

FIRST NATIONS CHILD AND FAMILY SERVICES

NOTICE OF ADMISSION

PAW Number/Fiscal Year:

493710.BC (2019-2020)

Purpose:

This information is required to determine financial responsibility for the child placement.

Reporting Period:

Monthly

Field Definitions:

Field	Definition
1. Child, Mother, Father Information	
Child Information	
Gender Family Name Given Name(s) Date of Birth (YYYYMMDD) IRS Number Band Name	The child's gender, family name, given name(s), date of birth, Indian Registration number and band name. Dates are in the format of 'Year Month Day'. A valid Indian Registration System number is comprised of 10 digits and in the format #####.
Natural Mother Information	
Family Name Given Name(s) Date of Birth (YYYYMMDD) IRS Number Band Name	The natural mother's family name, given name(s), date of birth, Indian Registration number and band name. Dates are in the format of 'Year Month Day'. A valid Indian Registration System number is comprised of 10 digits and in the format #####.
Natural Father Information	
Family Name Given Name(s) Date of Birth (YYYYMMDD) IRS Number Band Name	The natural father's family name, given name(s), date of birth, Indian Registration number and band name. Dates are in the format of 'Year Month Day'. A valid Indian Registration System number is comprised of 10 digits and in the format #####.
2. Custodial Parent	
Given Name Family Name	The name of the person with whom the child was ordinarily resident on reserve at the time of admission into care.

Field	Definition
What was that person's relationship to the child?	Relationship of the person with whom the child resided: the mother of the child if she has custody the father of the child if he has custody a person with whom a child resides and who stands in place of the child's mother or father a person to whom custody of the child has been granted by a court of competent jurisdiction or by an agreement

3. Residency

Address/Residence of Parent(s)

Address (Number/Street/Apartment/P.O. Box) City Province or Territory Postal Code	The address of the custodial parent/person with whom the child is ordinarily resident at the time of admission into care. A valid postal code is in upper case in the format A#A-#A#.
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Is this an on-reserve address? Yes

Band Name Band Number Reserve Number	If the address is on reserve, the reserve number (maximum of 5 digits and in the format #####), band name and band number (maximum of 5 digits in the format #####).
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Is this an on-reserve address? No

Reason for parent's absence from reserve Date moved from reserve Length of time	If the address is not on reserve, the reason for the parent's absence from reserve, the date moved from reserve (in the format of 'Year Month Day') and the length of time the parent will be absent. obtaining health services attending substance abuse treatment center, shelter, community care home serving a criminal sentence imposed by a court attending an educational or training program full time
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4. Admission or Transfer

Admission	Complete the Admission box if this is a new admission. Date of admission (in the format of 'Year Month Day') Check the category Voluntary Care Agreement or Special Care Agreement (VCA/SCA) Continuing Care Order Temporary Care Order Out of Care Options
Transfer	Complete the Transfer box if the child is being transferred from the Ministry of Children and Family Development or from another First Nations Child and Family Services (FNCFS) Agency. Date of transfer (in the format of 'Year Month Day') Province of British Columbia or name of First Nations Child and Family Services Agency

Field	Definition
5. Payment Date	
We are requesting payment as of:	The day as of which you are requesting payment, in the format of Year-Month-Day.
6. Contact	
FNCFS Contact	
Given Name Family Name Telephone Number	The given name, family name and telephone number of the First Nations Child and Family Services contact. A valid telephone number includes the 3 digit area code in the format ###-###-####.
Child Welfare Director	
Given Name Family Name	The given name and family name of the Child Welfare Director
FNCFS Agency	
Name Number Date (YYYYMMDD)	The FNCFS agency name, for any questions about the information and the date that the information was acknowledged, in the format of 'Year Month Day'.