

991/29.4P

VOLUME 1

FROM

TO  
**JULY/66**

# Foster Home Care

[illegible]

**DO NOT WRITE BELOW THIS LINE**



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 *Spér dian 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<br>DENNIS John Scott   | 2. BAND<br>Tahltan  |
|   | 3. BAND NO.<br>[REDACTED]  | 4. DATE OF BIRTH<br>[REDACTED] 1959   |
|   | 5. RELIGION  |   |
| I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE<br>REQUIRED PAYMENTS TO BE MADE.<br>Original signed by<br>V. E. RHYMER<br>REGIONAL SUPERVISOR |  |   |
| PARENTS   | 6. NAME OF MOTHER<br>BROWN, Gertrude   | 9. NAME OF FATHER<br>unknown  |
|   | 7. BAND AND BAND NO.   | 10. BAND AND BAND NO.   |
|   | 8. PRESENT ADDRESS<br><input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE   | 11. PRESENT ADDRESS<br><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?<br><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<br>RELATIVE   |   |
| PLACEMENT BY A CHILD<br>CARING AGENCY OR COURT  | 14. NAME OF AGENCY<br>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<br><input type="checkbox"/> JUVENILE DELINQUENT PLACED IN REFORM INSTITUTION |   |
|   | 16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION<br>May 17, 1966   |   |
|   | 17. IF CHILD APPREHENDED OFF THE RESERVE, GIVE BRIEF RESIDENCE HISTORY   |   |
|   | 18. DATE OF PLACEMENT IN FOSTER HOME OR INSTITUTION  |   |
| PLACEMENT BY INDIAN<br>AFFAIRS BRANCH   | 19. REASONS NECESSITATING PLACEMENT<br>[REDACTED]  |   |
|   | 20. WHO REQUESTED PLACEMENT?   | 21. WHO MADE PLACEMENT?   |
|   | 22. HAVE PARENT(S) SIGNED PERMISSION FOR PLACEMENT (FORM IA 3-149)?<br><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<br>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<br>Free home Dec 31/66   |   |



**NOTES:**

- 
- A circular ink stamp from the Indian Commissioner's office in Mancoover, B.C. The text "INDIAN COMMISSIONER" is curved along the bottom inner edge, and "MANCOOVER, B.C." is curved along the top inner edge. In the center, the date "JUL 13 1968" 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 \$ per diem rate

☐ 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

May 17, 1966

TO

Continuing

CHILD

1. NAME

DENNIS John Scott

3. BAND NO.

4. DATE OF BIRTH

1959

2. BAND

Tahltan

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.

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

☐ 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

Social Welfare Department, Cloverdale, B.C.

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

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)

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

July 11, 1966

DATE

INDIAN AGENCY SUPERINTENDENT



000076



DEPARTMENT OF CITIZENSHIP AND IMMIGRATION  
INDIAN AFFAIRS BRANCH



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*

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

|   |  |                          |   |             |
|---|--|--------------------------|---|-------------|
| CHILD                                       | 1. NAME<br>ANDREWS, Walter Richard   |                          | 2. BAND<br>Tahltan  |             |
|   | 3. BAND NO.  | 4. DATE OF BIRTH<br>1961 |   | 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.<br><div style="text-align: right;">Original signed by<br/>V. E. RHYMER<br/>REGIONAL SUPERVISOR</div> |                          |   |             |
|   | 6. NAME OF MOTHER<br>BROWN, Gertrude   |                          | 9. NAME OF FATHER<br>unknown  |             |
|   | 7. BAND AND BAND NO.<br>N/A  |                          | 10. BAND AND BAND NO.   |             |
|   | 8. PRESENT ADDRESS<br><input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE   |                          | 11. PRESENT ADDRESS<br><input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE                                   |             |
| PARENTS                                     | 12. HAVE ARRANGEMENTS BEEN MADE WHEREBY PARENTS WILL CONTRIBUTE TO THE SUPPORT OF THE CHILD?<br><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  |                          |   |             |
|   | 14. NAME OF AGENCY<br>Social Welfare Department, Cloverdale, B.C.  |                          |   |             |
|   | 15. STATUS OF CHILD:<br><input type="checkbox"/> PERMANENT WARDSHIP <input type="checkbox"/> TEMPORARY WARDSHIP <input checked="" type="checkbox"/> NON-WARD<br><input type="checkbox"/> JUVENILE DELINQUENT PLACED IN REFORM INSTITUTION          |                          |   |             |
| PLACEMENT BY A CHILD CARING AGENCY OR COURT | 16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION<br>May 17, 1966   |                          |   |             |
|   | 17. IF CHILD APPREHENDED OFF THE RESERVE, GIVE BRIEF RESIDENCE HISTORY   |                          |   |             |
|   | 18. DATE OF PLACEMENT IN FOSTER HOME OR INSTITUTION  |                          |   |             |
|   | 19. REASONS NECESSITATING PLACEMENT  |                          |   |             |
| PLACEMENT BY INDIAN AFFAIRS BRANCH          | 20. WHO REQUESTED PLACEMENT?   |                          | 21. WHO MADE PLACEMENT?   |             |
|   | 22. HAVE PARENT(S) SIGNED PERMISSION FOR PLACEMENT (FORM IA 3-149)?<br><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<br>NAME   |                          | ADDRESS<br><input type="checkbox"/> ON RESERVE<br><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  |                          |   |             |

• LOS ANGELES 025 **July 11, 1966**

Original signed by \_\_\_\_\_  
 INDIAN AGENCY SUPERINTENDENT



000078



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 \$ per diem rate  
☐ 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  | 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<br>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?<br><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<br>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<br><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)?<br><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<br><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  
DATEP. Wilton  
INDIAN AGENCY SUPERINTENDENT



000080



BEST AVAILABLE COPY



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<br>DENNIS Maria  | 2. BAND<br>Tahltan  |
|   | 3. BAND NO.<br>[redacted]  | 4. DATE OF BIRTH<br>[redacted] 1954   |
|   | 5. RELIGION  |   |
| I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE<br>REQUIRED PAYMENTS TO BE MADE.<br>Original signed by<br>V. E. RHYMER<br>REGIONAL SUPERVISOR |  |   |
| PARENTS   | 6. NAME OF MOTHER<br>BROWN, Gertrude   | 9. NAME OF FATHER<br>unknown  |
|   | 7. BAND AND BAND NO.<br>N/A  | 10. BAND AND BAND NO.   |
|   | 8. PRESENT ADDRESS<br><input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE   | 11. PRESENT ADDRESS<br><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?<br><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<br>RELATIVE  |  |   |
| PLACEMENT BY A CHILD<br>CARING AGENCY OR COURT  | 14. NAME OF AGENCY<br>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<br><input type="checkbox"/> JUVENILE DELINQUENT PLACED IN REFORM INSTITUTION |   |
|   | 16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION<br>May 17, 1966   |   |
|   | 17. IF CHILD APPREHENDED OFF THE RESERVE, GIVE BRIEF RESIDENCE HISTORY   |   |
| PLACEMENT BY INDIAN<br>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)?<br><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<br>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<br><br><i>Discharged Sept 6/66</i>  |  |   |

July 11, 1966

Original signed by  
INDIAN AGENCY SUPERINTENDENT



000082



DEPARTMENT OF CITIZENSHIP AND IMMIGRATION  
INDIAN AFFAIRS BRANCH☒ CHILD CARE☐ JUVENILE DELINQUENCYINDIAN 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

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    |
| 5. RELIGION  |              |                  |         |
| I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE<br>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?<br><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<br>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<br><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)?<br><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<br><input type="checkbox"/> OFF RESERVE  |
| 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<br>number, if Indian) |
| 27. BRIEF INDICATION OF FOSTER HOME ENVIRONMENT   |  |

July 11, 1966

DATE

P. Wilton  
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".



BEST AVAILABLE COPY



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                          | TO            |
| May 17, 1966                  | Continuing    |

|  |  |  |  |  |
|--|--|--|--|--|
| CHILD  | 1. NAME  | DENNIS, Michael Joseph   |  |  |
|  | 2. BAND  | Tahltan  |  |  |
|  | 3. BAND NO.  | 4. DATE OF BIRTH   | 1957   |  |
| PARENTS  | I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE<br>REQUIRED PAYMENTS TO BE MADE.<br>Original signed by<br>V. E. RHYMER<br>REGIONAL SUPERVISOR                          |  |  |  |
|  | 5. NAME OF MOTHER  | BROWN, Gertrude  |  |  |
|  | 6. NAME OF FATHER  | unknown  |  |  |
|  | 7. BAND AND BAND NO.   | N/A  |  |  |
|  | 8. PRESENT ADDRESS   | ON RESERVE <input type="checkbox"/> OFF RESERVE <input type="checkbox"/> |  |  |
| PLACEMENT BY A CHILD<br>CARING AGENCY OR COURT | 9. PRESENT ADDRESS   | ON RESERVE <input type="checkbox"/> OFF RESERVE <input type="checkbox"/> |  |  |
|  | 12. HAVE ARRANGEMENTS BEEN MADE WHEREBY PARENTS WILL CONTRIBUTE TO THE SUPPORT OF THE CHILD?<br><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<br>RELATIVE   |  |  |  |
|  | 14. NAME OF AGENCY<br>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<br><input type="checkbox"/> JUVENILE DELINQUENT PLACED IN REFORM INSTITUTION |  |  |  |
| PLACEMENT BY INDIAN<br>AFFAIRS BRANCH          | 16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION<br>May 17, 1966   |  |  |  |
|  | 17. IF CHILD APPREHENDED OFF THE RESERVE, GIVE BRIEF RESIDENCE HISTORY   |  |  |  |
|  | 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)?<br><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<br>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<br>number, if Indian) |  |
|  | 27. BRIEF INDICATION OF FOSTER HOME ENVIRONMENT  |  |  |  |

Discharged Sept 6/66

Original signed by  
A. E. FRY  
INDIAN AGENCY SUPERINTENDENT

July 11, 1966

DATE  
(IF ADDITIONAL SPACE REQUIRED USE OTHER SIDE OF SHEET)



• 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 DELINQUENCYINDIAN 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

FILE NO.

991/29-4

DATE

July 11, 1966

AGENCY

YUKON

REGIONAL OFFICE AUTHORITY NO.

FROM

TO

May 17, 1966 Continuing

s.19(1)

CHILD

1. NAME

DENNIS, Michael Joseph

2. BAND

Tahltan

3. BAND NO.

4. DATE OF BIRTH

1957

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.

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

☐ 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

Department of Social Welfare, Cloverdale, B.C.

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

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)

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



AUTHORITY NO. ....



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 [REDACTED].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)



BEST AVAILABLE COPY

To:

Departmental Comptroller  
Department of Social Welfare  
Parliament 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, 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

To:

Departmental Comptroller  
Department of Social Welfare  
Parliament 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

Parents' names

Child's name

Child's birthdate

Date of move

Reason for move

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. Bellmap,  
Deputy Supt. of Child Welfare,  
Social Welfare Department,  
Victoria, B.C.

Dear Mr. Bellmap:

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

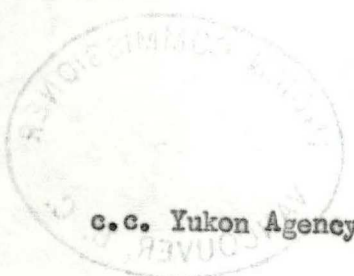
- (X) Apprehended under Protection of Children Act May 17, 1966  
( ) Committed under Juvenile Delinquents Act \_\_\_\_\_  
( ) Taken into non-ward care \_\_\_\_\_

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  
Deputy Superintendent of Child Welfare

  
c.c. Yukon Agency

000094



BEST AVAILABLE COPY

# 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

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.