

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 \$ 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.	[REDACTED]	4. DATE OF BIRTH	[REDACTED] /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.

[Signature]
REGIONAL SUPERVISOR

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 <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	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	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		

DATE: Feb. 22/66
INDIAN AGENCY SUPERINTENDENT: A. E. FRANKS



DEPARTMENT OF CITIZENSHIP AND IMMIGRATION
INDIAN AFFAIRS BRANCH

CHILD CARE JUVENILE DELINQUENCY

INITIAL CHILD PLACEMENT APPLICATION AND AUTHORITY FORM

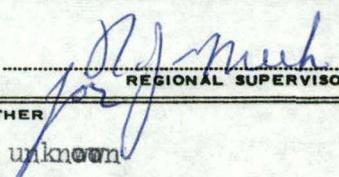
Application is hereby made for authority to pay on behalf of the under-mentioned child at the rate charged by the Child Caring Agency , or at the rate of \$ 2.00

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PAYABLE TO: Foster Parent
 Child Caring Agency

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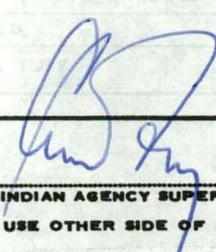
FILE NO.	166/29-4
DATE	Feb. 22/66
AGENCY	Yukon
REGIONAL OFFICE AUTHORITY NO.	66/208-1536
FROM	Oct. 5/65
TO	Continuing

CHILD	1. NAME	Raymond Quock	2. BAND	Tahltan
	3. BAND NO.	[REDACTED]	4. DATE OF BIRTH	[REDACTED]/59
	I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE REQUIRED PAYMENTS TO BE MADE.		5. RELIGION	
 _____ REGIONAL SUPERVISOR				

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	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		ADDRESS	
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




DEPARTMENT OF CITIZENSHIP AND IMMIGRATION
INDIAN AFFAIRS BRANCH

CHILD CARE JUVENILE DELINQUENCY

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PAYABLE TO: Foster Parent
 Child Caring Agency

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

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.				
 REGIONAL SUPERVISOR				

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 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 <input checked="" type="checkbox"/> 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	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		

Original signed by
A. E. FRY
INDIAN AGENCY SUPERINTENDENT

DATE
Feb. 22/66



DEPARTMENT OF CITIZENSHIP AND IMMIGRATION
INDIAN AFFAIRS BRANCH

CHILD CARE JUVENILE DELINQUENCY

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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	November 1, 1965
TO	Continuing

CHILD	1. NAME	Alfred QUOCK		2. BAND	Tablta
	3. BAND NO.		4. DATE OF BIRTH	1960	5. RELIGION

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 e/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	<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 _____ SIGNED BY _____
INDIAN AGENCY SUPERINTENDENT

• FOR TREASURY USE ONLY •

AUTHORITY NO.

PAYMENTS			PAYMENTS			PAYMENTS		
VOUCHER			VOUCHER			VOUCHER		
NO.	PERIOD	DATE ENTERED	NO.	PERIOD	DATE ENTERED	NO.	PERIOD	DATE ENTERED

- 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
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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	<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				

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	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			
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	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)		
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DEPARTMENT OF CITIZENSHIP AND IMMIGRATION
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PAYABLE TO: Foster Parent
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FILE NO.	166/29-4
DATE	December 8, 1965
AGENCY	YUKON
REGIONAL OFFICE AUTHORITY NO.	66/208-1536
FROM	November 1, 1965
TO	Continuing

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			

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 G/L husband of mother.
res. off not established

PLACEMENT BY INDIAN AFFAIRS BRANCH	18. DATE OF PLACEMENT IN FOSTER HOME OR INSTITUTION	
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	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)	

PLACEMENT BY INDIAN AFFAIRS BRANCH	24. NAME OF FOSTER PARENTS OR INSTITUTION WHERE CHILD IS TO BE, OR HAS BEEN PLACED	ADDRESS	<input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE
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	27. BRIEF INDICATION OF FOSTER HOME ENVIRONMENT		

December 8, 1965

A. E. FRY

INDIAN AGENCY SUPERINTENDENT



DEPARTMENT OF CITIZENSHIP AND IMMIGRATION
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REGIONAL OFFICE AUTHORITY NO.	66/208-1536
FROM	TO
November 1, 1965	Continuing

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.				
 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.				

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

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:

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

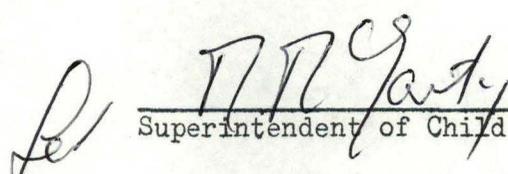
s.19(1)

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.

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:

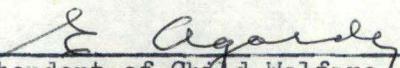
Re: Mo: Susie QUOCK (Deceased)
Fa: Thomas Reamsbottom
Ch: Brian John QUOCK, b.d. [redacted] '61
Tahltan Band [redacted]

s.19(1)

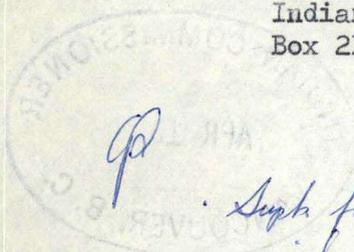
This is to advise you that the above named child, who was taken into the care of the Superintendent of Child Welfare on the 30th day of August, 1961, was discharged on the 4th day of April, 1964.

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*

166/29-4P

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Superintendent, Yukon Agency.

166/Quack

166/79-13

Indian Commissioner for B.C.

April 26, 1963.

s.19(1)

QUACK, Raymond, b. [redacted] 99
Brian, b. [redacted] 61
Alfred, b. [redacted] 68
Mrs. [redacted] Dublin Road

This will acknowledge receipt of your request for a further subsidy for assistance on behalf of the above-named children at an increased rate. I am approving this request since the Yukon 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 accepting 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 Yukon Department of Social Welfare for families of this size of non-Indian status.

It also notes from our file that Authority No. 2004/40-42/281 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. Boyd,
Indian Commissioner for B.C.

Encl.

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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

s.19(1)

FILE NO. 156/29-4
 DATE July 5, 1962
 AGENCY Yukon
 REGIONAL OFFICE AUTHORITY NO. 2080/62-63/322
 FROM August 1, 1962 TO July 31, 1965

CHILD	1. NAME <u>QUICK, Brian John</u>	2. BAND <u>Tahltan</u>
	3. BAND NO. <u>[redacted]</u>	4. DATE OF BIRTH <u>1961</u>
	5. RELIGION <u>R.C.</u>	

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 <u>Susie QUICK (Deceased)</u>	9. NAME OF FATHER <u>Unknown</u>
	7. BAND AND BAND NO. <u>Tahltan / [redacted]</u>	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 <u>Superintendent of Child Welfare, Yukon Territory</u>
	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 <u>August 29, 1961</u>
	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		

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

5 July, 1962

Original signed by
Supt. YUKON INDIAN AGENCY

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
FURTHER 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.
[redacted]

4. Date of birth
[redacted], 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.
[redacted]

7. Fathers' name
unknown

(a) Address
[redacted]

(b) Band
[redacted]

(c) Band No.
[redacted]

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



CANADA

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?

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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

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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 s.19(1)
b.d. [redacted] 1961

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.

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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:

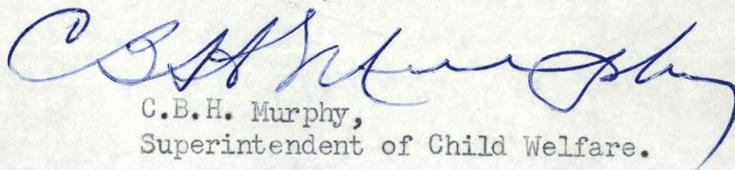
s.19(1)

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.

