Children's Foster Home Applicant(s) Additional Information

Manitoba Family Services

MAILING ADDRESS

	APPLICANT	APPLICANT
Surname	Stephenson	Stephenson
Given Names	KIMBERLY ANN	ROHAN WAYNE
Previous Names: Maiden name / Also known as / Name change	EDWARDS	N/A
Birthdate (D/M/Y)	AUGUST 5 1970	NOV 10 1970
First Nations Community Treaty Number	N/A	N/A
Languages Spoken	ENGLISH	ENGLISH
Education/Specialized Training	HEALTH unit Clerk	HEALTH CARE AID
Work Experience	—	Focus 1 10-10 Sinclair Housing
Present Occupation	STAY HOME MOTHER	
Date of Marriage/Common Law	NOV 30 96 CURRENTLY SEPARATED	
Previous Marriages/Common Laws	Yes ☐ No ☐	Yes ☐ No ☐

OWN CHILDREN (Please attach list if space is insufficient)
List all children whether living with you or not. (Include names of children from previous relationships.)

Name in Full		Birthdate (D/M/Y)	Gender	Living At Home?		Special Care Required?	
Surname	Given Names			Yes	No	Yes	No
[redacted]	[redacted]	5/19/89	M	✓			✓
[redacted]	[redacted]	6/14/91		✓			✓
[redacted]	[redacted]	12/28/86			✓		
	(FEB 2004)						

OTHER PERSONS RESIDING IN YOUR HOME

Name in Full		Birthdate (D/M/Y)	Gender	Relationship	Special Care Required?	
Surname	Given Names				Yes	No

HAS ANY MEMBER OF YOUR IMMEDIATE FAMILY A SERIOUS ILLNESS OR DISABILITY? Yes ☐ No ☒

If yes, please explain:

HAVE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY BEEN HOSPITALIZED OR RECEIVED MENTAL HEALTH SERVICES WITHIN THE LAST 10 YEARS? (Give name of person treated and reason for treatment)

NO

HAVE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY RECEIVED CHILD AND FAMILY SERVICES FROM AN AGENCY IN MANITOBA OR ELSEWHERE? (Give name of agency, date, reason, other information)

NO

HAVE YOU EVER BEEN A FOSTER PARENT OR APPLIED TO BE A FOSTER PARENT? (If yes, please indicate name of agency, when, and if possible, the name of the worker) NO

ARE YOU CURRENTLY LICENSED BY ANY OTHER PROGRAM (E.G. DAY CARE, COMMUNITY LIVING?) Yes ☐ No ☒
(Please specify)

ARE YOU CURRENTLY PROVIDING DAILY CARE FOR CHILDREN OR ADULTS? Yes ☒ No ☐

(Please explain) MY OWN CHILDREN

WHAT ARE YOUR PRINCIPAL REASONS FOR WANTING TO BE A FOSTER PARENT?

LOVE (HAD CHILD ON + OFF SINCE SHE WAS 3 MO. OLD)

WOULD YOU CONSIDER FOSTERING A CHILD WHO HAS SPECIAL CARE NEEDS, FOR EXAMPLE, PHYSICALLY, MEDICALLY, OR MENTALLY CHALLENGED OR LEARNING DISABLED? Yes ☐ No ☐

WOULD YOU CONSIDER FOSTERING SPECIAL NEEDS ADOLESCENTS? Yes ☐ No ☐

SEX OF FOSTER CHILD: Male ☐ Female ☒ NUMBER OF CHILDREN: One ☒ Two ☐ Three ☐ Four ☐

AGE OF FOSTER CHILD REQUESTED: Under 2 years ☐ 3-5 years ☒ 6-10 years ☐ 11-13 years ☐ 14-17 years ☐

IF YOU HAVE ANY ADDITIONAL COMMENTS, PLEASE ATTACH A SEPARATE SHEET.

I/we certify the above information to be true and accurate.

SIGNED: [signature] Applicant   [signature] Applicant

DATE: Sept 23/2003

WHEN COMPLETED PLEASE FORWARD TO: WINNIPEG CHILD & FAMILY SERVICES
Foster Home Development Program
222 Provencher Boulevard