

# Administering Authority Letterhead

## FAX COVER SHEET

### INAC Children Out of the Parental Home Screening Consent

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

**TO:** Vancouver After Hours, Ministry of Children and Family Development

Phone Number: **604 660- 4927 or toll-free 1 800 663-9122**

Fax Number: **604 739-3741**

**FROM:** \_\_\_\_\_ (Worker's Name & Job Title)

\_\_\_\_\_ (Administering Authority Name)

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Pages: \_\_\_\_\_ including this page

**SUBJECT:** Children Out of the Parental Home Screening Consent (COPH 02) form(s) for:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(COPH Child's Last Name) (First and Middle Name) (Date of Birth yyyy-mmm-dd)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(COPH Child's Last Name) (First and Middle Name) (Date of Birth yyyy-mmm-dd)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(COPH Child's Last Name) (First and Middle Name) (Date of Birth yyyy-mmm-dd)

[NOTE: If there are more than one COPH child residing in the same household, list all the COPH children and attach the completed screening consent(s) for each child in the package]

#### Comments:

This package contains \_\_\_\_\_ completed screening consent form(s).  
(# Count)

Please forward the result of the screening checks to: \_\_\_\_\_  
(Print Name of Worker)

via email @ \_\_\_\_\_ or by mail to:  
(Worker's secured email address)

\_\_\_\_\_  
(Address of the administering authority)

### Confidentiality Notice

*The contents of this facsimile are highly confidential and intended only for the person(s) or entity to which it is addressed. Any other distribution, copying or disclosure is strictly prohibited. If you have received this message in error, please notify the sender below immediately by telephone and return the original transmission to us without making a copy.*