

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 Number City or Town Postal 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 <small>(Complete if change of name)</small>																
ALSO KNOWN AS FIRST NAME <small>(complete if known by different name ex. nickname)</small>																
BIRTHDATE	<small>Year</small>	<small>Month</small>	<small>Day</small>	<small>Year</small>	<small>Month</small>	<small>Day</small>	<small>Year</small>	<small>Month</small>	<small>Day</small>	<small>Year</small>	<small>Month</small>	<small>Day</small>				
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							
Does the child live north of the 53rd 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							
Please ✓ the days of the week child care is regularly required.	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat			<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat
Please complete this box if this child is 12 weeks - 6 years of age. <small>Hours of care needed daily.</small>	<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. <small>Type of care needed on school days.</small>	<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 <small>Hours of care needed on holidays and in-service days.</small>	<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							
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							
Name and address of licensed child care facility, if known. <small>Start date, if known</small>	NAME _____		ADDRESS _____		Year _____ Month _____ Day _____				NAME _____		ADDRESS _____		Year _____ Month _____ Day _____			
ABORIGINAL ANCESTRY OR VISIBLE MINORITY OF THIS CHILD <small>(Reporting is voluntary)</small> 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 <small>(Black, Asian, Oriental, East Indian, Etc.)</small>					
If the child has a disability, please complete.	DISABILITY _____		NAME OF PROFESSIONAL _____		ADDRESS AND PHONE _____				DISABILITY _____		NAME OF PROFESSIONAL _____		ADDRESS AND PHONE _____			