

Interprovincial Request for Services

Originating Province/Territory

Child Welfare Organization	Caseworker (contact person)	Date
Phone Number	Fax Number	Email Address

Receiving Province/Territory

(Interprovincial Coordinator will complete this information prior to forwarding to the regional designate if you do not know)

Child Welfare Organization	Address	Postal Code
Phone Number	Fax Number	Email Address

Type of Request (check *all* that apply)

<input type="checkbox"/> Child Welfare Record Check	<input type="checkbox"/> Background History/Information
<input type="checkbox"/> Home Study (adoption, foster care, place of safety, etc.)	<input type="checkbox"/> Courtesy Supervision of a Visit
<input type="checkbox"/> Service of Court Documents	<input type="checkbox"/> Interview with alleged perpetrator(s) or victim(s) of abuse
<input type="checkbox"/> Other – describe:	

Child Information

Full Legal Name	Date of Birth (if known)	Location/Address

Parent/Caregiver

Full Legal Name	Date of Birth (if known)	Relationship to Child or Caregiver	Location/Address

Reason for Request or Details (briefly describe and attach a separate sheet if necessary)

Distribute copies as follows:

- Originating Interprovincial Coordinator
- Receiving Interprovincial Coordinator
- Receiving Child Welfare Organization