

# CHILD CARE INSTRUCTION SHEET

Date Printed: 7-Oct-03

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: 6-Oct-03  
dd/mm/yyyy

BIRTHPLACE: WINNIPEG RACE: ABORIGINAL FILE #: C007676B

BAND NAME: LAKE ST. MARTIN TREATY #: 275 PHIN: 117706650

ACTIVITIES	From	To	LEGAL STATUS	From	To	PLACEMENT	From	To
New Admission	<input type="checkbox"/>		Apprehension	<input type="checkbox"/>	<input type="checkbox"/>	Non-Care (Discharge)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Readmission	<input type="checkbox"/>		Temporary Ward	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Place of Safety	<input type="checkbox"/>	<input type="checkbox"/>
Transfer of Supervision	<input type="checkbox"/>		Perm. Ward: Court	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Placement	<input type="checkbox"/>	<input type="checkbox"/>
Discharge (Close)	<input checked="" type="checkbox"/>		Perm. Ward: V.S.G.	<input type="checkbox"/>	<input type="checkbox"/>	<b>FILE COPY</b>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Placement	<input type="checkbox"/>		Voluntary Placement Agreement	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Change of Guardianship	<input type="checkbox"/>		Petition Filed for Further Order	<input type="checkbox"/>	<input type="checkbox"/>	- Shelter- Agency	<input type="checkbox"/>	<input type="checkbox"/>
Change of Worker	<input type="checkbox"/>		Order of Supervision	<input type="checkbox"/>	<input type="checkbox"/>	- Shelter- Collateral	<input type="checkbox"/>	<input type="checkbox"/>
Change of Information / Amended	<input type="checkbox"/>		Non-Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Foster Home		
						- Agency	<input type="checkbox"/>	<input type="checkbox"/>
						- Ma Mawi	<input type="checkbox"/>	<input type="checkbox"/>
						- Collateral Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>

EFFECTIVE DATE: 3-Oct-03 COURT/ EXPIRY DATE: 03/10/03  
dd/mm/yyyy dd/mm/yyyy

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

Address: 1331 SELKIRK AVENUE Postal Code: \_\_\_\_\_

To Care  Non-Care  Name of Care Provider: STEVEN SINCLAIR

Address: 740B MAGNUS AVENUE Postal Code: R2W 2E4

Name (eg. MYS): KINSHIP PLACEMENT

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	Mans Health # <input checked="" type="checkbox"/>	S/A/H/S <input type="checkbox"/>
	Children's Special Allowance <input type="checkbox"/>	

Instructions: DISCHARGED FROM CARE

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**On All Admissions:**

Mother: SAMANTHA KEMATCH Maiden Name: \_\_\_\_\_ DOB: 9-Sep-81  
yyyy/mm/dd

Address: 740B MAGNUS AVENUE Postal Code: \_\_\_\_\_

Man.Hlth.# \_\_\_\_\_ PHIN# \_\_\_\_\_ Band Name: \_\_\_\_\_ Treaty #: \_\_\_\_\_

Father: STEVEN SINCLAIR DOB: 15-May-80 Address: 740B MAGNUS AVENUE P. Code: \_\_\_\_\_  
yyyy/mm/dd

Man.Hlth.# \_\_\_\_\_ PHIN# \_\_\_\_\_ Band Name: \_\_\_\_\_ Treaty #: \_\_\_\_\_

**REASON FOR ADMISSION, READMISSION**

a) Abandonment  h) Conduct/Child

b) Desertion  I) Transfer In   
(From MB Agency)

c) Conditions/Parent  j) Transfer In   
(Out-of-Province)

d) Conduct/Parent/Medical Refusal

e) Conduct/Parent/Other  k) Other \_\_\_\_\_

f) Voluntary Relinquishment

g) Conditions/Child

TRANSFER: From: (Agency) \_\_\_\_\_ To: (Agency) \_\_\_\_\_

CHANGE OF WORKER: From: \_\_\_\_\_ To: \_\_\_\_\_

**REASON FOR DISCHARGE**

a) Return to Parents  e) Transfer Out

b) Order of Adoption  (Out-of-Province)

c) Age of Majority  f) Other \_\_\_\_\_

d) Transfer Out (To MB agency)

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**  
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