



SECTION D: RELATIVE CARING FOR CHILD

Last Name	First Name	Indian Registry Number	Relationship to child
Have you entered into a "Kith and Kin Agreement" under section 8 of the <i>Child, Family and Community Service Act</i> in relation to this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have Legal Custody or Guardianship of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		Telephone	
Mailing Address (if different from above)			

SECTION E: PERSONS AGE 18 OR OLDER LIVING IN RELATIVE'S HOME

In addition to completing this form, every person listed in Section 5 must complete a Children Out of the Parental Home Screening Consent (COPH 02) form, which is required as part of this application.

List all persons **age 18 or older** who live in your home (Attach a separate page to list the remaining persons if required)

Last Name	First Name	Middle Name	Also known as or Aliases	Date of Birth (year/month/day)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

SECTION F : RELATIVE'S DECLARATION REGARDING THE CHILD'S PLACEMENT

I, _____ agree to accept _____ into my home and
Relative's Name (Print) Child's Name (Print)

submit this Children Out of the Parental Home Application on the child's behalf. All information I have provided in this application is true and complete to the best of my knowledge and I undertake to inform the First Nation Administering Authority if this child leaves my home and of all the people living in my home or of any changes concerning the information I have provided.

Relative's Signature Date Signed

Witness's Signature Witness's Name (Print) Date Signed

SECTION G : RESEARCH QUESTIONS FOR RELATIVE (OPTIONAL)

1. WHY WAS THIS CHILD PLACED WITH YOU?
2. HOW LONG WILL THIS CHILD BE STAYING WITH YOU?