

FILE NO.

991/29-4P

— INDIAN AFFAIRS BRANCH —

DEPARTMENT OF CITIZENSHIP AND IMMIGRATION

SUBJECT

VOLUME 7

FROM

TO

FOSTER HOME CARE

s.19(1)

REFERENCE

DISPOSAL

[illegible]

FILE NO.

ALFRED, BRIAN,

DO NOT WRITE BELOW THIS LINE

BEST AVAILABLE COPY

DEPARTMENT OF CITIZENSHIP AND IMMIGRATION
INDIAN AFFAIRS BRANCH☒ CHILD CARE☐ JUVENILE DELINQUENCYINITIAL CHILD PLACEMENT APPLICATION AND
AUTHORITY FORM

Application is hereby made for authority to pay on behalf of
the under-mentioned child at the rate charged by the Child
Caring Agency ☐, or at the rate of \$ 2.00

☒ Daily, ☐ Weekly, ☐ Monthly

PAYABLE TO: ☐ Foster Parent
☒ Child Caring Agency

S.19(1)

FILE NO.	166/29-4
DATE	Feb. 22/66
AGENCY	Tukon
REGIONAL OFFICE AUTHORITY NO.	66/208-1536
FROM	Oct. 5/65
TO	Continuing

CHILD	1. NAME	Raymond Quock	2. BAND	Tahltan
	3. BAND NO.		4. DATE OF BIRTH	/59
	5. RELIGION Ang.			
I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE REQUIRED PAYMENTS TO BE MADE.				
Regional Supervisor				
PARENTS	6. NAME OF MOTHER		9. NAME OF FATHER	
	Susie Quock (deceased)		unknown	
	7. BAND AND BAND NO.		10. BAND AND BAND NO.	
	Tahltan			
	8. PRESENT ADDRESS		11. PRESENT ADDRESS	
<input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE		<input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE		
12. HAVE ARRANGEMENTS BEEN MADE WHEREBY PARENTS WILL CONTRIBUTE TO THE SUPPORT OF THE CHILD?				
<input type="checkbox"/> YES <input type="checkbox"/> NO N/A				
13. IF NO INFORMATION AVAILABLE RE MOTHER OR FATHER, GIVE NAME AND ADDRESS OF NEXT OF KIN, LEGAL GUARDIAN OR NEAREST RELATIVE				
PLACEMENT BY A CHILD CARING AGENCY OR COURT	14. NAME OF AGENCY			
	Superintendent of Child Welfare, Whitehorse, Y.T.			
	15. STATUS OF CHILD: <input type="checkbox"/> PERMANENT WARDSHIP <input type="checkbox"/> TEMPORARY WARDSHIP <input checked="" type="checkbox"/> NON-WARD <input type="checkbox"/> JUVENILE DELINQUENT PLACED IN REFORM INSTITUTION			
	16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION			
Oct. 5/65				
17. IF CHILD APPREHENDED OFF THE RESERVE, GIVE BRIEF RESIDENCE HISTORY				
PLACEMENT BY INDIAN AFFAIRS BRANCH	18. DATE OF PLACEMENT IN FOSTER HOME OR INSTITUTION			
	19. REASONS NECESSITATING PLACEMENT			
	20. WHO REQUESTED PLACEMENT			
	21. WHO MADE PLACEMENT?			
	22. HAVE PARENT(S) SIGNED PERMISSION FOR PLACEMENT (FORM IA 3-149)?			
	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	23. PLANS FOR CHILD'S FUTURE (Including education and possible adoption)			
	24. NAME OF FOSTER PARENTS OR INSTITUTION WHERE CHILD IS TO BE, OR HAS BEEN PLACED			
	NAME		ADDRESS	
25. RELATIONSHIP OF FOSTER PARENTS TO CHILD		26. FOSTER PARENTS ARE <input type="checkbox"/> INDIAN <input type="checkbox"/> NON-INDIAN (Give band and band number, if Indian)		
27. BRIEF INDICATION OF FOSTER HOME ENVIRONMENT				

AUTHORITY NO.

NOTES:

-
- A circular ink stamp from the Indian Commission in Vancouver, B. C. The text "INDIAN COMMISSION" is curved along the bottom inner edge, and "VANCOUVER, B. C." is curved along the top inner edge. In the center, the date "FEB 24 1966" is stamped horizontally.

DEPARTMENT OF CITIZENSHIP AND IMMIGRATION
INDIAN AFFAIRS BRANCH☒ CHILD CARE☐ JUVENILE DELINQUENCYINITIAL CHILD PLACEMENT APPLICATION AND
AUTHORITY FORM

Application is hereby made for authority to pay on behalf of
the under-mentioned child at the rate charged by the Child
Caring Agency ☒, or at the rate of \$ 2.00

☒ Daily, ☐ Weekly, ☐ Monthly

PAYABLE TO: ☐ Foster Parent
☒ Child Caring Agency

FILE NO.	166/29-4
DATE	Feb. 22/66
AGENCY	Yukon
REGIONAL OFFICE AUTHORITY NO.	66/208-1536
FROM	Oct. 5/65
TO	Continuing

s.19(1)

CHILD	1. NAME	Raymond Quock		2. BAND	Tahltan	
	3. BAND NO.		4. DATE OF BIRTH	/59		
	5. RELIGION Ang.					
I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE REQUIRED PAYMENTS TO BE MADE.						
REGIONAL SUPERVISOR 						
PARENTS	6. NAME OF MOTHER Susie Quock (deceased)			9. NAME OF FATHER unknown		
	7. BAND AND BAND NO. Tahltan			10. BAND AND BAND NO.		
	8. PRESENT ADDRESS <input checked="" type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE			11. PRESENT ADDRESS <input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE		
	12. HAVE ARRANGEMENTS BEEN MADE WHEREBY PARENTS WILL CONTRIBUTE TO THE SUPPORT OF THE CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO N/A					
	13. IF NO INFORMATION AVAILABLE RE MOTHER OR FATHER, GIVE NAME AND ADDRESS OF NEXT OF KIN, LEGAL GUARDIAN OR NEAREST RELATIVE					
PLACEMENT BY A CHILD CARING AGENCY OR COURT	14. NAME OF AGENCY Superintendent of Child Welfare, Whitehorse, Y.T.					
	15. STATUS OF CHILD: <input type="checkbox"/> PERMANENT WARDSHIP <input type="checkbox"/> TEMPORARY WARDSHIP <input checked="" type="checkbox"/> NON-WARD <input type="checkbox"/> JUVENILE DELINQUENT PLACED IN REFORM INSTITUTION					
	16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION Oct. 5/65					
	17. IF CHILD APPREHENDED OFF THE RESERVE, GIVE BRIEF RESIDENCE HISTORY					
PLACEMENT BY INDIAN AFFAIRS BRANCH	18. DATE OF PLACEMENT IN FOSTER HOME OR INSTITUTION					
	19. REASONS NECESSITATING PLACEMENT					
	20. WHO REQUESTED PLACEMENT?			21. WHO MADE PLACEMENT?		
	22. HAVE PARENT(S) SIGNED PERMISSION FOR PLACEMENT (FORM IA 3-149)? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	23. PLANS FOR CHILD'S FUTURE (Including education and possible adoption)					
	24. NAME OF FOSTER PARENTS OR INSTITUTION WHERE CHILD IS TO BE, OR HAS BEEN PLACED NAME			ADDRESS		
	25. RELATIONSHIP OF FOSTER PARENTS TO CHILD			26. FOSTER PARENTS ARE <input type="checkbox"/> INDIAN <input type="checkbox"/> NON-INDIAN (Give band and band number, if Indian)		
	27. BRIEF INDICATION OF FOSTER HOME ENVIRONMENT					

Feb. 22/66

DATE

INDIAN AGENCY SUPERINTENDENT

AUTHORITY NO.

[illegible]

NOTES:

1. Child Caring Agency - includes private agencies, reform institutions and Provincial Departments. Provincial Departments concerned are usually either the Public Welfare Department or the Department of Justice.
2. Completion of Form - When a child is placed by a Child Caring Agency, it will not be necessary to complete that portion of the form entitled "Placement by Indian Affairs Branch". When placed by other than a Child Caring Agency, it will not be necessary to complete that portion of the form entitled "Placement by a Child Caring Agency or Court".

DEPARTMENT OF CITIZENSHIP AND IMMIGRATION
INDIAN AFFAIRS BRANCH☐ CHILD CARE☐ JUVENILE DELINQUENCYINITIAL CHILD PLACEMENT APPLICATION AND
AUTHORITY FORM

Application is hereby made for authority to pay on behalf of
the under-mentioned child at the rate charged by the Child
Caring Agency ☐, or at the rate of \$ 2.00

☐ Daily, ☐ Weekly, ☐ Monthly

PAYABLE TO: ☐ Foster Parent
☒ Child Caring Agency

FILE NO.	166/29-4
DATE	Feb. 22/66
AGENCY	Yukon
REGIONAL OFFICE AUTHORITY NO.	66/208-1536
FROM	Oct. 5/65
TO	Continuing

s.19(1)

CHILD	1. NAME	Gilbert Quock	2. BAND	Tahltan
	3. BAND NO.		4. DATE OF BIRTH	/57
	5. RELIGION		Ang.	
I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE REQUIRED PAYMENTS TO BE MADE.				
REGIONAL SUPERVISOR <i>P. J. Meel</i>				
PARENTS	6. NAME OF MOTHER	Susie Quock (Deceased)	9. NAME OF FATHER	Unknown
	7. BAND AND BAND NO.	Tahltan	10. BAND AND BAND NO.	
	8. PRESENT ADDRESS	<input checked="" type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE	11. PRESENT ADDRESS	<input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE
	12. HAVE ARRANGEMENTS BEEN MADE WHEREBY PARENTS WILL CONTRIBUTE TO THE SUPPORT OF THE CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>N/A</i>			
	13. IF NO INFORMATION AVAILABLE RE MOTHER OR FATHER, GIVE NAME AND ADDRESS OF NEXT OF KIN, LEGAL GUARDIAN OR NEAREST RELATIVE			
PLACEMENT BY A CHILD CARING AGENCY OR COURT	14. NAME OF AGENCY	Superintendent of Child Welfare, Whitehorse, Y.T.		
	15. STATUS OF CHILD:	<input type="checkbox"/> PERMANENT WARDSHIP <input type="checkbox"/> TEMPORARY WARDSHIP <input checked="" type="checkbox"/> NON-WARD <input type="checkbox"/> JUVENILE DELINQUENT PLACED IN REFORM INSTITUTION		
	16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION	October 1965		
	17. IF CHILD APPREHENDED OFF THE RESERVE, GIVE BRIEF RESIDENCE HISTORY			
	18. DATE OF PLACEMENT IN FOSTER HOME OR INSTITUTION			
PLACEMENT BY INDIAN AFFAIRS BRANCH	19. REASONS NECESSITATING PLACEMENT			
	20. WHO REQUESTED PLACEMENT?			
	21. WHO MADE PLACEMENT?			
	22. HAVE PARENT (S) SIGNED PERMISSION FOR PLACEMENT (FORM IA 3-149)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	23. PLANS FOR CHILD'S FUTURE (Including education and possible adoption)			
	24. NAME OF FOSTER PARENTS OR INSTITUTION WHERE CHILD IS TO BE, OR HAS BEEN PLACED			
	25. RELATIONSHIP OF FOSTER PARENTS TO CHILD			
	26. FOSTER PARENTS ARE <input type="checkbox"/> INDIAN <input type="checkbox"/> NON-INDIAN (Give band and band number, if Indian)			
27. BRIEF INDICATION OF FOSTER HOME ENVIRONMENT				

Original signed by

A. E. FRY

DATE

INDIAN AGENCY SUPERINTENDENT

● FOR TREASURY USE ONLY ●

AUTHORITY NO.

[illegible]

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BEST AVAILABLE COPY

DEPARTMENT OF CITIZENSHIP AND IMMIGRATION
INDIAN AFFAIRS BRANCH

Document disclosed under the Access to Information Act
Document divulgué en vertu de la Loi sur l'accès à l'information

☒ CHILD CARE

☐ JUVENILE DELINQUENCY

INITIAL CHILD PLACEMENT APPLICATION AND
AUTHORITY FORM

Application is hereby made for authority to pay on behalf of
the under-mentioned child at the rate charged by the Child
Caring Agency ☒, or at the rate of \$ 2.00

☒ Daily, ☐ Weekly, ☐ Monthly

PAYABLE TO: ☐ Foster Parent
☒ Child Caring Agency

FILE NO.	166/29-4
DATE	Feb. 22/66
AGENCY	Yukon
REGIONAL OFFICE AUTHORITY NO.	66/208-1536
FROM	Oct. 5/65 TO Continuing

s.19(1)

CHILD	1. NAME Gilbert Quock	2. BAND Tahltan
	3. BAND NO. [REDACTED]	4. DATE OF BIRTH [REDACTED]/57
	5. RELIGION Ang.	
I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE REQUIRED PAYMENTS TO BE MADE. <div>for <u>P. J. Meek</u> REGIONAL SUPERVISOR</div>		
PARENTS	6. NAME OF MOTHER Susie Quock (Deceased)	9. NAME OF FATHER Unknown
	7. BAND AND BAND NO. Tahltan [REDACTED]	10. BAND AND BAND NO.
	8. PRESENT ADDRESS <input checked="" type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE	11. PRESENT ADDRESS <input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE
	12. HAVE ARRANGEMENTS BEEN MADE WHEREBY PARENTS WILL CONTRIBUTE TO THE SUPPORT OF THE CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO N/A	
	13. IF NO INFORMATION AVAILABLE RE MOTHER OR FATHER, GIVE NAME AND ADDRESS OF NEXT OF KIN, LEGAL GUARDIAN OR NEAREST RELATIVE	
PLACEMENT BY A CHILD CARING AGENCY OR COURT	14. NAME OF AGENCY Superintendent of Child Welfare, Whitehorse, Y.T.	
	15. STATUS OF CHILD: <input type="checkbox"/> PERMANENT WARDSHIP <input type="checkbox"/> TEMPORARY WARDSHIP <input checked="" type="checkbox"/> NON-WARD <input type="checkbox"/> JUVENILE DELINQUENT PLACED IN REFORM INSTITUTION	
	16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION October 1965	
	17. IF CHILD APPREHENDED OFF THE RESERVE, GIVE BRIEF RESIDENCE HISTORY	
PLACEMENT BY INDIAN AFFAIRS BRANCH	18. DATE OF PLACEMENT IN FOSTER HOME OR INSTITUTION	
	19. REASONS NECESSITATING PLACEMENT	
	20. WHO REQUESTED PLACEMENT?	21. WHO MADE PLACEMENT?
	22. HAVE PARENT(S) SIGNED PERMISSION FOR PLACEMENT (FORM IA 3-149)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	23. PLANS FOR CHILD'S FUTURE (Including education and possible adoption)	
	24. NAME OF FOSTER PARENTS OR INSTITUTION WHERE CHILD IS TO BE, OR HAS BEEN PLACED NAME ADDRESS <input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE	
	25. RELATIONSHIP OF FOSTER PARENTS TO CHILD	26. FOSTER PARENTS ARE <input type="checkbox"/> INDIAN <input type="checkbox"/> NON-INDIAN (Give band and band number, if Indian)
	27. BRIEF INDICATION OF FOSTER HOME ENVIRONMENT	
	[REDACTED]	
	[REDACTED]	

Feb. 22/66

DATE

INDIAN AGENCY SUPERINTENDENT

(IF ADDITIONAL SPACE REQUIRED USE OTHER SIDE OF SHEET)

TUMBLE: ☐ YES 000237

AUTHORITY NO.

[illegible]

NOTES:

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DEPARTMENT OF CITIZENSHIP AND IMMIGRATION
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AUTHORITY FORM

Application is hereby made for authority to pay on behalf of
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Caring Agency ☒, or at the rate of \$ 2.00

☒ Daily, ☐ Weekly, ☐ Monthly

PAYABLE TO: ☐ Foster Parent
☒ Child Caring Agency

FILE NO.

166/29-4

DATE

December 8, 1965

AGENCY

YUKON

REGIONAL OFFICE AUTHORITY NO.

66/208-1536

FROM

TO

November 1, 1965 Continuing

s.19(1)

CHILD	1. NAME Alfred QUOCK	2. BAND Tabltan
	3. BAND NO. [REDACTED]	4. DATE OF BIRTH [REDACTED] 1960
	5. RELIGION Anglican	
I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE REQUIRED PAYMENTS TO BE MADE. ORIGINAL SIGNED BY DUNCAN L. CLARK REGIONAL SUPERVISOR		
PARENTS	6. NAME OF MOTHER Deceased	9. NAME OF FATHER N/A
	7. BAND AND BAND NO.	10. BAND AND BAND NO.
	8. PRESENT ADDRESS <input type="checkbox"/> ON RESERVE <input checked="" type="checkbox"/> OFF RESERVE	11. PRESENT ADDRESS <input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE
	12. HAVE ARRANGEMENTS BEEN MADE WHEREBY PARENTS WILL CONTRIBUTE TO THE SUPPORT OF THE CHILD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	13. IF NO INFORMATION AVAILABLE RE MOTHER OR FATHER, GIVE NAME AND ADDRESS OF NEXT OF KIN, LEGAL GUARDIAN OR NEAREST RELATIVE	
PLACEMENT BY A CHILD CARING AGENCY OR COURT	14. NAME OF AGENCY Superintendent of Child Welfare, Whitehorse, Y.T.	
	15. STATUS OF CHILD: <input type="checkbox"/> PERMANENT WARDSHIP <input type="checkbox"/> TEMPORARY WARDSHIP <input checked="" type="checkbox"/> NON-WARD <input type="checkbox"/> JUVENILE DELINQUENT PLACED IN REFORM INSTITUTION	
	16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION November 1, 1965	
	17. IF CHILD APPREHENDED OFF THE RESERVE, GIVE BRIEF RESIDENCE HISTORY Since death of mother this child has been cared for by c/l husband of mother.	
PLACEMENT BY INDIAN AFFAIRS BRANCH	18. DATE OF PLACEMENT IN FOSTER HOME OR INSTITUTION	
	19. REASONS NECESSITATING PLACEMENT	
	20. WHO REQUESTED PLACEMENT?	21. WHO MADE PLACEMENT?
	22. HAVE PARENT(S) SIGNED PERMISSION FOR PLACEMENT (FORM IA 3-149)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	23. PLANS FOR CHILD'S FUTURE (including education and possible adoption)	
	24. NAME OF FOSTER PARENTS OR INSTITUTION WHERE CHILD IS TO BE, OR HAS BEEN PLACED NAME ADDRESS <input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE	
	25. RELATIONSHIP OF FOSTER PARENTS TO CHILD	26. FOSTER PARENTS ARE <input type="checkbox"/> INDIAN <input type="checkbox"/> NON-INDIAN (Give band and band number, if Indian)
	27. BRIEF INDICATION OF FOSTER HOME ENVIRONMENT	

December 8, 1965

DATE

INDIAN AGENCY SUPERINTENDENT

● FOR TREASURY USE ONLY ●

AUTHORITY NO.

[illegible]

NOTES:

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DEPARTMENT OF CITIZENSHIP AND IMMIGRATION
INDIAN AFFAIRS BRANCH☒ CHILD CARE☐ JUVENILE DELINQUENCYINITIAL CHILD PLACEMENT APPLICATION AND
AUTHORITY FORM

Application is hereby made for authority to pay on behalf of
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Caring Agency ☒ , or at the rate of \$ 2.00

☒ Daily, ☐ Weekly, ☐ Monthly

PAYABLE TO: ☐ Foster Parent
☒ Child Caring Agency

s.19(1)

FILE NO.

166/29-4

DATE

December 8, 1965

AGENCY

YUKON

REGIONAL OFFICE AUTHORITY NO.

66/208-1536

FROM

TO

November 1, 1965 Continuing

CHILD

1. NAME

Alfred QUOCK

2. BAND

Tahltan

3. BAND NO.

4. DATE OF BIRTH

1960

5. RELIGION

Anglican

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE
REQUIRED PAYMENTS TO BE MADE.

REGIONAL SUPERVISOR

PARENTS

6. NAME OF MOTHER

Deceased

9. NAME OF FATHER

N/A

7. BAND AND BAND NO.

10. BAND AND BAND NO.

8. PRESENT ADDRESS

☐ ON RESERVE☒ OFF RESERVE

11. PRESENT ADDRESS

☐ ON RESERVE☐ OFF RESERVE

12. HAVE ARRANGEMENTS BEEN MADE WHEREBY PARENTS WILL CONTRIBUTE TO THE SUPPORT OF THE CHILD?

☐ YES☒ NO13. IF NO INFORMATION AVAILABLE RE MOTHER OR FATHER, GIVE NAME AND ADDRESS OF NEXT OF KIN, LEGAL GUARDIAN OR NEAREST
RELATIVEPLACEMENT BY A CHILD
CARING AGENCY OR COURT

14. NAME OF AGENCY

Superintendent of Child Welfare, Whitehorse, Y.T.

15. STATUS OF CHILD:

☐ PERMANENT WARDSHIP☐ TEMPORARY WARDSHIP☒ NON-WARD☐ JUVENILE DELINQUENT PLACED IN REFORM INSTITUTION

16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION

November 1, 1965

17. IF CHILD APPREHENDED OFF THE RESERVE, GIVE BRIEF RESIDENCE HISTORY

Since death of mother this child has been cared for by c/l husband of mother.

PLACEMENT BY INDIAN
AFFAIRS BRANCH

18. DATE OF PLACEMENT IN FOSTER HOME OR INSTITUTION

19. REASONS NECESSITATING PLACEMENT

20. WHO REQUESTED PLACEMENT?

21. WHO MADE PLACEMENT?

22. HAVE PARENT(S) SIGNED PERMISSION FOR PLACEMENT (FORM IA 3-149)?

☐ YES☐ NO

23. PLANS FOR CHILD'S FUTURE (Including education and possible adoption)

24. NAME OF FOSTER PARENTS OR INSTITUTION WHERE CHILD IS TO BE, OR HAS BEEN PLACED

NAME

ADDRESS

☐ ON RESERVE☐ OFF RESERVE

25. RELATIONSHIP OF FOSTER PARENTS TO CHILD

26. FOSTER PARENTS ARE

☐ INDIAN☐ NON-INDIAN(Give band and band
number, if Indian)

27. BRIEF INDICATION OF FOSTER HOME ENVIRONMENT

December 8, 1965

DATE

INDIAN AGENCY SUPERINTENDENT

INDIAN COMMISSIONER
DEC 10 1965
VANCOUVER, B.C.
PAYMENTS
VOUCHER

[illegible]

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DEPARTMENT OF CITIZENSHIP AND IMMIGRATION
INDIAN AFFAIRS BRANCH☒ CHILD CARE☐ JUVENILE DELINQUENCYINITIAL CHILD PLACEMENT APPLICATION AND
AUTHORITY FORM

Application is hereby made for authority to pay on behalf of
the under-mentioned child at the rate charged by the Child
Caring Agency ☒, or at the rate of \$ 2.00

☒ Daily, ☐ Weekly, ☐ Monthly

PAYABLE TO: ☐ Foster Parent
☒ Child Caring Agency

FILE NO.

166/29-4

DATE

December 8, 1965

AGENCY

YUKON

REGIONAL OFFICE AUTHORITY NO.

66/208-1536

FROM

TO

November 1, 1965 Continuing

s.19(1)

CHILD	1. NAME Brian QUOCK	2. BAND Tahltan
	3. BAND NO. [REDACTED]	4. DATE OF BIRTH 1961
	5. RELIGION Anglican	
	I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE REQUIRED PAYMENTS TO BE MADE. ORIGINAL SIGNED BY DUNCAN L. CLARK REGIONAL SUPERVISOR	
PARENTS	6. NAME OF MOTHER Deceased	9. NAME OF FATHER N/A
	7. BAND AND BAND NO.	10. BAND AND BAND NO.
	8. PRESENT ADDRESS <input type="checkbox"/> ON RESERVE <input checked="" type="checkbox"/> OFF RESERVE	11. PRESENT ADDRESS <input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE
	12. HAVE ARRANGEMENTS BEEN MADE WHEREBY PARENTS WILL CONTRIBUTE TO THE SUPPORT OF THE CHILD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PLACEMENT BY A CHILD CARING AGENCY OR COURT	13. IF NO INFORMATION AVAILABLE RE MOTHER OR FATHER, GIVE NAME AND ADDRESS OF NEXT OF KIN, LEGAL GUARDIAN OR NEAREST RELATIVE	
	14. NAME OF AGENCY Superintendent, of Child Welfare, Whitehorse, Y.T.	
	15. STATUS OF CHILD: <input type="checkbox"/> PERMANENT WARDSHIP <input type="checkbox"/> TEMPORARY WARDSHIP <input checked="" type="checkbox"/> NON-WARD <input type="checkbox"/> JUVENILE DELINQUENT PLACED IN REFORM INSTITUTION	
	16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION November 1, 1965	
PLACEMENT BY INDIAN AFFAIRS BRANCH	17. IF CHILD APPREHENDED OFF THE RESERVE, GIVE BRIEF RESIDENCE HISTORY Since death of mother this child has been cared for by G/L husband of mother. res. off not established	
	18. DATE OF PLACEMENT IN FOSTER HOME OR INSTITUTION	
	19. REASONS NECESSITATING PLACEMENT	
	20. WHO REQUESTED PLACEMENT?	21. WHO MADE PLACEMENT?
PLACEMENT BY INDIAN AFFAIRS BRANCH	22. HAVE PARENT(S) SIGNED PERMISSION FOR PLACEMENT (FORM IA 3-149)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	23. PLANS FOR CHILD'S FUTURE (including education and possible adoption)	
	24. NAME OF FOSTER PARENTS OR INSTITUTION WHERE CHILD IS TO BE, OR HAS BEEN PLACED NAME	ADDRESS <input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE
	25. RELATIONSHIP OF FOSTER PARENTS TO CHILD	26. FOSTER PARENTS ARE <input type="checkbox"/> INDIAN <input type="checkbox"/> NON-INDIAN (Give band and band number, if Indian)
27. BRIEF INDICATION OF FOSTER HOME ENVIRONMENT		

December 8, 1965

DATE

A. E. FRY

INDIAN AGENCY SUPERINTENDENT

● FOR TREASURY USE ONLY ●

AUTHORITY NO.

[illegible]

NOTES:

1. Child Caring Agency – includes private agencies, reform institutions and Provincial Departments. Provincial Departments concerned are usually either the Public Welfare Department or the Department of Justice.
2. Completion of Form – When a child is placed by a Child Caring Agency, it will not be necessary to complete that portion of the form entitled "Placement by Indian Affairs Branch". When placed by other than a Child Caring Agency, it will not be necessary to complete that portion of the form entitled "Placement by a Child Caring Agency or Court".

DEPARTMENT OF CITIZENSHIP AND IMMIGRATION
INDIAN AFFAIRS BRANCH☒ CHILD CARE☐ JUVENILE DELINQUENCYINITIAL CHILD PLACEMENT APPLICATION AND
AUTHORITY FORM

Application is hereby made for authority to pay on behalf of
the under-mentioned child at the rate charged by the Child
Caring Agency ☒, or at the rate of \$ 2.00

☒ Daily, ☐ Weekly, ☐ MonthlyPAYABLE TO: ☐ Foster Parent
☒ Child Caring Agency

FILE NO.

166/29-4

DATE

December 8, 1965

AGENCY

YUKON

REGIONAL OFFICE AUTHORITY NO.

66/208-1536

FROM

TO

November 1, 1965 Continuing

S.19(1)

CHILD

1. NAME

Brian QUOCK

2. BAND

Tahltan

3. BAND NO.

4. DATE OF BIRTH

1961

5. RELIGION

Anglican

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE
REQUIRED PAYMENTS TO BE MADE.
REGIONAL SUPERVISOR

PARENTS

6. NAME OF MOTHER

Deceased

9. NAME OF FATHER

N/A

7. BAND AND BAND NO.

10. BAND AND BAND NO.

8. PRESENT ADDRESS

☐ ON RESERVE☒ OFF RESERVE

11. PRESENT ADDRESS

☐ ON RESERVE☐ OFF RESERVE

12. HAVE ARRANGEMENTS BEEN MADE WHEREBY PARENTS WILL CONTRIBUTE TO THE SUPPORT OF THE CHILD?

☐ YES☒ NO13. IF NO INFORMATION AVAILABLE RE MOTHER OR FATHER, GIVE NAME AND ADDRESS OF NEXT OF KIN, LEGAL GUARDIAN OR NEAREST
RELATIVEPLACEMENT BY A CHILD
CARING AGENCY OR COURT

14. NAME OF AGENCY

Superintendent, of Child Welfare, Whitehorse, Y.T.

15. STATUS OF CHILD:

☐ PERMANENT WARDSHIP☐ TEMPORARY WARDSHIP☒ NON-WARD☐ JUVENILE DELINQUENT PLACED IN REFORM INSTITUTION

16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION

November 1, 1965

17. IF CHILD APPREHENDED OFF THE RESERVE, GIVE BRIEF RESIDENCE HISTORY

Since death of mother this child has been cared for by C/L husband of
mother.PLACEMENT BY INDIAN
AFFAIRS BRANCH

18. DATE OF PLACEMENT IN FOSTER HOME OR INSTITUTION

19. REASONS NECESSITATING PLACEMENT

20. WHO REQUESTED PLACEMENT?

21. WHO MADE PLACEMENT?

22. HAVE PARENT(S) SIGNED PERMISSION FOR PLACEMENT (FORM IA 3-149)?

☐ YES☐ NO

23. PLANS FOR CHILD'S FUTURE (Including education and possible adoption)

24. NAME OF FOSTER PARENTS OR INSTITUTION WHERE CHILD IS TO BE, OR HAS BEEN PLACED

NAME

ADDRESS

☐ ON RESERVE☐ OFF RESERVE

25. RELATIONSHIP OF FOSTER PARENTS TO CHILD

26. FOSTER PARENTS ARE

☐ INDIAN☐ NON-INDIAN(Give band and band
number, if Indian)

27. BRIEF INDICATION OF FOSTER HOME ENVIRONMENT

December 8, 1965

DATE

INDIAN AGENCY SUPERINTENDENT

AUTHORITY NO.

NOTES:

1. Child Caring Agency - includes private agencies, reform institutions and Provincial Departments. Provincial Departments concerned are usually either the Public Welfare Department or the Department of Justice.
2. Completion of Form - When a child is placed by a Child Caring Agency, it will not be necessary to complete that portion of the form entitled "Placement by Indian Affairs Branch". When placed by other than a Child Caring Agency, it will not be necessary to complete that portion of the form entitled "Placement by a Child Caring Agency or Court".

BEST AVAILABLE COPY

54374

GOVERNMENT OF THE YUKON TERRITORY

DEPARTMENT OF WELFARE

P.O. Box 2703,
Whitehorse, Y.T.
October 15th, 1965.

Mr. J.V. Boys,
Indian Commissioner for B.C.,
P.O. Box 70,
Postal Station "A",
VANCOUVER 2, B.C.

Dear Mr. Boys:

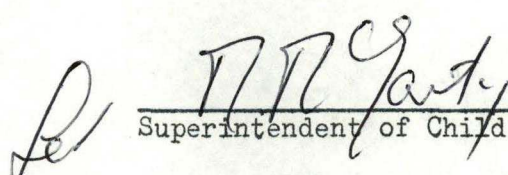
s.19(1)

Re: Mo: QUOCK, Susie dd. - Tahltan [redacted]
Fa: REAMSBOTTOM, Thomas B., Whitehorse, Y.T.
QUOCK, Gilbert, b.d. [redacted]/57
QUOCK, Alfred, b.d. [redacted]/60
~~QUOCK, Raymond, b.d. [redacted]/59~~
QUOCK, Brian, b.d. [redacted]/61

This is to advise you that the ~~child~~/children of the
above named parent(s) was/were received into the care of the
Superintendent of Child Welfare for the Yukon Territory on the
5th day of October, 1965.

May I please have your consent to accept the cost of
maintenance on behalf of the ~~child~~/children for the period during
which they will remain in care.

Yours very truly,


Superintendent of Child Welfare

cc: Department of Indian Affairs,
Whitehorse, Y.T.

BEST AVAILABLE COPY

002978

PLEASE QUOTE FILE



GOVERNMENT OF THE YUKON TERRITORY

Department of Welfare,
P.O. Box 2703,
Whitehorse, Yukon,
April 8, 1964.

Mr. J. V. Boys,
Indian Commissioner for B.C.,
P.O. Box 70,
Postal Station "A",
Vancouver 2, B.C.

Dear Mr. Boys:

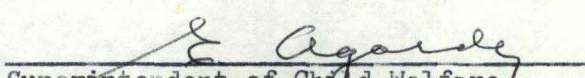
Re: Mo: Susie QUOCK(Deceased)
Fa: Thomas Reamsbottom
Ch: Brian John QUOCK, b.d. [REDACTED] '61
Tahltan Band [REDACTED]

s.19(1)

This is to advise you that the above named child, who was taken into the care of the Superintendent of Child Welfare on the 30th day of August, 1961, was discharged on the 4th day of April, 1964.

The care of the child has been resumed by his father, Thomas B. Reamsbottom, Whitehorse, Yukon.

Yours very truly,


Superintendent of Child Welfare,
G. B. H. Murphy.

cc: Mr. A. E. Fry,
Superintendent,
Indian Affairs Branch,
Box 2110, Whitehorse, Y.T.

*Suph forwards applic form
with monthly acct*

000248

166/29-4P

BEST AVAILABLE COPY

Superintendent, Indian Agency.

144/Quack

144/79-13

Indian Commissioner for B.C.

April 26, 1943.

s.19(1)

QUACK, Raymond, b. [redacted] 99
Indian, b. [redacted] 61
Alfred, b. [redacted] 68
Res. [redacted] Indian Band.

This will acknowledge receipt of your request for a further authority for assistance on behalf of the above-named children at an increased rate. I am approving this request since the Indian Social Welfare Department is supervising and planning with this family unit and I presume that it is at their request that additional assistance is being recommended. Authority No. 64/208-194 is attached.

The rate provided in this instance does seem, however, in excess of what is generally considered adequate for a family of seven although I appreciate that the Social Welfare Department is computing this on a budget deficit basis. Also we are assuming responsibility for one-half of the amount granted because three children have Indian status although in fact these children actually represent less than one-half of the total unit.

I would be interested to know if the rate granted in this case is in line with rates generally granted by the Indian Department of Social Welfare for families of this size of non-Indian status.

We also note from our file that Authority No. 2024/48-43/221 for the payment of maintenance of Brian Quack has not been cancelled. Therefore, will you please forward Copy 3 (white) of this authority to Regional Office giving the date of cancellation.

J. V. Roy,
Indian Commissioner for B.C.

Encl.

BEST AVAILABLE COPY



DEPARTMENT OF CITIZENSHIP AND IMMIGRATION
INDIAN AFFAIRS BRANCH

☒ CHILD CARE

☐ JUVENILE DELINQUENCY

INITIAL CHILD PLACEMENT APPLICATION AND
AUTHORITY FORM

Application is hereby made for authority to pay on behalf of
the under-mentioned child at the rate charged by the Child
Caring Agency ☐, or at the rate of \$ 1.00

☒ Daily, ☐ Weekly, ☐ Monthly

PAYABLE TO: ☐ Foster Parent
☒ Child Caring Agency

FILE NO.	166/29-4
DATE	July 5, 1962
AGENCY	Yukon
REGIONAL OFFICE AUTHORITY NO.	2080/62-63/322
FROM	August 1, 1962
TO	July 31, 1965

s.19(1)

CHILD	1. NAME	QUICK, Brian John		
	2. BAND	Tahltan		
	3. BAND NO.	4. DATE OF BIRTH	5. RELIGION	
			1961	R.C.
I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE REQUIRED PAYMENTS TO BE MADE.				
REGIONAL SUPERVISOR				
PARENTS	6. NAME OF MOTHER	Susie QUICK (Deceased)		
	9. NAME OF FATHER	Unknown		
	7. BAND AND BAND NO.	Tahltan /		
	10. BAND AND BAND NO.			
	8. PRESENT ADDRESS	11. PRESENT ADDRESS		
	<input type="checkbox"/> ON RESERVE <input checked="" type="checkbox"/> OFF RESERVE	<input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE		
	12. HAVE ARRANGEMENTS BEEN MADE WHEREBY PARENTS WILL CONTRIBUTE TO THE SUPPORT OF THE CHILD?			
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	13. IF NO INFORMATION AVAILABLE RE MOTHER OR FATHER, GIVE NAME AND ADDRESS OF NEXT OF KIN, LEGAL GUARDIAN OR NEAREST RELATIVE			
PLACEMENT BY A CHILD CARING AGENCY OR COURT	14. NAME OF AGENCY	Superintendent of Child Welfare, Yukon Territory		
	15. STATUS OF CHILD:	<input type="checkbox"/> PERMANENT WARDSHIP <input type="checkbox"/> TEMPORARY WARDSHIP <input checked="" type="checkbox"/> NON-WARD <input type="checkbox"/> JUVENILE DELINQUENT PLACED IN REFORM INSTITUTION		
	16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION	August 29, 1961		
	17. IF CHILD APPREHENDED OFF THE RESERVE, GIVE BRIEF RESIDENCE HISTORY			
	18. DATE OF PLACEMENT IN FOSTER HOME OR INSTITUTION			
PLACEMENT BY INDIAN AFFAIRS BRANCH	19. REASONS NECESSITATING PLACEMENT			
	20. WHO REQUESTED PLACEMENT?		21. WHO MADE PLACEMENT?	
	22. HAVE PARENT(S) SIGNED PERMISSION FOR PLACEMENT (FORM IA 3-149)?			
	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	23. PLANS FOR CHILD'S FUTURE (Including education and possible adoption)			
	24. NAME OF FOSTER PARENTS OR INSTITUTION WHERE CHILD IS TO BE, OR HAS BEEN PLACED		ADDRESS	
	NAME			
	25. RELATIONSHIP OF FOSTER PARENTS TO CHILD		26. FOSTER PARENTS ARE <input type="checkbox"/> INDIAN <input type="checkbox"/> NON-INDIAN (Give band and band number, if Indian)	
27. BRIEF INDICATION OF FOSTER HOME ENVIRONMENT				

Cancelled - April 4/64
(copy 3 rec 21/9/64)

Original signed by
SUPT. YUKON INDIAN AGENCY

5 July, 1962

DATE

INDIAN AGENCY SUPERINTENDENT

BEST AVAILABLE COPY

• FOR TREASURY USE ONLY •

AUTHORITY NO.

[illegible]

NOTES:

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000251



AUTHORITY FOR EXPENDITURE

AGENCY

Yukon

FILE NO. AND DATE
166/29-4P

Sept. 21/61

VOTE	
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519

ALLOT.

26-9146

F. E. NO.

66T

AMOUNT AUTHORIZED	61-62
\$ 421.80	62-63
\$ 693.50	63-64

DESCRIPTION OF CONTRACT, AGREEMENT OR UNDERTAKING

Re: ~~Baby Boy QUOCK~~ - Unnamed - b. [REDACTED] .61

Tahitan Band

Payment is authorized at the rate of \$1.90 per diem to the Superintendent of Child Welfare, Whitehorse, Y. T. for maintenance of the above-named child, effective August 29, 1961. Authority will expire July, 1964.

PROVIDE ADVANCE OF

To: _____ \$ _____

ADDRESS

AUTHORIZED BY:

Indian Commissioner for B. C.
SIGNATURE

[illegible]

COPY 1 - AGENCY
COPY 2 - AGENCY (Return to Branch
H.Q. through Regional Office
when project is completed)
COPY 3 - REGIONAL OFFICE
COPY 4 - HEADQUARTERS

IA 1-113
(9-60)

AUTHORITY NUMBER

208C/61-62/66

THIS AUTHORITY MUST BE
QUOTED ON ALL VOUCHERS

166/29-4P

Mr. C.B.H. Murphy,
Supt. of Child Welfare,
P.O. Box 2029,
Whitehorse, Y.T.

P.O. Box 70,
Postal Station 'A',
Vancouver 2, B.C.

September 19, 1961.

Dear Mr. Murphy:

s.19(1)

Re: Susie QUOCK, (dd),
No. [redacted] Tahltan Band,
Ch: Baby boy unnamed, b. [redacted] 61.

With reference to your letter of September 5th advising the above unnamed child was taken into non-ward care, please be advised that this department will accept maintenance costs at your per diem rate as of August 29, 1961.

Yours truly,

gs

J. V. Boys,
Indian Commissioner for B.C.



DEPARTMENT OF CITIZENSHIP AND IMMIGRATION
INDIAN AFFAIRS BRANCH
FOSTER HOME PLACEMENT OF A CHILD

166 /29-4

Date
12 September 1961Agency
Yukon

APPLICATION IS HEREBY MADE:

(a) For authority to pay maintenance of the under-mentioned child at the rate of

\$ 1.90 Daily ☒ Weekly ☐ Monthly ☐

(b) To continue payment of maintenance of the under-mentioned child at the rate of

\$ _____ Daily ☐ Weekly ☐ Monthly ☐

Some of the questions on the questionnaire will not be applicable when, for the first time, authority is being requested for the maintenance of a child in a foster home. Indian Superintendents will, therefore, complete answers to only those questions which are applicable.

CHILD

1. Name

Baby Boy QUOCK (unnamed)

2. Band

Tahltan

3. Band No.

4. Date of birth

_____, 1961

5. Date of placement in present home
August 29, 1961

PARENTS

6. Mothers' name

Susie QUOCK (deceased)

(a) Address

Whitehorse, Y.T.

(b) Band

Tahltan

(c) Band No.

7. Fathers' name

unknown

(a) Address

(b) Band

(c) Band No.

8. State if parents legally married

no

9. Details of circumstances surrounding placement. (Reasons why placement is necessary. Upon whose request or recommendation, etc.)

Mother died giving birth to baby boy,
unnamed, above.

10. Is placement a temporary arrangement and will child be returning home in the near future?
not known

Questions 11 to 15 apply to children for whom it appears foster home care will be recommended permanently or over an extended period of time.

11. Is this the child's first foster home placement? If not, list others and reasons for change.

yes

AUTHORITY NO: 208C/61-62/66

EXPIRY DATE:

APPROVED:

c.c. Dept.

IF ADDITIONAL SPACE IS REQUIRED USE REVERSE SIDE OF FORM

12. Will his/her best interest be served by continuing in the present foster home indefinitely?

13. Is consent for legal adoption available?

14. Details of general condition and progress as observed during visit

Date of visit _____ 19 ____

15. What are the future plans for the child?

FOSTER HOME

16. Name of foster parents

17. Band

18. Band No.

19. Address

20. Relationship to child

21. Rate of maintenance

22. Head office authority

23. Is the standard of living maintained in the home equal to the average of that of others in the community?

24. Do you consider the child is receiving adequate care?

25. Are day school facilities available or will attendance in a residential school for education or other reasons possibly be necessary in the future.

26. Is there a possibility that at a later date those now providing foster care will wish to adopt this child?

27. Are they likely to meet provincial requirements if application is made?

28. Will the child's interests best be served by continuation in foster home care?

29. Is there any reason why adoption is not recommended?

Indian Superintendent

000254

DEPARTMENT OF CITIZENSHIP AND IMMIGRATION
INDIAN AFFAIRS BRANCH
FOSTER HOME PLACEMENT OF A CHILD

File No. 166 /29-4

Date 12 September 1961

Agency Yukon

APPLICATION IS HEREBY MADE:

(a) For authority to pay maintenance of the under-mentioned child at the rate of

\$ 1.90 Daily ☒ Weekly ☐ Monthly ☐

(b) To continue payment of maintenance of the under-mentioned child at the rate of

\$ _____ Daily ☐ Weekly ☐ Monthly ☐

Some of the questions on the questionnaire will not be applicable when, for the first time, authority is being requested for the maintenance of a child in a foster home. Indian Superintendents will, therefore, complete answers to only those questions which are applicable.

CHILD

1. Name

Baby Boy QUOCK

2. Band

Tahltan

3. Band No.

4. Date of birth

1961

5. Date of placement in present home

August 29, 1961

PARENTS

6. Mothers' name

Susie QUOCK (deceased)

(a) Address

Whitehorse, Y.T.

(b) Band

Tahltan

(c) Band No.

7. Fathers' name

unknown

(a) Address

(b) Band

(c) Band No.

8. State if parents legally married

no

9. Details of circumstances surrounding placement. (Reasons why placement is necessary. Upon whose request or recommendation, etc.)

Mother died giving birth to baby boy, unnamed, above.

10. Is placement a temporary arrangement and will child be returning home in the near future?

not known

Questions 11 to 15 apply to children for whom it appears foster home care will be recommended permanently or over an extended period of time.

11. Is this the child's first foster home placement? If not, list others and reasons for change.

yes

AUTHORITY NO:

EXPIRY DATE:

APPROVED:

12. Will his/her best interest be served by continuing in the present foster home indefinitely?

13. Is consent for legal adoption available?

14. Details of general condition and progress as observed during visit

Date of visit _____ 19 ____

15. What are the future plans for the child?

FOSTER HOME

16. Name of foster parents

17. Band

18. Band No.

19. Address

20. Relationship to child

21. Rate of maintenance

22. Head office authority

23. Is the standard of living maintained in the home equal to the average of that of others in the community?

24. Do you consider the child is receiving adequate care?

25. Are day school facilities available or will attendance in a residential school for education or other reasons possibly be necessary in the future.

26. Is there a possibility that at a later date those now providing foster care will wish to adopt this child?

27. Are they likely to meet provincial requirements if application is made?

28. Will the child's interests best be served by continuation in foster home care?

29. Is there any reason why adoption is not recommended?

Indian Superintendent

IF ADDITIONAL SPACE IS REQUIRED USE REVERSE SIDE OF FORM

000255

Mr. J.V. Boys,
Indian Commissioner for B.C.,
P.O. Box 70,
Postal Station "A",
Vancouver 2, B.C.

1-31-21-0-214
Child in Care

For your information. CBHM

P.O. Box 2029,
Whitehorse, Y.T.,

September 12, 1961.

Miss N. O'Brien,
Regional Director of Family Allowances
for the Yukon and Northwest Territories,
Family Allowances Division,
Dept. Of National Health and Welfare,
Room 402, Copeland Building,
Ottawa, Ont.

Dear Miss O'Brien:

Re: QUOCK, Baby Boy
b.d. [redacted] 1961

s.19(1)

The above named child, born to Susie Quock prior to her death, was taken into non-ward care from the Whitehorse General Hospital on August 29, 1961, and placed in one of our approved foster homes. It is not yet known how long this child will remain in foster home care.

Would you please discontinue any family allowance payments until you receive further notice from this department.

Yours truly,

C.B.H. Murphy,
Superintendent of Child Welfare.

:jt
c.c. Mr. J.V. Boys,
Indian Commissioner for B.C.,
Vancouver, B.C.

Mr. W.E. Grant,
Superintendent of Indian Affairs,
Whitehorse, Y.T.



BEST AVAILABLE COPY

PLEASE QUOTE FILE

GOVERNMENT OF THE YUKON TERRITORY

1-31-21-0-213
Child in Care

P.O. Box 2029,
Whitehorse, Y.T.,

September 5, 1961.

Mr. J.V. Boys,
Indian Commissioner for B.C.,
P.O. Box 70,
Postal Station "A",
Vancouver 2, B.C.

Dear Mr. Boys:

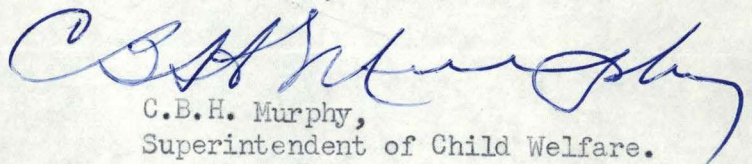
s.19(1)

Re: QUOCK, Susie,
Tahltan Band [redacted]
Ch: Baby, b. [redacted] 1961.

The above named child, born to Susie Quock August 22, 1961, prior to her death, was taken into non-ward care from Whitehorse General Hospital on August 29, 1961, and placed in one of our approved foster homes. It is not yet known how long this child will remain in foster home care.

May we please have your authority for "acceptance of maintenance costs".

Yours truly,


C.B.H. Murphy,
Superintendent of Child Welfare.

:jt

cc: Mr. W.E. Grant,
Superintendent of Indian Affairs,
P.O. Box 2110,
Whitehorse, Y.T.

000257