



# FIRST NATIONS CHILD AND FAMILY SERVICES NOTICE OF DISCHARGE

### Privacy Act Statement

This statement outlines the purposes for the collection and use of personal information. Only information needed to respond to program requirements will be requested. Collection, use, and disclosure of personal information are in accordance with the [Privacy Act](#). In some cases, information may be disclosed without your consent pursuant to subsection 8(2) of the *Privacy Act*. The authority to collect and use personal information for the First Nations Child and Family Services Sub-Program within Social Development is derived from [OIC 2017-1464](#), as well as from annual *Appropriation Acts* granting authority to the Government to spend funds on programs. We will use personal information for administrating, assessing and determining eligibility for the program to which you are applying and for reporting aggregated program results. We may share the personal information you provide us with as outlined under [AANDC PPU 210](#), detailed at [Info Source](#) (<http://www.aadnc-aandc.gc.ca/eng/1100100011039/1100100011040>). The information collected will be retained for a period of five years, then transferred to Library and Archives Canada. As stated in the *Privacy Act*, you have the right to access the personal information you give us and request changes to incorrect information. Contact your [Regional Office](#) (<http://www.aadnc-aandc.gc.ca/eng/1100100016936/1100100016940>) to notify us about incorrect information or contact the Public Enquiries Contact Centre by phone at 1-800-567-9604 for general enquiries. For more information on privacy issues and the *Privacy Act* in general, you may consult the Privacy Commissioner at 1-800-282-1376.

### 1. Child Information

Given Name(s)	Family Name (Legal/Aliases)	Gender	Date of Birth (YYYYMMDD)	IRS Number	Band Name	Band Number

### 2. Admission

The above-named child was admitted to care on (YYYYMMDD):

**3. Discharge or Transfer**       Discharge       Transfer

**Discharge:** Complete only if the child was in your care and has now been discharged from being in care (not being transferred to the Province of BC or another FNCFS Agency).

The above-named child was discharged on (YYYYMMDD): \_\_\_\_\_ and our Agency is requesting stop payment on that date.

**Transfer:** Complete only if the child is being transferred to the Province of BC or another FNCFS Agency.

The above-named child's case was transferred to (the Province of BC or name of FNCFS Agency):

\_\_\_\_\_ on the following date (YYYYMMDD): \_\_\_\_\_ and our Agency is requesting stop payment on that date.

### 4. Contact (for questions concerning this information, contact the following:)

#### FNCFS Contact

Given Name	Family Name	Telephone Number

#### Child Welfare Director

Given Name	Family Name

#### FNCFS Agency

Agency Name	Agency Number	Date (YYYYMMDD)