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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 providing health care as defined in the Infants Act.

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

Form with fields: NAME OF FACILITY, PHYSICAL ADDRESS (including unit number), CITY/TOWN, POSTAL CODE, MAILING ADDRESS (if different than physical address), 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?

Form with fields: PLACEMENT DATE (YYYY-MMM-DD), DEPARTURE DATE (YYYY-MMM-DD)

Parent/Guardian Information

For all children who are unable to give their own consent, a parent/guardian must consent to treatment on their child's behalf. This form must be accompanied by the "Parent Guardian Consent for their child to attend a Community Care Facility within British Columbia" form (CF1902) which must be signed by the parent/guardian and witnessed by a notary public/lawyer.

Form with fields: 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), 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.

Form with fields: EMERGENCY CONTACT'S NAME (First and Last), PRIMARY PHONE, CELL PHONE

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 Attend a Community Care Facility within British Columbia" form (CF1901) 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-MMM-DD)
PHYSICAL HOME ADDRESS (if different than Parent/Guardian's address)	CITY/TOWN	
PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE

Temporary Guardian Information

Have the parents/guardians appointed a temporary guardian for the child/youth while the child/youth is in BC? Yes No

If "Yes", attach a notarized document with an English translation if necessary and complete the following information.

FULL NAME (First and Last)			
PHYSICAL ADDRESS (including unit number)			CITY/TOWN
POSTAL CODE	PHONE	CELL PHONE	EMAIL

BC Licensed Health Care Provider

A health care provider as defined in s.17 of the *Infants Act*, includes a person licensed, certified or registered in BC to provide health care (also defined in s.17 of that Act).

For more information see: http://www.bclaws.ca/civix/document/id/complete/statreg/96223_01#section17

Notice To Licensee

- For all children/youth able to consent, this form must be accompanied by the "Youth Consent to Attend a Community Care Facility within British Columbia" form (CF1901) 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 within British Columbia" form (CF1902) 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.
- Consent to health care by a minor in BC is governed by section 17 of the *Infants Act* and requires that the child understands the risks and benefits of the health care and that the health care provider has determined that the health care is in the child's best interests.

Confirmation by a health care provider that the child consents to be placed in and receive health care at this facility.

DATE OF INTERVIEW WITH CHILD OR YOUTH (YYYY-MMM-DD)		
HEALTH CARE PROVIDER'S NAME (First and Last)	SIGNATURE	DATE SIGNED (YYYY-MMM-DD)

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-MMM-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 original consent forms, which must be signed, dated and witnessed by a notary public/lawyer.
- If necessary, documentation witnessed by a notary public for the Appointment of a Temporary Guardian.
- If necessary, certified English translations of the consent and the documentation for the Appointment of a Temporary Guardian.
- This Request form (CF1900), with all applicable fields completed and signed by a Health Care Provider.

Send the complete Request Package to:

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