

CHILD CARE INSTRUCTION SHEET

Date Printed: 06-Aug-03

CHILD'S NAME: SINCLAIR (last) PHOENIX (first) GENDER: F DOB: 23-Apr-00
 GUARDIAN AGENCY: WPG CFS SUPERVISING AGENCY: WPG CFS DATE: 06-Aug-03
 BIRTHPLACE: WINNIPEG RACE: ABORIGINAL FILE #: C007676B
 BAND NAME: LAKE ST. MARTIN TREATY #: 275 PHIN: 117706650

ACTIVITIES	LEGAL STATUS	From	To	PLACEMENT	From	To
New Admission <input type="checkbox"/>	Apprehension <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-Care (Discharge) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Readmission <input type="checkbox"/>	Temporary Ward <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Place of Safety <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer of Supervision <input type="checkbox"/>	Perm. Ward: Court <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Placement <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge (Close) <input type="checkbox"/>	Perm. Ward: V.S.G. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Hotel/Motel <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Placement <input type="checkbox"/>	Voluntary Placement Agreement <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Fost. Home <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Legal Status <input checked="" type="checkbox"/>	Transitional Planning <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Shelter - Residential <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"/>	<input type="checkbox"/>	- Shelter - Collateral <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Worker <input type="checkbox"/>	Order of Supervision <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foster Home <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Information / Amended <input type="checkbox"/>	Non-Care <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Agency <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				- Ma Mawi <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				- Collateral Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FILE COPY

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

From Care Non-Care Name of Care Provider _____
 Address _____ Postal Code _____
 To Care Non-Care Name of Care Provider _____
 Address _____ Postal Code _____

Name (eg. MYS): _____
 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 Man. Health S.A.H.S.
 Children's Special Allowance

Instructions: CHANGE OF LEGAL STATUS - T.O. EFFECTIVE AUG 13/03 TO OCT. 13/03.

On All Admissions:
 Mother: SAMANTHA KEMATCH Maiden Name: _____ DOB: 9-Sep-81
 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 _____
 Man.Hlth.# _____ PHIN# _____ Band Name: _____ Treaty #: _____

REASON FOR ADMISSION, READMISSION
 a) Abandonment h) Conduct/Child
 b) Desertion i) Transfer In
 c) Conditions/Parent (From MB Agency)
 d) Conduct/Parent/Medical Refusal j) Transfer In
 e) Conduct/Parent/Other (Out-of-Province)
 Voluntary Relinquishment k) Other _____
 Conditions/Child TRANSFER: From: (Agency) _____ To: (Agency) _____

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)

CHANGE OF WORKER: From: _____ To: _____
 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 **37624**

CHILD CARE INSTRUCTION SHEET

Date Printed: 1-Aug-03

CHILD'S NAME: SINCLAIR (last) PHOENIX (first) GENDER: F DOB: 23-Apr-00
MF dd/mm/yyyy

GUARDIAN AGENCY: WPG CFS SUPERVISING AGENCY: WPG CFS DATE: 31-Jul-03
dd/mm/yyyy

BIRTHPLACE: WINNIPEG RACE: ABORIGINAL FILE #: C007676B

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

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

EFFECTIVE DATE: 31-Jul-03 COURT/ EXPIRY DATE: _____
dd/mm/yyyy dd/mm/yyyy

From Care Name of Care Provider: _____
 Non-Care

Address: _____ Postal Code: _____

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

Address: 1331 SELKIRK AVENUE Postal Code: R2X 0C9

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

Instructions: CHANGE OF PLACEMENT

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

c) Conditions/Parent (From MB Agency)

d) Conduct/Parent/Medical Refusal j) Transfer In

e) Conduct/Parent/Other (Out-of-Province)

f) Voluntary Relinquishment k) Other

g) Conditions/Child TRANSFER: From: (Agency) _____ To: (Agency) _____

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)

TASK #
D-0105

UNIT: 290 JARVIS WORKER'S NAME: STAN WILLIAMS

SIGNATURE: STAN WILLIAMS SUPERVISOR'S SIGNATURE: HEATHER EDINBOROUGH

DATE FORMAT: yyvv/mm/dd eg. 2001/01/18 PLEASE PRINT ALL INFORMATION