

FOSTER CHILDREN APPLICATION  
(Must be completed by the Child and Family Services Social Worker)

PROVINCIAL SERVICES  
100 - 114 Garry Street, Winnipeg MB R3C 4V4  
Ph: 204-945-2197  
Intake Information Line: 204- 945-8195  
Toll Free: 1-877-587-6224 / Fax: 204-948-2143  
E-mail: cdcsubsidy@gov.mb.ca

AGENCY INFORMATION

Name of Child & Family Services Agency: \_\_\_\_\_

Address \_\_\_\_\_

Street Name and NumberCity or TownPostal Code

Name of Social Worker \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Fax \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
LAST NAME				
FIRST NAME				
MIDDLE NAME				
PREVIOUS FIRST NAME (Complete if change of name)				
ALSO KNOWN AS FIRST NAME (complete if known by different name ex. nickname)				
BIRTHDATE	YearMonthDay	YearMonthDay	YearMonthDay	YearMonthDay
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Does the child live north of the 53 <sup>rd</sup> parallel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please ✓ the days of the week child care is regularly required.	<input type="checkbox"/> Sun <input type="checkbox"/> Tue <input type="checkbox"/> Thur <input type="checkbox"/> Sat <input type="checkbox"/> Mon <input type="checkbox"/> Wed <input type="checkbox"/> Fri	<input type="checkbox"/> Sun <input type="checkbox"/> Tue <input type="checkbox"/> Thur <input type="checkbox"/> Sat <input type="checkbox"/> Mon <input type="checkbox"/> Wed <input type="checkbox"/> Fri	<input type="checkbox"/> Sun <input type="checkbox"/> Tue <input type="checkbox"/> Thur <input type="checkbox"/> Sat <input type="checkbox"/> Mon <input type="checkbox"/> Wed <input type="checkbox"/> Fri	<input type="checkbox"/> Sun <input type="checkbox"/> Tue <input type="checkbox"/> Thur <input type="checkbox"/> Sat <input type="checkbox"/> Mon <input type="checkbox"/> Wed <input type="checkbox"/> Fri
Please complete this box if this child is 12 weeks - 6 years of age. Hours of care needed daily.	<input type="checkbox"/> 0 - 4 Hrs. <input type="checkbox"/> 4 - 10 Hrs. <input type="checkbox"/> 10 + Hrs.	<input type="checkbox"/> 0 - 4 Hrs. <input type="checkbox"/> 4 - 10 Hrs. <input type="checkbox"/> 10 + Hrs.	<input type="checkbox"/> 0 - 4 Hrs. <input type="checkbox"/> 4 - 10 Hrs. <input type="checkbox"/> 10 + Hrs.	<input type="checkbox"/> 0 - 4 Hrs. <input type="checkbox"/> 4 - 10 Hrs. <input type="checkbox"/> 10 + Hrs.
Please complete this box if this child is in Grade 1 - 6. Type of care needed on school days.	<input type="checkbox"/> Before School <input type="checkbox"/> Lunch <input type="checkbox"/> After School	<input type="checkbox"/> Before School <input type="checkbox"/> Lunch <input type="checkbox"/> After School	<input type="checkbox"/> Before School <input type="checkbox"/> Lunch <input type="checkbox"/> After School	<input type="checkbox"/> Before School <input type="checkbox"/> Lunch <input type="checkbox"/> After School
Please complete this box if this child is in Grade 1 – 6 Hours of care needed on holidays and in-service days.	<input type="checkbox"/> 0 - 4 Hrs. <input type="checkbox"/> 4 - 10 Hrs. <input type="checkbox"/> 10 + Hrs.	<input type="checkbox"/> 0 - 4 Hrs. <input type="checkbox"/> 4 - 10 Hrs. <input type="checkbox"/> 10 + Hrs.	<input type="checkbox"/> 0 - 4 Hrs. <input type="checkbox"/> 4 - 10 Hrs. <input type="checkbox"/> 10 + Hrs.	<input type="checkbox"/> 0 - 4 Hrs. <input type="checkbox"/> 4 - 10 Hrs. <input type="checkbox"/> 10 + Hrs.
Is care required for evenings or weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is care required for the summer holidays?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name and address of licensed child care facility, if known.  Start date, if known	NAME _____ ADDRESS _____  YearMonthDay	NAME _____ ADDRESS _____  YearMonthDay	NAME _____ ADDRESS _____  YearMonthDay	NAME _____ ADDRESS _____  YearMonthDay
ABORIGINAL ANCESTRY OR VISIBLE MINORITY OF THIS CHILD (Reporting is voluntary)  Please ✓	<input type="checkbox"/> None <input type="checkbox"/> Status on Reserve <input type="checkbox"/> Status off Reserve <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Visible Minority (Black, Asian, Oriental, East Indian, Etc.)	<input type="checkbox"/> None <input type="checkbox"/> Status on Reserve <input type="checkbox"/> Status off Reserve <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Visible Minority (Black, Asian, Oriental, East Indian, Etc.)	<input type="checkbox"/> None <input type="checkbox"/> Status on Reserve <input type="checkbox"/> Status off Reserve <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Visible Minority (Black, Asian, Oriental, East Indian, Etc.)	<input type="checkbox"/> None <input type="checkbox"/> Status on Reserve <input type="checkbox"/> Status off Reserve <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Visible Minority (Black, Asian, Oriental, East Indian, Etc.)
If the child has a disability, please complete.	DISABILITY _____  NAME OF PROFESSIONAL _____  ADDRESS AND PHONE _____	DISABILITY _____  NAME OF PROFESSIONAL _____  ADDRESS AND PHONE _____	DISABILITY _____  NAME OF PROFESSIONAL _____  ADDRESS AND PHONE _____	DISABILITY _____  NAME OF PROFESSIONAL _____  ADDRESS AND PHONE _____