

PROVINCE OF BRITISH COLUMBIA
REGULATION/ORDER OF THE MINISTER OF
EMPLOYMENT AND INCOME ASSISTANCE
Employment and Assistance Act

Ministerial Order No.

M 310

I, Claude Richmond, Minister of Employment and Income Assistance, order that, effective December 1, 2007, the Forms Regulation, B.C. Reg. 315/2005, is amended by repealing the Application for Income Assistance for Child in the Home of a Relative and substituting the Application for Income Assistance for Child in the Home of a Relative attached to this order.

Nov 21/07
Date

C. Richmond
Minister of Employment and Income Assistance

(This part is for administrative purposes only and is not part of the Order.)

Authority under which Order is made:

Act and section:- Employment and Assistance Act, S.B.C. 2002, c. 40, section 33 (3) (a)

Other (specify):- M224/2005

November 15, 2007

Resub R/321/2007/4



APPLICATION 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 receiving the application 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 as part of this application.

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	DATE OF BIRTH (YYYY MMM DD)
ii)		
iii)		
iv)		
v)		
vi)		
vii)		
viii)		

4. RELATIVE'S CONFIRMATION OF CHILD'S PLACEMENT

I agree to accept this child into my home and undertake to inform the Ministry of Employment and Income Assistance if _____ leaves my home or of any changes concerning the information I have provided.

CHILD'S NAME _____

SIGNATURE OF RELATIVE	NAME AND SIGNATURE OF WITNESS	DATE SIGNED (YYYY MMM DD)
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5. PARENT(S)

SURNAME		GIVEN NAME		BIRTHDATE (YYYY MMM DD)	TELEPHONE ()
ADDRESS					
AMOUNT OF CONTRIBUTION TO CHILD				WHO IS THE CUSTODIAL PARENT?	
				<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 ()
ADDRESS			
AMOUNT OF CONTRIBUTION TO CHILD		WHO IS THE CUSTODIAL PARENT? <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		
THIS IS TO CONFIRM THAT I,		
CHILD'S NAME	CHILD'S BIRTHDATE (YYYY MMM DD)	
HAVE PLACED MY CHILD	BORN	
RELATIONSHIP	RELATIVE'S NAME	
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 SIGNED (YYYY MMM DD)
PARENT'S ADDRESS		
PARENT'S SIGNATURE (if applicable)	PARENT'S NAME (please print)	DATE SIGNED (YYYY MMM DD)
PARENT'S ADDRESS		

7. RESEARCH QUESTION (VOLUNTARY)

WHY WAS THIS CHILD PLACED WITH YOU?
