

ELIGIBILITY REVIEW FOR INCOME ASSISTANCE FOR CHILD IN THE HOME OF A RELATIVE

The personal information requested on this form is collected under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act (FIPPA) and will be used for the purpose of administering the child in the home of a relative income assistance program. The collection, use and disclosure of personal information is subject to the provisions of the FIPPA. Any questions should be directed to the Employment and Assistance Worker completing the eligibility review for income assistance for the child in the home of a relative.

In addition to completing this form, every person listed in Section 3 must complete a Child in the Home of a Relative Screening Consent form, which is required when requested as part of an eligibility review.

1. CHILD

SURNAME	GIVEN NAME	BIRTHDATE (YYYY MMM DD)
CITIZENSHIP/IMMIGRATION STATUS		
<input type="checkbox"/> CANADIAN	<input type="checkbox"/> LANDED IMMIGRANT	<input type="checkbox"/> SPONSORED
		<input type="checkbox"/> OTHER

2. RELATIVE CARING FOR CHILD

SURNAME	GIVEN NAME	SOCIAL INSURANCE NUMBER
ADDRESS		
MAILING ADDRESS (if different)		TELEPHONE
RELATIONSHIP TO THE CHILD		
DO YOU HAVE LEGAL CUSTODY OR GUARDIANSHIP?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		

3. PERSONS LIVING IN RELATIVE'S HOME

List all persons age 18 years or older who live in your home:

i) NAME	AKA'S, ALIASES	BIRTHDATE (YYYY MMM DD)
ii)		
iii)		
iv)		
v)		
vi)		
vii)		

4. RELATIVE'S CONFIRMATION OF CHILD'S PLACEMENT

I agree to accept this child into my home and undertake to inform the Ministry of Social Development and Poverty Reduction if leaves my home or of any changes concerning the information I have provided.

CHILD NAME

5. PARENT(S)

SURNAME	GIVEN NAME	BIRTHDATE (YYYY MMM DD)	TELEPHONE
Text			
AMOUNT OF CONTRIBUTION TO THE CHILD		DO YOU HAVE LEGAL CUSTODY OR GUARDIANSHIP?	
		<input type="checkbox"/> BOTH <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER	

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5. PARENT(S) cont'd

SURNAME	GIVEN NAME	BIRTHDATE (YYYY MMM DD)	TELEPHONE
AMOUNT OF CONTRIBUTION TO THE CHILD		DO YOU HAVE LEGAL CUSTODY OR GUARDIANSHIP?	
		<input type="checkbox"/> BOTH <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER	

6. PARENT'S CONFIRMATION OF CHILD'S PLACEMENT

FATHER'S/MOTHER'S NAME		CHILD'S NAME
THIS IS TO CONFIRM THAT I,	HAVE PLACED MY CHILD	RELATIVE'S NAME
CHILD'S BIRTHDATE	RELATIONSHIP	
BORN	IN THE HOME OF MY	
	ADDRESS	
AT		
I FURTHER CONFIRM THAT I AM NOT LIVING WITH THE CHILD AT THE ABOVE ADDRESS.		
PARENT'S SIGNATURE	PARENT'S NAME (please print)	DATE (YYYY MMM DD)
PARENT'S ADDRESS		
PARENT'S SIGNATURE (if applicable)	PARENT'S NAME (please print)	DATE (YYYY MMM DD)
PARENT'S ADDRESS		

7. RESEARCH QUESTION (VOLUNTARY)

WHY WAS THIS CHILD PLACED WITH YOU?