

BC FAMILY MAINTENANCE AGENCY
Child Status Request Form for ISO Cases

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.

Depending on where your order or agreement was made, you may need to provide supporting documentation for Questions 2 and 4.

Please note we may provide a copy of this completed form to the payor and/or other maintenance program. We will not share a copy of the Child's Medical or Disability Form if one is completed and sent to us.

1. Recipient's Agreement to Continue Charging Support

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

If Yes, go to Question 2.

If No, as of what date should support be stopped? _____

DD-MON-YEAR

Please explain why: _____

Sign this form on Page 3 and return it to us confirming you do not think BCFMA should collect ongoing child support for the child.

2. Disability/Medical Condition

Does the child have a medical condition and/or disability that prevents them from working and/or attending school and/or leaving your care? Yes ☐ No ☐

☐ Supporting documentation is required by the other maintenance program.

If you indicated yes to this question, in addition to completing the Child's Medical or Disability Form, please also attach a signed letter from a licensed medical practitioner stating the child is unable to work and/or be a full-time or part-time student at school and/or leave your care because of illness and/or disability.

If you cannot provide a letter, please provide an explanation or contact BCFMA to discuss.

3. Marital/Common Law Status

Is the child married or living common law? Yes ☐ No ☐

If Yes, as of what 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.

Child's Name: _____

4. Schoolinga) Is the child currently attending or enrolled in school? Yes ☐ No ☐☐ Supporting documentation is required

If your child is or has been in school, attach confirmation of schooling for every semester after the child passed the age of majority. Supporting documentation must be in the form of an official document from the child's school or school board confirming the child is/was enrolled full-time or part-time.

If Yes,

i) Is child enrolled: Full-time ☐ Part-time ☐

ii) Provide start date of course or program: _____

DD-MON-YEAR

iii) When is the child's anticipated date of graduation? _____

DD-MON-YEAR

If No,

i) Date the child was last in school: _____

DD-MON-YEAR

ii) Was the child enrolled: Full-time ☐ Part-time ☐iii) Does the child intend to return to school? Yes ☐ No ☐ Unknown ☐If Yes, Full-time ☐ Part-time ☐ Start date: _____

DD-MON-YEAR

If No, provide reason: _____

b) Has the child obtained their first post-secondary, diploma or certificate? Yes ☐ No ☐

If Yes, as of what date? _____

DD-MON-YEAR

5. Child's Residence / Recipient Financial SupportIs the child currently living with you? Yes ☐ No ☐

If Yes, go to Question 6.

If No, provide:

i) Date child left your home: _____

DD-MON-YEAR

ii) Reason child left home: _____

iii) Child's relationship to the person they are currently living with (if applicable)

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Child's Name: _____

- iv) If the child is not living with you, are you making financial contributions to the child's needs? Yes ☐ No ☐

If Yes, check all that apply:

- ☐ Room and board ☐ Tuition/Books
☐ Rent ☐ Medical/Dental
☐ Food Only ☐ Other: _____

- v) Is the child returning to your home? Yes ☐ No ☐

If Yes, indicate date the child will return to live with you: _____

DD-MON-YEAR

If No, indicate reason the child will not return: _____

6. Child's Income

- a) Is the child working (including apprenticeship program)? Yes ☐ No ☐

If Yes, is it: Full-time ☐ Part-time ☐

If Full-time provide employment start date: _____

DD-MON-YEAR

- b) Is the child receiving Employment Insurance (EI)? Yes ☐ No ☐

If Yes, provide start date: _____

DD-MON-YEAR

- c) Does the child have other sources of income? Yes ☐ No ☐

If Yes, provide details: _____

We may share a copy of this completed form with the payor and/or other maintenance program.

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: _____