

CHILD CARE INSTRUCTION SHEET

Date Printed: 3-Jul-03

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

GUARDIAN AGENCY: WPG CFS SUPERVISING AGENCY: WPG CFS DATE: 3-Jul-03
dd/mm/yyyy

BIRTHPLACE: WINNIPEG RACE: ABORIGINAL FILE #: C007676B

BAND NAME: _____ TREATY #: _____ PHIN: _____

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 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"/>	FILE COPY	<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"/>	- Shelter - Collateral	<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"/>	Foster Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Worker	<input checked="" type="checkbox"/>	Order of Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Agency	<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"/>	- Ma Mawi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						- Collateral Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EFFECTIVE DATE: 3-Jul-03 COURT/ EXPIRY DATE: _____
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 _____

Placement Options:
 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:
 Man. Hlth # S.A.I.S. Children's Special Allowance

Instructions: CHANGE OF WORKER

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)
 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: LAURA FORREST To: STAN WILLIAMS

UNIT: 290 JARVIS WORKER'S NAME: STAN WILLIAMS

SIGNATURE: STAN WILLIAMS SUPERVISOR'S SIGNATURE: HEATHER EDINBOROUGH
Edinborough

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

CHILD CARE INSTRUCTION SHEET

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

GUARDIAN AGENCY: WINNIPEG CFS SUPERVISING AGENCY: _____ DATE: 27-Jun-03
dd/mm/yyyy

BIRTHPLACE: WINNIPEG, MB RACE: ABORIGINAL FILE #: C007676B

BAND NAME: LAKE ST. MARTIN TREATY #: 133 PHIN: 117570650

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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Change of Placement <input checked="" type="checkbox"/>	Voluntary Placement Agreement <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- ERFH / IPP <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"/>	- Shelter- Agency <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 checked="" 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: 27-Jun-03 COURT/ EXPIRY DATE: _____
dd/mm/yyyy dd/mm/yyyy

From Care Non-Care Name of Care Provider: STAFF

Address: PLR - RM # 617 Postal Code: _____

To Care Non-Care Name of Care Provider: _____

Address: _____ Postal Code: _____

Placement Options:
 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.M.S.
 Children's Special Allowance:

Instructions: _____

On All Admissions: Mother: SAMANTHA KEMATCH Maiden Name: _____ DOB: 9-Sep-81
dd/mm/yyyy

Address: 25-391 BALMORAL Postal Code: _____
 Man.Hlth.# _____ PHIN# _____ Band Name: PINE CREEK Treaty #: 2820176001

Father: STEVEN SINCLAIR DOB: 15-May-80 Address: 740 - B MAGNUS, WPG, MB P. Code: R2W 2E4
dd/mm/yyyy

Man.Hlth.# _____ PHIN# _____ Band Name: LAKE ST. MARTIN Treaty #: 2750133601

REASON FOR ADMISSION, READMISSION		REASON FOR DISCHARGE	
a) Abandonment <input type="checkbox"/>	b) Conduct/Child <input type="checkbox"/>	a) Return to Parents <input type="checkbox"/>	c) Transfer Out <input type="checkbox"/>
b) Desertion <input type="checkbox"/>	l) Transfer In <input type="checkbox"/>	b) Order of Adoption <input type="checkbox"/>	(Out-of-Province) <input type="checkbox"/>
c) Conditions/Parent <input type="checkbox"/>	(From MB Agency) <input type="checkbox"/>	c) Age of Majority <input type="checkbox"/>	f) Other <input type="checkbox"/>
d) Conduct/Parent/Medical Refusal <input type="checkbox"/>	j) Transfer In <input type="checkbox"/>	d) Transfer Out <input type="checkbox"/>	(To MB agency) <input type="checkbox"/>
e) Conduct/Parent/Other <input type="checkbox"/>	(Out-of-Province) <input type="checkbox"/>		
f) Voluntary Relinquishment <input type="checkbox"/>	k) Other _____		
g) Conditions/Child <input type="checkbox"/>	TRANSFER: From:(Agency) _____ To: (Agency) _____		

CHANGE OF WORKER: From: _____ To: _____
 UNIT: NW Intake WORKER'S NAME: LAURA FORREST

SIGNATURE: _____ SUPERVISOR'S SIGNATURE: _____

DATE FORMAT: dd/mm/vv eg. 20/Mar/02 PLEASE PRINT ALL INFORMATION

TASK #
D-0105