

BC FAMILY MAINTENANCE AGENCY

Child's Circumstances Form

Case ID: _____

Recipient's Name: _____

Payor's Name: _____

Child's Name: _____

Child's Age: _____

BCFMA needs information about this child's current circumstances to determine if we will continue to collect ongoing child support. Please read this form carefully, and once you are done, sign and return the form as requested.

Please note we will provide 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 with the payor if one is completed and sent to us.

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

If No, as of what date? _____

DD-MON-YEAR

Please sign this form and return it to BCFMA.

If Yes, please continue and complete this form.

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 in school? Yes ☐ No ☐

a) If Yes, please provide:

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

ii) Term end date: _____

DD-MON-YEAR

iii) Anticipated completion date of child's diploma, program or degree: _____

DD-MON-YEAR

iv) When completed will the child continue on with further education?

Yes ☐ No ☐ Unknown ☐

If Yes, please provide anticipated start date: _____

DD-MON-YEAR

b) If No, please provide:

i) Date the child was last in school: _____

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.

Child's Name: _____

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

If Yes, please provide:

Term start date: _____

DD-MON-YEAR

Term end date: _____

DD-MON-YEAR

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 the child in an apprenticeship program? Yes ☐ No ☐

If Yes, please provide the start date of the program: _____

DD-MON-YEAR

5. Where is the child residing?

a) The child is (select one):

☐ Living in my home☐ Not living in my home☐ Living away from my home to attend school☐ Living with the payorb) 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 working? Yes ☐ No ☐ Full-time ☐ Part-time ☐Is the child receiving Employment Insurance (EI)? Yes ☐ No ☐7. Does the child have a medical condition or disability that prevents the child from working or attending school? Yes ☐ No ☐**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: _____

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