



HOLIDAY PLACEMENT APPLICATION FORM

*Protecting Children
Empowering Families
Securing the Future*

PHOTOGRAPH

PHOTOGRAPH

PERSONAL INFORMATION

Title (Mr./Mrs./Ms)	Surname	First Name	Middle Initial	Maiden Name
Date of Birth for Applicant	MALE		FEMALE	
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Common-law <input type="checkbox"/> Widowed			
Current Address				
Directions to home				
What is your home tenure?	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> Rent Free <input type="checkbox"/> Other			
Telephone Numbers	Male		Female	

DETAILS OF OCCUPANTS IN HOME

Surname	First Name	Age	Sex (M/F)	Relationship to Applicant	Working (Yes/No)	Occupation/School
Are you currently experiencing a physical or mental illness (e.g. diabetes, asthma, depression)?	<input type="checkbox"/> Yes	If "Yes", please state type and duration of illness below:				
	<input type="checkbox"/> No	Type of Illness				
		Duration of illness				
Any member of household currently experiencing a physical or mental illness (e.g. diabetes, asthma, depression)?	<input type="checkbox"/> Yes	If "Yes", please state type and duration of illness below:				
	<input type="checkbox"/> No	Type of Illness				
		Duration of illness				



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Have you had a medical examination/visited the doctor in the last year	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please state name and address of doctor below
What is the name and address of your nearest health facility?		
Have you or any member of your household ever been convicted of an offence	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give details
WORK HISTORY AND FINANCIAL SITUATION		
Are you employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is your occupation?		
Work Address	Male	Female
How long have you worked there?		
Transportation available		
HOME AND LIVING CONDITIONS		
What will be the sleeping arrangements/accommodation for the child?		
What are the items of furniture in the child's room? <input type="checkbox"/> Bed <input type="checkbox"/> Dresser <input type="checkbox"/> Chest of Drawers <input type="checkbox"/> Closet <input type="checkbox"/> Table <input type="checkbox"/> Chair <input type="checkbox"/> Computer Desk <input type="checkbox"/> Other		
In what type of dwelling does the family reside? <input type="checkbox"/> Detached house <input type="checkbox"/> Half side of a house <input type="checkbox"/> Apartment <input type="checkbox"/> Townhouse <input type="checkbox"/> Semi-detached <input type="checkbox"/> Quad <input type="checkbox"/> Other (specify):		
How many bedrooms are in the house <input type="checkbox"/> Living Room(s) <input type="checkbox"/> Bathroom(s) <input type="checkbox"/> Kitchen <input type="checkbox"/>		
Other		
What is the source of the households' water supply? <input type="checkbox"/> Piped water indoor <input type="checkbox"/> Piped water in the yard only <input type="checkbox"/> Community Standpipe <input type="checkbox"/> Other		
What toilet facilities are available to the family? <input type="checkbox"/> water closet (flush) <input type="checkbox"/> Pit latrine <input type="checkbox"/> other		
What are the bathing facilities available to the family? <input type="checkbox"/> indoor facilities <input type="checkbox"/> outdoor without proper structure <input type="checkbox"/> bathroom is detached from main house <input type="checkbox"/> Other		
What modern appliances were visible in the home? <input type="checkbox"/> refrigerator <input type="checkbox"/> stove <input type="checkbox"/> television <input type="checkbox"/> computer <input type="checkbox"/> washing machine <input type="checkbox"/> dryer <input type="checkbox"/> radio/stereo <input type="checkbox"/> Other		
Was the house clean and orderly? <input type="checkbox"/> Yes <input type="checkbox"/> No		



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Was it easy for occupants to move around the items of furniture in the house? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What kinds of utilities are used by the household? <input type="checkbox"/> landline telephone <input type="checkbox"/> electricity <input type="checkbox"/> cable <input type="checkbox"/> internet			
What is your overall impression of home and living conditions?			
INTEREST IN HOLIDAY PLACEMENT			
Why do you wish to take a child in your home for the holiday?			
What is your experience with children?			
What is your preference in terms of sex of the child	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Preference		
What is your preference in terms of the age of the child?			
Have you ever applied to have a child for the holiday before	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give date of last application?		
Where was the last application processed?			
Was child placed in your home	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Outcome of Placement			
Would you be interested in fostering a child	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you understand that the CPFSA has the right to refuse this application	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PLEASE LIST ONE (1) REFEREE			
Surname	First Name	Contact Information (Mailing/Phone)	Occupation



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DECLARATION

I/We declare:

1. That 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 the Child Protection and Family Services Agency is given permission to contact the referee named on this application

Signature of Applicant:

Date:

Signature of Applicant:

Date:

CPFSA OFFICIAL USE ONLY

Date Contact Made with the CPFSA

Region

Parish Office

South East North East
 Southern Western

Date Reviewed

Reviewed By (*Team Leader*):

Outcome of Review

Approved
 Rejected

Applicants informed

Yes
 No
 Date Informed:

Date Home Assessment was done:

Was a child placed? Yes No If yes Name of Child and Facility

Additional Comments

Signature of Children's Officer

Date Signed

Signature of Team Leader

Date Signed: