



## FIRST NATIONS CHILD AND FAMILY SERVICES NOTICE OF ADMISSION

**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, Mother, Father Information**

	Gender	Family Name	Given Name(s)	Date of Birth (YYYYMMDD)	IRS Number	Band Name
Child						
Natural Mother						
Natural Father						

**2. Custodial Parent** (With whom was the child **ordinarily resident on reserve**\* at the time of admission into care?)

Given Name	Family Name
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\***Ordinarily resident on reserve** refers to children whose custodial parent/guardian, although they may be absent for a period of time for purposes related to education, health and other services that are unavailable in the community where the child lives, maintain their primary residence on reserve.

What was that person's relationship to the child? (Choose one)

- Mother of the child, if she has custody
- Father of the child, if he has custody
- Person with whom a child resides and who stands in place of the child's mother or father
- 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) (as defined in Section 2 above) with whom the child is ordinarily resident at the time of admission to care

Address (Number/Street/Apartment/P.O. Box)

City	Province/Territory	Postal Code
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Is this an on-reserve address?     Yes     No

If "Yes", indicate Band name and number, Reserve number:

Band Name	Band Number	Reserve Number
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If "No", check the reason for the parent's absence from reserve and identify the length of time:

Obtaining health services

Date moved from reserve (YYYYMMDD):

Attending substance abuse treatment centre, shelter, community care home

Program/Institution that parent is in:

Serving a criminal sentence imposed by a court

Attending an educational or training program full time

Length of time:

**4. Admission or Transfer**

Admission

Transfer

**Admission:** Complete only if this is a new admission (the child is not being transferred from MCFD or another FNCFS Agency).

On the following date (YYYYMMDD):

the above-named child was admitted to care of the Director under the *Child, Family and Community Services Act* by:  
(check the category)

Voluntary Care Agreement or Special Care Agreement (VCA/SCA)

Continuing Care Order

Temporary Care Order

Out of Care Options

**Transfer:** Complete only if the child is being transferred from MCFD or from another FNCFS Agency.

On the following date (YYYYMMDD):

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

**5. Payment Date**

We are requesting payment as of (YYYYMMDD):

**6. Contact** (for questions concerning this information, contact the following:)

**FNCFS Contact**

Given Name	Family Name	Telephone Number
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**Child Welfare Director**

Given Name	Family Name
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**FNCFS Agency**

Agency Name	Agency Number	Date (YYYYMMDD)
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