

**BC FAMILY MAINTENANCE AGENCY**  
**Child's Circumstances Form**  
**For Enrolment**

Case ID: \_\_\_\_\_

Recipient's Name: \_\_\_\_\_

Payor's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age of Majority: \_\_\_\_\_

BCFMA needs information about your child's circumstances to establish if any arrears are owing and to determine if we will collect ongoing child support. Please read the form carefully and ensure you answer all the questions.

***A copy of this completed form and any information you send us about the child will be provided to the payor.***

1. Are you still expecting ongoing child support for this child? Yes  No

a) If No, as of what date: \_\_\_\_\_  
DD-MON-YEAR

If the date is on or before the date the child reached the age majority, please sign the form and return it to BCFMA.

If the date is after the date the child reached the age of majority, please proceed to question 2.

b) If Yes, please proceed to question 2.

2. Is the child married or soon to be married? Yes  No

If Yes, please provide the date: \_\_\_\_\_  
DD-MON-YEAR

3. Is the child currently in school? Yes  No

a) If Yes, please provide:

Anticipated completion date of child's diploma, program or degree: \_\_\_\_\_  
DD-MON-YEAR

b) If No, please provide:

i) Date the child was last in school: \_\_\_\_\_  
DD-MON-YEAR

ii) Is the child intending on returning to school? Yes  No  Unknown

If Yes, please provide the anticipated start date: \_\_\_\_\_  
DD-MON-YEAR

Child's Name: \_\_\_\_\_

iii) Is the child on a wait list for school? Yes  No

If Yes, please provide the anticipated start date: \_\_\_\_\_  
DD-MON-YEAR

4. Is/has the child ever been in an apprenticeship program? Yes  No

If Yes, please provide: Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
DD-MON-YEAR DD-MON-YEAR

5. Where is the child currently residing?

a) The child is (select one):

- Living in my home  Not living at my home
- Living away from my home to attend school  Living with the payor

b) If the child is not living with you provide the date the child left home: \_\_\_\_\_  
DD-MON-YEAR

c) If the child is not living with you are you financially supporting the child? Yes  No

If Yes, are you contributing to (select all that apply):

- Rent  Medical/Dental
- Food  Tuition/Books
- Clothing  Other: \_\_\_\_\_

6. Is the child currently working? Yes  No  If Yes, is it: Full-time  Part-time

Is the child currently receiving EI (Employment Insurance) Yes  No

7. Does the child currently have a medical condition or disability that prevents him/her from working or attending school? Yes  No

If Yes, is it: Permanent  Temporary

8. Since reaching the age of majority:

a) Has there ever been a time the child was not in school (other than for regular school breaks)? Yes  No

If Yes, please provide the dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
DD-MON-YEAR DD-MON-YEAR

b) Has there ever been a time the child was not living with you? Yes  No

If Yes, please provide the dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
DD-MON-YEAR DD-MON-YEAR

Was the child living with the payor during this time? Yes  No

Did you financially support the child during this time? Yes  No

Since reaching the age of majority:

c) Has the child ever worked full-time? Yes  No

If Yes, please provide the dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
DD-MON-YEAR DD-MON-YEAR

d) Has there ever been a time when the child was receiving EI? Yes  No

If Yes, please provide the dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
DD-MON-YEAR DD-MON-YEAR

e) Has there ever been a time the child had a medical condition or disability that prevented him/her from working or attending school? Yes  No

If Yes, please provide the dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
DD-MON-YEAR DD-MON-YEAR

**A copy of this completed form will be shared with the payor.**

**SIGNATURE**

*By checking the box below you confirm that you are the recipient named on this form, the information provided on the form is true and you may be required to provide further documentation.*

I declare I am the recipient and the information provided is true.

I understand I may be required to provide documentation to BCFMA to support the answers on this form.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

The information on this form is collected pursuant to the *Family Maintenance Enforcement Act* for the purposes of managing your support order or agreement. To obtain information about privacy protection, go to the BCFMA website.