

FAMILY SUPPORT

AUG 11 2003

CONTRACT CHANGE / TERMINATION FORM

Contract #: 133/03/223
 (Must Be Included)

Client Name: Steven Sinclair

Social Worker's Name: Stan Williams Unit James

Support Worker's Name: Charlene Robinson

Coordinator's Name: Cindy Morowski

- COORDINATOR CHANGED FROM _____ TO _____
- HOURS CHANGED FROM _____ PER WEEK TO _____ PER WEEK EFFECTIVE _____, 20 _____
- SOCIAL WORKER CHANGED FROM _____ TO _____
- SUPPORT WORKER CHANGED FROM _____ TO _____
- CLIENT ADDRESS / PHONE # CHANGED TO _____
- TERMINATION EFFECTIVE July 29, 20 03
- OTHER _____

HAS SOCIAL WORKER BEEN NOTIFIED? YES OR NO

REMARKS: Social worker cancelled
service before it began

FAMILY SUPPORT WORKER'S SIGNATURE

DATE

C Morowski

July 31/03

FAMILY SUPPORT COORDINATOR'S SIGNATURE

DATE

WINNIPEG CHILD AND FAMILY SERVICES DATE: July 10, 2003
 FAMILY SUPPORT SERVICES REQUEST/RENEWAL FORM Appendix C

RESOURCE COORDINATOR: (Coordinator's Use Only) Support Worker Assigned: <i>Charlene Robinson</i> Date Assigned: <i>July 23/03</i> EXPENSES: (if over \$25 limit) TOTAL HOURS/WEEK: <i>4.5 hrs WK.</i>	G/L Code: <i>133-301</i> Classification: Review Date: <i>Oct 15/03</i> ADMIN HOURS: EXPIRY DATE: <i>Oct 28/03</i>
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CONTRACT NO. 133/03/223

ENTERED JUL 16 2003

- NEW REQUEST RENEWAL EMERGENCY
 * If Renewal, provide name of Coordinator None and previous support worker

1. REFERRING SOCIAL WORKER: Stan Williams Unit: Jarvis
 Phone Number: 944-6778
2. HOUSEHOLD NAME: Sinclair
3. PRIMARY CLIENT: Steven Sinclair PHONE: no phone
 ADDRESS: 740B Magnus Avenue
 DOB: May 15, 1980 Male Female

4. PLACEMENT RESOURCE INFORMATION (complete if primary client is child in care)
 Type of Placement: (Please check)
 Reg. Rate Foster Family Spec. Rate Foster Family Residential Care
 Independent Living EAPD Place of Safety
 Other Please specify,
 Primary Caregiver: Phone:
 Address of Caregiver:

Respite for daughter phone age 3 yrs

5. FAMILY SUPPORT ACTIVITY (Please check one)
 Respite Parent Support/Education Supervised Visits One-to-One

For Community Based / Early Intervention Program Use Only		
<input type="checkbox"/> Group Facilitation	<input type="checkbox"/> Child Care for Groups	<input type="checkbox"/> Parent Respite Program

6. PRIMARY, CURRENT REASON FOR FAMILY SUPPORT INVOLVEMENT
 (Please check one - the most relevant)

- | | |
|---|--|
| <input type="checkbox"/> Medical issues of parent (1) | <input type="checkbox"/> Medical issues child/ren (2) |
| <input checked="" type="checkbox"/> Substance abuse by parent (3) | <input type="checkbox"/> Substance abuse by child/ren (4) |
| <input type="checkbox"/> Cognitive disability of parent (5) | <input type="checkbox"/> Physical disability of parent (6) |
| <input type="checkbox"/> Mental health issues of parent (7) | <input type="checkbox"/> Mental health issues of child/ren (8) |
| <input type="checkbox"/> Behavioral/Emotional issues of parent (9) | <input type="checkbox"/> Behavioral/Emotional issues of child/ren (10) |
| <input type="checkbox"/> Family Violence (14) | <input type="checkbox"/> Lack of proper supervision (16) |
| <input type="checkbox"/> Child neglect (17) | <input type="checkbox"/> Child physical abuse/risk of abuse (18) |
| <input type="checkbox"/> Child sexual abuse/risk of abuse (19) | <input type="checkbox"/> Parent teen conflict (21) |
| <input type="checkbox"/> Child at risk of coming into care (22) | <input type="checkbox"/> Child out of community/parental control (23) |
| <input type="checkbox"/> Child's placement is at risk of breakdown (24) | <input type="checkbox"/> Family Reunification (25) |
| <input type="checkbox"/> Involvement with the Community Program (26) | <input type="checkbox"/> Adolescent Parent (27) |

7. SERVICE ARRANGEMENTS:
 Requested Start Date: July 28, 2003 Expiry Date: October 28, 2003
 Direct Service Hours / Week: 4 hours./week
 If specific day/time is required, please specify: TBD

8. BILLING: Children's Special Services Other: Family Support Agreement

MILY SUPPORT SERVICES REQUEST / RENEWAL FORM

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9. FAMILY OF ORIGIN INFORMATION

	Adult Female	Adult Male
Name:	Samantha Kematch	Steven Sinclair
Address:	25-391 Balmoral	740B Magnus Ave.
Home Ph:	786-5000 ext. 2072	n/p
Work Ph:		
Marital Status:	single	single
Racial Origin:	Aboriginal	Aboriginal

10. CHILDREN / SIBLINGS:

Phoenix Sinclair	April 23/00 With Dad	<input type="checkbox"/>	<input checked="" 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"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

11. POTENTIAL FOR VIOLENCE: Yes No
If yes, please describe:

12. HEALTH INFORMATION:

Are you aware of any health risks: Yes No

Communicable diseases: Yes No

Diagnosed medical condition: Yes No

Special needs: Yes No

13. BACKGROUND INFORMATION: Please attach additional documents if available (ie. assessments or social histories).

Steven Sinclair is a single father who is caring for his daughter Phoenix and is struggling with the death of his daughter [redacted] who died on July 15, 2001. Since then he has turned to alcohol as a coping mechanism.

14. OBJECTIVES OF FAMILY SUPPORT INVOLVEMENT: If this is a renewal, please attach completed family support contract and skip to #16
Steven needs support in order to address his substance abuse, and learn new ways to deal with the grief he is struggling with.

15. ACTIVITY/CONCRETE TASKS AND RESPONSIBILITIES:

A. Support Worker:
Provide Respite and child care

B. Social Worker:
Monitor Steven's progress.

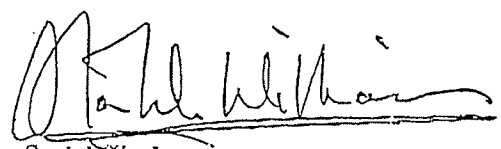
16. SIGNIFICANT OTHERS INVOLVED WITH FAMILY/CHILD AND THEIR ROLES AND RESPONSIBILITIES: (ie. Therapists, extended family and other professionals involved)

Jenny Sinclair
Steven's sister
[redacted]
[redacted]

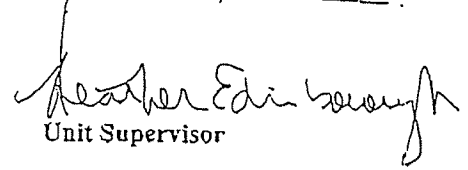
Angie "Danielle" Sinclair
Steven's sister
[REDACTED]

Sheila Sinclair
Steven's sister
[REDACTED]

AUTHORIZING SIGNATURES; (Please note referral will be RETURNED if unsigned)


Social Worker

July 10/03
Date


Unit Supervisor

July 14/03
Date