

Application about the Proposed Removal of a Child from a Foster Home FORM 1

Disponible en français

Language Preference						
The CFSRB offers services in both French and English. What is your preferred language?						
If you are the Respondent and want French Language Services, complete the Request for French Language Services and send it by email or mail to the CFSRB at CFSRB@ontario.ca.						
About this Form						

Use this Application form to ask for a review of a written notice proposing to remove a foster child from your care.

You can file this Application if:

- 1. you are a foster parent
- 2. the child is in extended society care
- 3. the child has lived with you continuously for at least two years

You must submit the Application to the Child and Family Services Review Board (CFSRB) within 10 days of receiving written notice from the Society.

This Application is made under section 109 of the Child, Youth and Family Services Act, 2017.

Instructions

- 1. Complete all sections of the form.
- 2. Sign and date the form.
- 3. Deliver the form:

By Email: <u>CFSRB@ontario.ca</u>

By Fax: 416-327-0558

By Mail/In Person: Tribunals Ontario

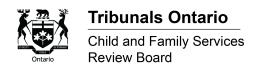
Child and Family Services Review Board

15 Grosvenor Street, Ground Floor

Toronto, ON M7A 2G6

For more information, call 416-327-0111 or toll-free 1-888-777-3616.

0007E (CFS001E 2024/04)



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1. Applicant Information											
Last Name				F	First Name						
Address (Number and Street)									Suite/Unit/Apt.		
City/Town					Province			l	Pos	tal Code	
Telephone (Day)		Telep	hone <i>(Evenir</i>	ng)			Fax				
Email *											
2. Foster Child Information	on										
Last Name		First Name					Date of Birth (yyyy/mm/do				
The child's Band, First National your knowledge, please contact the contact of the children in			•	•	s) is entitle	d to no	otice of this /	Applica	ation. T	o the best of	
Name of Band, First Nations, Inuit or Métis Community(ies) (if applicable)					Telephone						
Contact Person					Email						
Address					City/Town			Provi	ince	Postal Code	
3. Representative Informa	ation							•			
Complete this section only representative, the CFSRB Representation.	•		•			•		•	•		
I authorize the name	d person a	and/or c	organization	to	represent i	me.					
My representative is:											
A lawyer Law Society # A paralegal Law Society #											
Other (Please describe	e. For exan	nple, mo	ther, father, f	rier	nd)						
Last Name	F	First Name Organization (if applicable)									
Address (Number and Stre	et)							Suite	։/Unit/Aր	ot.	
City/Town							Province	9	Pos	tal Code	
Telephone	Fax		En	nai	*						
* Providing your email addr	ess mean	s you a	gree the CF	SR	RB can ema	ail you i	instead of u	sing m	nail or fa	ax.	
4. Which children's aid so	ociety ma	de the	decision?								
Name							Telephone				
Address					City/Town			Provi	ince	Postal Code	

5. When did you receive the written notice? Attach a copy of the written notice.					
Date (yyyy/mm/dd)	I have attached a copy of the written notice.				
6. Information about the Foster Relationship					
a. When did the foster child come into your care? (yy	vy/mm/dd)				
b. Has the foster child been in your care continuously since then?					
If not, give the dates of any breaks in care.					
c. What is your relationship to the foster child?					
7. Explain why you disagree with the proposed remo	val. Be as specific as possible. Use the space below				

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8. Accessibility and Accommodation	า						
Tell us if you need any of the following	at the hear	ing:					
 Interpreter 	☐ No	Yes					
Language			Dialect				
 Sign Language Interpreter 	☐ No	Yes					
 Wheelchair Access 	☐ No	Yes					
Other (Please specify)							
For more information on accessibility and accommodation, visit our <u>website</u> .							
9. Applicant Signature							
Signature				Date (yyyy/mm/dd)			
Please check this box if you are filin fill out the date above.	ng your App	olication elec	tronically. T	This represents your signature. You must			

Notice Regarding the Collection of Personal Information

The Child and Family Services Review Board (CFSRB) collects the personal information requested on this form for the purpose of conducting a review under section 109 of the *Child, Youth and Family Services Act, 2017*. It will be shared with the parties to the Application. Copies of all documents filed with the CFSRB which relate to the Application will also be shared with the parties to the Application.

The CFSRB posts a redacted version of its decisions on the website of the Canadian Legal Information Institute (www.canlii.org).

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