

To: A Director

I/We				
Licensee Last Name		First Name		Middle Initial
Address				
Unit No.	Street No.	Street Name		PO Box
City/Town		Province		Postal Code

 Holder of License issued under Part VIII Section 229 of the *Child, Youth and Family Services Act, 2017*.

Propose to place a child

born on Date (yyyy/mm/dd)

or

expected to be born on Date (yyyy/mm/dd)

to

Full given names and surnames of birth parents
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Last Name	First Name	Middle Initial	
Last Name	First Name	Middle Initial	
Address			
Unit No.	Street No.	Street Name	PO Box
City/Town		Province	Postal Code

With

Full given names and surnames of applicant(s)

Last Name	First Name	Middle Initial	
Last Name	First Name	Middle Initial	
Address			
Unit No.	Street No.	Street Name	PO Box
City/Town		Province	Postal Code

For adoption.

The placement, if approved under section 188, will be supervised by:

Full name of person supervising the placement:

Last Name	First Name	Middle Initial
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Date (yyyy/mm/dd)	Signature of Licensee
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Information on this form is collected under the legal authority of the *Child, Youth and Family Services Act, 2017* for the purpose of administering Ministry of Children, Community and Social Services programs and/or services. For more information contact: Director, Client Services Branch, Ministry of Children, Community and Social Services, 6th Fl., 101 Bloor St. W., Toronto ON M5S 2Z7 or call 416-326-3170.