (Explain) -

5. **Purpose of Placement**

To provide child with safe, stable and nurturing environment while her parents prepare to parent her.

Other Children In Family

<u>Surname</u>	<u>Given Name</u>	<u>Address At Admission</u>	<u>Birthdate</u>	<u>Birthplace</u>
[REDACTED]	[REDACTED]	In care, Cree Nation CFS	July 23/98	Wpg, MB

7. Is Family on Public Assistance?

- No
- Yes

Name of Office 111 Rorie Street

8. In case of unmarried mother, what steps are being taken to involve the putative father in contributing towards maintenance of the child(ren)?


The father is actively involved with the child, he too is on Social Assistance.

9. Outline of family social and financial circumstances. Please include alternatives explored, service and treatment offered during placement and ultimate plan.

The child is presently in care under a three month Temporary Order with this Agency. The parents have cooperated with meeting the Agency's expectations of them during the three month Temporary Order, however, they have not had the opportunity to prepare for the baby to be returned to their care on a daily basis. Over the term of this VPA, the parents will continue to address their issues and work cooperatively with the Agency to prepare for the child's transition home to their care.

  
 Signature of Supervisor  
 Angie Balan

Jarvis  
Unit

  
 Signature of Worker  
 Kerri-Lynn Greeley

Date July 25/00

FORM CFS-10



**DECLARATION OF FAMILY INCOME**  
*The Child and Family Services Act (subsection 15(2) or 30(1.2))*

AGENCY: Winnipeg Child and Family Services

FAMILY INFORMATION: Give full name(s) and address of applicants.

Applicant(s): Samantha Kematch

Children: List children under 18 years of age at home and in care of the agency. Exclude adult dependants and foster children in home.

Full Name of Child	Birth Date	Relationship
Phoenix Victoria Sinclair	April 23, 2000	Daughter
[REDACTED]	July 23, 1998	Son

Attach separate list if more than six children in the home.

**FINANCIAL INFORMATION:** Check only one item below and provide information requested for item.

- Currently in receipt of income assistance from 111 Rorie Street.  
(If you complete this item, do not complete Detailed Calculation of Annual Family Income)
- Current annual family income expected to be about the same as per attached copy(ies) of Revenue Canada assessment(s) for the most recent taxation year and receipts for child support payments. (Only complete total of Detailed Calculation of Annual Family Income. Include amount of child support payments paid or received for the most recent taxation year.)
- Current annual family income expected to be about the same as for most recent taxation year, but no copy(ies) of Revenue Canada assessment(s) attached. (Complete Detailed Calculation of Annual Family Income)
- Current annual family income expected to be higher/lower than most recent taxation year. (Complete Detailed Calculation of Annual Family Income)

**DECLARATION:**

1. I/we are the applicant(s) named in this statement.
2. The statements contained herein are true to the best of my/our knowledge and belief and I/we have not concealed or omitted any information respecting my/our family income.
3. I/we agree to provide the agency with copies of documents or receipts in my/our possession to verify my/our current income or income for the most recent taxation year.
4. I/we authorize and give consent to the agency securing information from any source as may be deemed necessary for verification purposes and I/we consent to those sources releasing the information to the agency.

Date: July 25/00

Applicant: Samantha Kematch

Date: July 25/00

Applicant: [Signature]

See next page for Detailed Calculation of Annual Family Income



**VOLUNTARY PLACEMENT AGREEMENT  
WAIVER FORM**

Manitoba  
Family  
Services



1. Name(s) and age(s) of child(ren) to be covered by this VPA - Phoenix Victoria Sinclair  
Special Needs - N/A  
Reason for VPA - To prepare parents for child's transition home  
Anticipated Term of VPA - August 3-September 1/2000
2. Monthly parental contribution as determined by completing the Income Assessment Form - \$N/A  
 Acceptable       Not Acceptable       Parent Refuses to provide financial information

*If acceptable or if parent refuses to co-operate, no need to complete further, file this form. If not acceptable, complete the balance of this form.*

3. Parent qualifies for waiver or reduction of monthly contribution under one of the criteria set out in Department of Family Service Policy Memorandum of June 1994 as follows:
- the child is mentally challenged
  - the applicant is in receipt of Social Allowance
  - the applicant incurs extraordinary expenses which relate directly to the care and support of the child, eg. parent incurs high travel costs related to visiting or attending to the needs of the child(ren) in care
  - the applicant has extraordinary expenses related to his/her own health condition or that of a dependent

I therefore recommend that the parental contribution be:       waived       reduced to  
Reason On Social Assistance

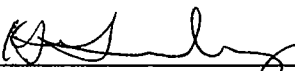
4. Parent does not qualify under the above criteria, but it is considered that the parental contribution should be:

waived       reduced to

Reason  
 Payment for

\$\$\$  
\$\$\$  
\$\$\$

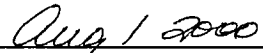
Other

  
Social Worker, Kerri-Lynn Greeley  
Date: July 25/00

  
Supervisor, Angie Balan

Recommendation Approved

  
Assistant Program Manager

  
Date