

**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 this child's current circumstances to determine if we will collect ongoing child support. Please read this form carefully, then sign and return it.

**Please note we will send a copy of this completed form and any information sent about the child to the payor. We will not share a copy of the Child's Medical or Disability Form if one is completed and sent to us.**

1. Are you still expecting ongoing child support for the 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 age of majority, please sign this form and return it to BCFMA.

If the date is after the date the child reached 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:

i) Anticipated completion date of child's diploma, program or degree: \_\_\_\_\_

DD-MON-YEAR

ii) Proof of school registration that includes the child's name, school name, program or course and the start date of the term

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

Personal information collected on this form is used and disclosed pursuant to the *Freedom of Information and Protection of Privacy Act* (FIPPA) and the *Family Maintenance Enforcement Act* (FMEA). BCFMA uses this information to manage your support order, evaluate and improve BCFMA's services, conduct research, and as otherwise required by law. For more information on BCFMA's privacy policies, go to our website, or contact our Privacy Officer at [privacy@bcfma.ca](mailto:privacy@bcfma.ca).

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

- iii) Is the child accepted, registered or on a wait-list for school? Yes ☐ No ☐  
 If Yes, please provide proof of acceptance, registration or placement on the wait-list.

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 Employment Insurance (EI)? Yes ☐ No ☐

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

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 ☐

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

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 them from working or attending school? Yes ☐ No ☐

If Yes, please provide the dates:

From:

To:

DD-MON-YEAR

DD-MON-YEAR

**We will share a copy of this completed form 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: