



Alternative Care Home Application



WEECHI-IT-TE-WIN FAMILY SERVICES INC.

Purpose: This form gathers information about Alternative Caregiver applicant's demographic and personal information. This information will be used by WFS and Community Care Programs to initiate the caregiver home assessment

Please indicate "Caregiver 1" as the primary caregiver. "Caregiver #2" as the spouse/co-parent. **Please print** all of the information outlined. The Alternative Care worker keeps this application and all forthcoming information confidential in a caregiver file. There is space at the end of application if more room is required. Miigwech, for your interest!

Name: _____

Date: _____

Address: _____

Mailing Address: _____
(if different from Address)

Phone #: _____

Directions to Home _____

PERSONAL INFORMATION	Caregiver #1	Caregiver #2
Surname(s)		
Given Name(s)		
Maiden Name		
Alias Name		
Clan		
Gender		
Marital Status		
Cell Phone#		
Email Address		
Date of Birth (MM/DD/YY)		
Cultural Identity		
Spiritual/religious practice		
Language(s)		
First Nation		
Band #		

Child/Dependent Information:

First and Last Name	Gender	DOB (MM/DD/YY)	Relationship to CG #1	Living at home?



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Supporting Information:

Acknowledgement

I/We acknowledge:

1. The information contained in this application is complete and true to the best of my/our knowledge and that a false statement may disqualify my/our application from further consideration.
2. That Weechi-it-te-win Family Services and/or the Community Care Program staff will check for any information relevant to this application and that a Provincial Fast Track Check/CPIN, Vulnerable Sector Screening and medical will be required.
3. That Weechi-it-te-win Family Services and/or the Community Care Program has my permission to contact the references named on this application.

Caregiver #1 Signature

Date

Caregiver #2 Signature

Date

(office use only)		
Intake Worker Name	First Nation	
		☑ 8 – 1 – A Process Application Time:
REFERRAL SOURCE		
Intake date	Name	Position/relationship
Referral Disposition		Date
Alternative Care Worker:		
CCP Supervisor Approval:		
WFS Designate Approval		

***This form replaces the CR 1&2 Face sheet & Intake of the Case Management System.**