

FAXED JD

REQUEST FOR DRIVER

WORKER: Marrie Saunderson DATE: Apr. 26/2000
 OFFICE: 831 Portage ave PHONE NO.: 904-4259
 CHILD(REN): Phoenix Sinclair DOB: Apr. 23/2000
 _____ DOB: _____
 _____ DOB: _____
 _____ DOB: _____

PARENT(S) NAMES: Samantha Kematch + Steven Sinclair

FOSTER PARENTS: shelter staff PHONE: [REDACTED]
 ADDRESS: [REDACTED]

STATUS OF CHILD(REN): VPA _____ APPREHENSION T.O. _____ P.O. _____

FREQUENCY OF VISITS: 1x/week (Fridays 11-1:15pm)

PREFERRED TIME FOR VISITS: AM: P.M.: _____ SPECIFIC TIME: _____

DAY OF WEEK PREFERRED: Fridays

NATURE OF VISITS: In office (loosely supervised)

CHILD'S HISTORY: SEXUAL ABUSE _____ PHYSICAL ABUSE _____

MEDICAL PROBLEMS: none

SPECIAL INSTRUCTIONS: _____

**NO CONTACT WITH: _____

ASSIGNED DRIVER: _____ PLEASE SEND REQUEST TO VALERIE
 BROOKS, FAX NO. 4521 OR PHONE 4075