

CHILD'S NAME: Sindair Phoenix GENDER: F DOB: Apr 23/00
 (last) (first) M/F dd/mm/yyyy
 GUARDIAN AGENCY: Wps CFS SUPERVISING AGENCY: _____ DATE: June 22/03
 (last) (first) M/F dd/mm/yyyy
 PLACE: _____ RACE: _____ FILE #: 0012010B
 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 checked="" type="checkbox"/>	Non-Care (Discharge) <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Readmission <input checked="" 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 checked="" type="checkbox"/>
Change of Placement <input 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	- Agency <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				- Ma Maw <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				- Collateral Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EFFECTIVE DATE: June 22/03 COURT/ EXPIRY DATE: _____
 dd/mm/yyyy dd/mm/yyyy
 From: Non-Care Name of Care Provider: Steve Sindair Postal Code: _____
 Address: B-740 Magnus
 To: Non-Care Name of Care Provider: Complete Care Postal Code: _____
 Address: PLR 914

Name (eg. MYS): _____

Independent Living or Room & Board		
- Agency	<input type="checkbox"/>	<input type="checkbox"/>
- Collateral	<input type="checkbox"/>	<input type="checkbox"/>
Out of Province	<input type="checkbox"/>	<input type="checkbox"/>
Residential Care Group Home	<input type="checkbox"/>	<input type="checkbox"/>
Select Adoption Probation	<input type="checkbox"/>	<input type="checkbox"/>
Correctional Facility	<input type="checkbox"/>	<input type="checkbox"/>
Health/Mental Health/Hospital	<input type="checkbox"/>	<input type="checkbox"/>
Non-pay (Own Home / Relative)	<input type="checkbox"/>	<input type="checkbox"/>
Placement Unknown / AWOL	<input type="checkbox"/>	<input type="checkbox"/>
Enrol / Cancel:	Man. Health # <input type="checkbox"/>	S.A.H.S. <input type="checkbox"/>
	Children's Special Allowance <input type="checkbox"/>	

Instructions: _____

On All Admissions: Mother: Jamatha Kematch Maiden Name: _____ DOB: _____
 Address: unknown Postal Code: _____
 Father: Steve Sindair Man. Hlth # _____ PHIN# _____ Band Name: _____ Treaty #: _____
 Address: B 740 Magnus P. Code _____

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

CHANGE OF WORKER: From: _____ To: _____
 UNIT: AHU WORKER'S NAME: Kim Hansen
 SIGNATURE: _____ SUPERVISOR'S SIGNATURE: _____
 DATE FORMAT: dd/mm/yy eg. 20/Mar/02

PLEASE PRINT ALL INFORMATION