



Please Print (Enter N/A where field is not applicable)

**STEP 1: INFORMATION ON APPLICANT AND DEPENDENTS**

001 Applicant last name: <b>Allan</b>	002 Applicant given name(s): <b>Jessica</b>	003 Applicant treaty number: <b>023401</b>
004 Child last name:	005 Child given name(s):	006 Child treaty number:
009 Child date of birth:    month                      day                      year	010 Child First Nation: <b>adsfadsf</b>	

**STEP 2: PLACEMENT**

Initial Date of Placement: (MM/DD/YYYY) \_\_\_\_\_

Reason:

**STEP 3: FINANCIAL ASSESSMENT**

Who currently receives applicable benefits from the Canada Revenue Agency for this child? \_\_\_\_\_

For care over two months, application to Canada Revenue Agency for applicable benefits is mandatory.

Date of application to Canada Revenue Agency for applicable benefits: \_\_\_\_\_

Has there been income or financial assistance received by or on behalf of this child within the past 30 days? Yes  No   
If yes, complete form SD03 - Declaration of Income

**STEP 3: PARENTAL CONSENT**

This is to advise that I have given my child \_\_\_\_\_ (name of child) into the care of \_\_\_\_\_ (name of applicant) and request that any medical, surgical, or dental treatment that may be necessary, I promise to pay \$ \_\_\_\_\_ per month for the maintenance of my child.

1. Are you currently in receipt of income assistance? Yes  No

2. If no, are you employed? Yes  No

If yes, name and address of employer

(parent must sign if available)

Name of Mother \_\_\_\_\_

Treaty Number \_\_\_\_\_

First Nation \_\_\_\_\_

Signature \_\_\_\_\_

Name of Father \_\_\_\_\_

Treaty Number \_\_\_\_\_

First Nation \_\_\_\_\_

Signature \_\_\_\_\_

**STEP 4: DECLARATION**

I do certify that I am the applicant for Care out of Parental Home Allowances on behalf of \_\_\_\_\_ (name of child). If this child leaves my home, I will report the date and known whereabouts of the child to the Issuing Authority. I will regard this child with love, respect, and treat him/her as a full member of our family. I understand that Indian and Northern Affairs Canada accepts no liability for care of this child in our home, even though Care Out of Parental Home Allowances are approved. I understand that application for Care Out of Parental Home Allowances must be renewed annually.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Issuing Authority \_\_\_\_\_ Date \_\_\_\_\_