

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 *Spes diem rate*

Daily, Weekly, Monthly

PAYABLE TO: Foster Parent Child Caring Agency

s.19(1)

FILE NO.	991/29-4
DATE	July 11, 1966
AGENCY	YUKON
REGIONAL OFFICE AUTHORITY NO.	
FROM	May 17, 1966
TO	Continuing

CHILD	1. NAME DENNIS John Scott	2. BAND Tahltan
	3. BAND NO. [REDACTED]	4. DATE OF BIRTH [REDACTED] 1959

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
V. E. RHYMER
REGIONAL SUPERVISOR

PARENTS	6. NAME OF MOTHER BROWN, Gertrude	9. NAME OF FATHER unknown
	7. BAND AND BAND NO.	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 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 Social Welfare Department, Cloverdale, B.C.
	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 May 17, 1966

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)?
 YES 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 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

Free home Dec 31/66

July 11, 1966

Original signed by

A. E. FRY
INDIAN AGENCY SUPERINTENDENT



DEPARTMENT OF CITIZENSHIP AND IMMIGRATION
INDIAN AFFAIRS BRANCH

CHILD CARE JUVENILE DELINQUENCY

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Daily, Weekly, Monthly

PAYABLE TO: Foster Parent
 Child Caring Agency

s.19(1)

FILE NO.	991/29-4
DATE	July 11, 1966
AGENCY	YUKON
REGIONAL OFFICE AUTHORITY NO.	-----
FROM	TO
May 17, 1966	Continuing

CHILD	1. NAME	DENNIS John Scott		2. BAND	Tahltan
	3. BAND NO.		4. DATE OF BIRTH		1959
	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	BROWN, Gertrude		9. NAME OF FATHER	unknown
	7. BAND AND BAND NO.		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 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	Social Welfare Department, Cloverdale, B.C.			
	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	May 17, 1966			
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					

July 11, 1966
DATE

[Signature]
INDIAN AGENCY SUPERINTENDENT

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DEPARTMENT OF CITIZENSHIP AND IMMIGRATION
INDIAN AFFAIRS BRANCH

CHILD CARE JUVENILE DELINQUENCY



INDIAN 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 *Spes diem rate*
 Daily, Weekly, Monthly

PAYABLE TO: Foster Parent Child Caring Agency

s.19(1)

FILE NO.	991/29-1
DATE	July 11, 1966
AGENCY	YUKON
REGIONAL OFFICE AUTHORITY NO.	
FROM	TO
May 17, 1966	Continuing

CHILD	1. NAME	333 ANDREWS, Walter Richard	2. BAND	Tahltan
	3. BAND NO.		4. DATE OF BIRTH	[REDACTED], 1961
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 V. E. RHYMER REGIONAL SUPERVISOR				

PARENTS	6. NAME OF MOTHER	BROWN, Gertrude	9. NAME OF FATHER	unknown
	7. BAND AND BAND NO.	N/A	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 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	Social Welfare Department, Cloverdale, B.C.
	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	May 17, 1966
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	<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		
Free home Dec 21/66		

Original signed by [Signature] DATE July 11, 1966 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
INDIAN AFFAIRS BRANCH

CHILD CARE JUVENILE DELINQUENCY

INITIAL CHILD PLACEMENT APPLICATION AND AUTHORITY FORM

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Daily, Weekly, Monthly

PAYABLE TO: Foster Parent
 Child Caring Agency

s.19(1)

FILE NO.	991/29-4
DATE	July 11, 1966
AGENCY	YUKON
REGIONAL OFFICE AUTHORITY NO.	
FROM	TO
	May 17, 1966 Continuing

CHILD	1. NAME	ANDREWS, Walter Richard		2. BAND	Tahltan
	3. BAND NO.		4. DATE OF BIRTH	1961	
	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	BROWN, Gertrude		9. NAME OF FATHER	unknown
	7. BAND AND BAND NO.	N/A		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 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	Social Welfare Department, Cloverdale, B.C.			
	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	May 17, 1966			
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					

July 11, 1966
DATE


INDIAN AGENCY SUPERINTENDENT

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DEPARTMENT OF CITIZENSHIP AND IMMIGRATION,
INDIAN AFFAIRS BRANCH

CHILD CARE JUVENILE DELINQUENCY

INDIAN 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 \$ per diem rate Daily, Weekly, Monthly
PAYABLE TO: Foster Parent Child Caring Agency

s.19(1)

FILE NO. 991/29-4	
DATE July 11, 1966	
AGENCY YUKON	
REGIONAL OFFICE AUTHORITY NO. 	
FROM May 17, 1966	TO Continuing

CHILD	1. NAME DENNIS Maria	2. BAND Tahltan
	3. BAND NO. 	4. DATE OF BIRTH 1954

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
V. E. RHYMER
REGIONAL SUPERVISOR

PARENTS	6. NAME OF MOTHER BROWN, Gertrude	9. NAME OF FATHER unknown
	7. BAND AND BAND NO. N/A	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 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 Social Welfare Department, Cloverdale, B.C.
	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 May 17, 1966

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)

PLACEMENT BY INDIAN AFFAIRS BRANCH	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
Discharged Sept 6/66

July 11, 1966
DATE

Original signed by
INDIAN AGENCY SUPERINTENDENT



DEPARTMENT OF CITIZENSHIP AND IMMIGRATION
INDIAN AFFAIRS BRANCH

CHILD CARE JUVENILE DELINQUENCY

**INDIAN CHILD PLACEMENT APPLICATION AND
AUTHORITY FORM**

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 Daily, Weekly, Monthly

s.19(1)

PAYABLE TO: Foster Parent
 Child Caring Agency

FILE NO.	991/29-4
DATE	July 11, 1966
AGENCY	YUKON
REGIONAL OFFICE AUTHORITY NO.	
FROM	TO
May 17, 1966	Continuing

CHILD	1. NAME	DENNIS Maria	2. BAND	Tahltan
	3. BAND NO.		4. DATE OF BIRTH	1954
	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	BROWN, Gertrude	9. NAME OF FATHER	unknown
	7. BAND AND BAND NO.	N/A	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 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	Social Welfare Department, Cloverdale, B.C.		
	15. STATUS OF CHILD:	<input type="checkbox"/> PERMANENT WARDSHIP <input type="checkbox"/> TEMPORARY WARDSHIP <input checked="" type="checkbox"/> NON-WARD		
	16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION		May 17, 1966	
	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				

July 11, 1966

DATE

P. Wilton
INDIAN AGENCY SUPERINTENDENT

BEST AVAILABLE COPY



DEPARTMENT OF CITIZENSHIP AND IMMIGRATION
INDIAN AFFAIRS BRANCH

CHILD CARE JUVENILE DELINQUENCY

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Daily, Weekly, Monthly

PAYABLE TO: Foster Parent Child Caring Agency

s.19(1)

FILE NO.	991/29-1
DATE	July 11, 1966
AGENCY	YUKON
REGIONAL OFFICE AUTHORITY NO.	
FROM	TO
May 17, 1966	Continuing

CHILD	1. NAME	DENNIS, Michael Joseph		2. BAND	Tahltan
	3. BAND NO.		4. DATE OF BIRTH		1957
	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
V. E. RHYMER
REGIONAL SUPERVISOR

PARENTS	6. NAME OF MOTHER	BROWN, Gertrude		9. NAME OF FATHER	unknown
	7. BAND AND BAND NO.	N/A		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 checked="" type="checkbox"/> NO				

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	16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION	May 17, 1966			
	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)

PLACEMENT BY INDIAN AFFAIRS BRANCH	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			

Discharged Sept 6/66

Original signed by
A. E. FRY
INDIAN AGENCY SUPERINTENDENT

DATE: July 11, 1966



DEPARTMENT OF CITIZENSHIP AND IMMIGRATION
INDIAN AFFAIRS BRANCH

CHILD CARE JUVENILE DELINQUENCY

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 Daily, Weekly, Monthly

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PAYABLE TO: Foster Parent
 Child Caring Agency

FILE NO.	991/29-4
DATE	July 11, 1966
AGENCY	YUKON
REGIONAL OFFICE AUTHORITY NO.	
FROM	TO
May 17, 1966	Continuing

CHILD	1. NAME	DENNIS, Michael Joseph	2. BAND	Tahltan
	3. BAND NO.		4. DATE OF BIRTH	1957
	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	BROWN, Gertrude	9. NAME OF FATHER	unknown
	7. BAND AND BAND NO.	N/A	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 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	Department of Social Welfare, Cloverdale, B.C.		
	15. STATUS OF CHILD:	<input type="checkbox"/> PERMANENT WARDSHIP <input type="checkbox"/> TEMPORARY WARDSHIP <input checked="" type="checkbox"/> NON-WARD		
	16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION		May 17, 1966	
	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				

July 11, 1966
DATE

[Signature]
INDIAN AGENCY SUPERINTENDENT

To: Departmental Comptroller
 Department of Social Welfare
 Government Buildings
 Victoria, B.C.

From: Children's Aid Society, Vancouver - - - - -
 Children's Aid Society of the Catholic Archdiocese of Vancouver
 Family and Children's Service (Victoria Children's Aid Society)

Re INDIAN DEPARTMENT BILLING

Indian agency YUKON

Parents' names _____

Child's name DENNIS: John S. & ANDREWS: Walter Richard

Child's birthdate ██████████.59 29.6.61

Date of move 21.12.66

Reason for move To free home

Complete three copies and send to Departmental Comptroller, Department of Social Welfare.

C.W. 61-5M (50)-366-2558 (2)

s.19(1)

000089

BEST AVAILABLE COPY

From:

Children's Aid Society, Vancouver - - - - -
Children's Aid Society of the Catholic Archdiocese of Vancouver
Family and Children's Service (Victoria Children's Aid Society)

To:

Departmental Comptroller
Department of Social Welfare
Parliament Buildings
Victoria, B.C.

Re INDIAN DEPARTMENT BILLING

Indian agency YUKON
Parents' names (1) (2)
Child's name DENNIS, MARIA & MICHAEL
Child's birthdate _____
Date of move 9 Sept 66
Reason for move DISCHARGED

Complete three copies and send to Departmental Comptroller, Department of Social Welfare.

C.W. 61-5M (50)-366-2558 (2)

000090

BEST AVAILABLE COPY

From:

Children's Aid Society, Vancouver - - - - -
Children's Aid Society of the Catholic Archdiocese of Vancouver
Family and Children's Service (Victoria Children's Aid Society)

Departmental Comptroller
Department of Social Welfare
Parliament Buildings
Victoria, B.C.

Re INDIAN DEPARTMENT BILLING

Indian agency Yukon Agency
Parents' names _____
Child's name Deanne, Maria, Michael, John & Andrew, Robert
Child's birthdate _____
Date of move May 17 1966
Reason for move admitted

Complete two copies and send to Departmental Comptroller, Department of Social Welfare.

C.W. 61-4M (50)-565-5095 (2)

000091

BEST AVAILABLE COPY

Vancouver 1, B.C.
July 15, 1966

991/29-4P

Mr. J. V. Bellknap,
Deputy Supt. of Child Welfare,
Social Welfare Department,
Victoria, B.C.

Dear Mr. Bellknap:

Re: Gertrude BROWN,
Chn: Maria DENNIS, b. [redacted] 54
Michael Joseph DENNIS, b. [redacted] 57
John Scott DENNIS, b. [redacted] 59
Walter Richard ANDREWS, b. [redacted] 61
No. [redacted] Tahltan Band, Yukon Agency

s.19(1)

This will acknowledge receipt of your notice dated June 13 advising of the apprehension of the above named children on May 17, 1966.

In this connection please be advised that this Department will accept maintenance costs for these children at your per diem rate as of May 17, 1966.

Yours truly,

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

(dup.)
gs

Superintendent, Yukon Agency

991/29-4

Indian Commissioner for B.C.

June 16, 1966

Gertrude & Donald BROWN
Ghn: Maria DENNIS
Michael DENNIS
John DENNIS
Walter Richard ANDREWS

Attached is a copy of Mr. Belknap's notice dated June 13 advising the above named children were taken into care on May 17, 1966.

If these children are our responsibility please complete an Initial Child Placement Application for each child and forward to this office or advise if they are not our responsibility.

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

Encl.

BEST AVAILABLE COPY

82146

DEPARTMENT OF SOCIAL WELFARE
Child Welfare Division, Victoria, B. C.

DATE: June 13, 1966

TO: Indian Commissioner for B. C.
Vancouver, B. C.

RE: BROWN, Gertrude & Donald Carl
Yukon Indian Agency, Whitehorse # [redacted] s.19(1)
Tahltan Band

Chn: DENNIS, Maria F. Theresa - b. [redacted] .54
DENNIS, Michael Anthony - b. [redacted] .57
ANDREWS, John Scott - b. [redacted] .59 (DENNIS) ✓
ANDREWS, Walter Richard - b. [redacted] .61 (DENNIS)

This will advise you the above-named child(ren) ~~was~~/were:

DATE

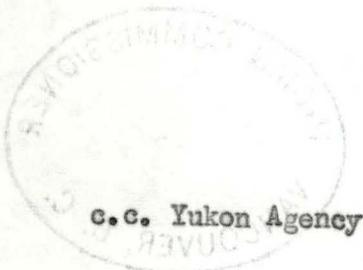
- (X) Apprehended under Protection of Children Act May 17, 1966
- () Committed under Juvenile Delinquents Act _____
- () Taken into non-ward care _____

DISTRICT OFFICE OR AGENCY CONCERNED IN ABOVE
Social Welfare Department, Cloverdale, B. C.

- () Discharged from care _____
- () Placed on a free-home basis _____
- () Placed in pay home - from free home basis _____
- () Placed in Residential School _____
- () Placed in pay holiday home from Residential School _____
- () OTHER _____

TG PLEASE REPLY IN DUPLICATE

J. V. Belknap
J. V. Belknap
Deputy Superintendent of Child Welfare



BEST AVAILABLE COPY

84783

MEMORANDUM

CLASSIFICATION



TO
A

Indian Commissioner for B.C.

YOUR FILE No. 901/29-4
Votre dossier

OUR FILE No. 991/29-4
Notre dossier

FROM
De

Superintendent, Yukon Agency

DATE
July 8, 1966

FOLD

SUBJECT
Sujet

Gertrude & Donald BROWN.

Attached are Initial child Placement applications on behalf of:

- Maria DENNIS
- Michael DENNIS
- John DENNIS
- Walter Richard ANDREWS

A. E. Fry
A. E. Fry,
Superintendent

PW/dt

Encl.



000095

84783

Indian Commissioner for B.C.

901/29-4

991/29-4

Superintendent, Yukon Agency

July 8, 1966

Gertrude & Donald BROWN.

Attached are Initial child Placement applications on behalf of:

Maria DENNIS
Michael DENNIS
John DENNIS
Walter Richard ANDREWS

P. W.
A. E. Fry,
Superintendent

PW/dt

Encl.