F/L. 43
C.P.A. (Inst)

DEPARTMENT OF NATIONAL HEALTH AND WELFARE
FAMILY ALLOWANCES - ONTARIO REGION

To Superintendent,
Ontario Hospital School,
Orillia, Ont.

F.A. No. [redacted]

Your File [redacted]

CHILD [redacted]

PAYEE Mrs. [redacted]

BORN [redacted] 1949

ADDRESS [redacted]

Dear Superintendent:

On the basis of information supplied by you, Family Allowances for the above child are ~~xxx~~ payable.

If maintenance for this child should cease/~~commence~~ will you please advise us by sending a maintenance advice (on our F/L. 2) so that eligibility may be reviewed.

It would be appreciated if you will keep this notice on your file and return to us duly completed, when the child is discharged from your care.

Yours very truly,

[redacted]

Regional Director
of Family Allowances.

lmb

Discharged to: NAME

ADDRESS

Date Discharged:

43
21-11-52