

FORM CFS-8

RENEWAL OF VOLUNTARY PLACEMENT AGREEMENT

Manitoba
Family
Services
and Housing

The Child and Family Services Act
(subsection 14(2))

BETWEEN:

The Agency:

-and-

The Applicant(s):

Full Name(s)

Address:

Manitoba Health Registration No.:

Child's Personal Health Information No.:

IN THE MATTER OF

Full Name

("the child")

born the _____ day of _____, ____.

WHEREAS on the _____ day of _____, _____, the agency and the applicant(s) entered into a voluntary placement agreement (renewal) with respect to the above child;

AND WHEREAS that agreement (renewal) expires on the _____ day of _____, _____, and the applicant(s) is (are) requesting an extension/further extension of the agreement (renewal) beginning on the _____ day of _____, _____, and continuing until the _____ day of _____, _____, a period not exceeding twelve months;

NOW, THEREFORE, the parties agree as follows;

1. The agency and the applicant(s) mutually agree(s) that in the best interest of the child the agreement (renewal) be renewed/further renewed.
2. In consideration of the further care to be provided for the child, the applicant(s) hereby agree(s) to continue providing health benefits under *The Health Services Insurance Act* and to pay the agency the sum of _____ per month of service.
3. All other terms and conditions as outlined in the original agreement continue to apply.

SIGNED this _____ day of _____, _____, at _____, Manitoba.

Witness

Applicant

Witness

Applicant

Executive Director/Regional Director of Agency

Copy 1 – agency
Copy 2 – applicant(s)
Copy 3 – Director of Child and Family Services
Copy 4 – mandating authority
All four copies must be signed and witnessed