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Request for approval by director, *Child, Family & Community Service Act* under section 18(2) of the *Community Care and Assisted Living Act* of British Columbia by Community Care Facility.

Note: Director's approval will not be given unless all required documentation and signed consents are received by the Director. Service cannot commence until the Facility has received notification of approval by the Director.

Facility Information

NAME OF FACILITY			
PHYSICAL ADDRESS (including unit number)		CITY/TOWN	POSTAL CODE
MAILING ADDRESS (if different than physical address)		CITY/TOWN	POSTAL CODE
CONTACT PERSON'S NAME (First and Last)	POSITION	PHONE	EMAIL

Dates of Placement

What are the proposed placement and departure dates for the child or youth in this facility?

PLACEMENT DATE (YYYY-MM-DD)	DEPARTURE DATE (YYYY-MM-DD)
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Parent/Guardian Information

For all children who are unable to give their own consent, a parent/guardian must consent on their child's behalf to their placement for educational services. This form must be accompanied by the "Parent Guardian Consent for their child to attend a Community Care Facility for Educational Services within British Columbia" form (CF1905) which must be signed by the parent/guardian and witnessed by a notary public/lawyer.

PARENT/GUARDIAN'S FULL LEGAL NAME (First, Middle and Last)		PARENT/GUARDIAN'S FULL LEGAL NAME (First, Middle and Last)	
PHYSICAL HOME ADDRESS (including unit number)		CITY/TOWN	
PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE	
MAILING ADDRESS (if different than physical address)		CITY/TOWN	
PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE	
EMAIL	PRIMARY PHONE	CELL PHONE	

Emergency Contact

In the event of a medical emergency, where the parent/guardian cannot be located immediately, the Facility should contact the following person.

EMERGENCY CONTACT'S NAME (First and Last)	PRIMARY PHONE	CELL PHONE
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Child or Youth's Information

For all children/youth who are able to give their own consent, this form must be accompanied by the "Youth Consent to Education Services at a Community Care Facility within British Columbia" form (CF1904) which must be signed by the youth and witnessed by a notary public/lawyer.

FULL LEGAL NAME (First, Middle and Last)		DATE OF BIRTH (YYYY-MM-DD)
PHYSICAL HOME ADDRESS (if different than Parent/Guardian's address)	CITY/TOWN	
PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE

Temporary Guardian Information

Please attach a completed copy of Form 5646, Custodianship Declaration for Minors Studying in Canada, page 1 and 2. You will need to submit the form in both the parent/guardian's original language and the English translation.

The form can be found at:

<http://www.cic.gc.ca/english/pdf/pub/custodian-parent.pdf>

Notice To Licensee

- For all children/youth able to consent, this form must be accompanied by the "Youth Consent to Education Services at a Community Care Facility within British Columbia" form (CF1904) which must be signed and witnessed by a notary public/lawyer.
- For all children unable to consent this form must be accompanied by the "Parent Guardian Consent for their child to attend a Community Care Facility for Educational Services within British Columbia" form (CF1905) which must be signed and witnessed by a notary public/lawyer.
- You are required to notify the director, CFCSA immediately if a child/youth indicates they have withdrawn consent or there is a change to any of the above information.

The signature below should be from the same person identified as the Contact Person in the Facility Information Section.

FACILITY CONTACT PERSON'S NAME (First and Last)	SIGNATURE	DATE SIGNED (YYYY-MM-DD)
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Submission Instructions

Director's Approval will not be given on incomplete requests. Please ensure the following required documents are included in the Request Package:

- ☐ Applicable consent forms and certified English translations, which must be signed, dated and witnessed by a notary public/lawyer.
- ☐ Completed copy of the original and certified English translations of page 1 and 2 of Form 5646, Custodianship Declaration for Minors Studying in Canada
- ☐ This Request form (CF1903), with all applicable fields completed.

Send the complete Request Package to:

Mailing Address
Provincial Director of Child Welfare
PO BOX 9767
STN PROV GOVT
Victoria BC, V8W 9S5