

*What date?*

DEPARTMENT OF NATIONAL HEALTH AND WELFARE  
FAMILY ALLOWANCES - ONTARIO REGION

Institution . . . . .

Address . . . . .

Regional Director of Family Allowances,  
25 St. Clair Avenue East,  
Toronto 7, Ontario

For Dept'l use only  
F.A. No.

For your information, the following particulars are submitted in respect to a child, under 18 years of age, who has been admitted to this institution.

Name of Child (in full) . . . . .

Birth Place . . . *Toronto* . . . . . Birthdate . . . . . *1949*  
Month Day Year

Other (or other guardian) . . . *Superintendent, Ontario Training School* . . . . .  
(Using first or given names)

Address . . . . . *Terminated July 21/63* . . . . .

Father (or other guardian) . . . . .

Address . . . . .

Child placed by . . . . . on date . . . . .

Cash maintenance agreed upon \$ . . . . .  
Weekly   
Monthly

Payable by . . . . .

In Hospital or Sanatorium, is this child insured under the Ontario Hospital Services Plan? YES  NO

If "yes", by whom are the premiums paid? . . . *Training School* . . . . .

Ontario Hospital Insurance Number . . . . .

In addition to the above maintenance, parent will provide clothing and other necessities . . . . . YES  NO

REMARKS:

[Redacted]