



Request for Social History Information

To be completed by: Child and Family Services Worker

633 Wellington Crescent
Winnipeg, MB R3M 0A8, Canada
Telephone: (204) 235-8866 Fax: (204) 235-8870

Date: _____

Child's Name: _____ Date of Birth: _____

Social Workers Name _____ Agency: _____

Phone Number: _____ Child's Legal Status: _____

Date of Child's recent admission to Agency Care: _____

Previous Admissions to Agency Care (if applicable): _____

Please describe the circumstances regarding the child's admission to CFS care. If applicable, please include information regarding any prior admissions to Agency care as well.

Is Reunification with the parent(s) currently being planned? _____

Is the birth mother aware of this referral to Manitoba FASD Centre? Yes No Unknown

Is she in agreement? Yes No Unknown

Please explain: _____

Please provide information regarding this child's placement history (e.g. date child placed in present foster home, number of previous placements and length of stay, reason for any past placement changes, child's reactions to moves and changes). If more space is needed please attach additional page (s).
