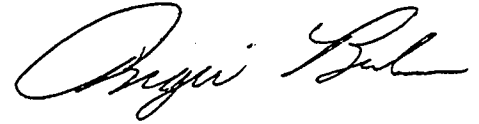


Kematch, Samantha

October 30, 2000 PCF Marie Boulanger [REDACTED] 5. Left message on voice mail – please call re: Samantha Kematch.

October 30, 2000 PCT Marie Boulanger [REDACTED]. Contract for family support expires October 30, 2000 – things stable at present. Advised Marie that new worker will not be assigned until approximately November 13, 2000 – supervisor to send renewal for 1 month for transition to new worker and monitoring in the interim, after consultation with new worker and update – contract may not be renewed after 1 month elapses.



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

Date: October 30, 2000

New Request  \*Renewal

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

**I. REFERRING SOCIAL WORKER:** Not yet re-assigned Service Unit: Jarvis - A. Balan  
Phone # of Worker: 944-4074 (A. Balan)

**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: 740B Magnus Avenue 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 type="checkbox"/>	<input checked="" 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 , Cree Nat CFS  
Other Family Support Providers:

**VII. SERVICE ARRANGEMENTS:**

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

**RESOURCE COORDINATOR: (Office Use Only)** G/L Code:   
Support Worker Assigned:  Classification:   
Date Assigned:  Review Date:

CONTINUED ON PAGE 2

VIII. 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 [X] If Yes, please describe below.

Samantha has been known to become verbally aggressive and uncooperative in the past.

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

XII. ROLE AND RESPONSIBILITY

A. Support Worker
to provide modelling and education regarding appropriate parenting
to continue to monitor family's stability/progress during transition to new family service worker
B. Social Worker
to connect with support worker (once worker assigned) for update on progress and further need for service
supervisor will be available in the interim for consultation/emergency needs

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

AUTHORIZING SIGNATURES

Social Worker
[Signature]
Unit Supervisor

Date
Oct 30/2000
Date