



Your name signed on the line below means you fully understand your rights, have reviewed this Handbook and had your questions answered.

Childs Signature: _____ P.S. Initial ___ Date: _____

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Rights Handbook
Signature page

Child in Care
Confirmation of Receipt
of Rights

This Book Belongs to:

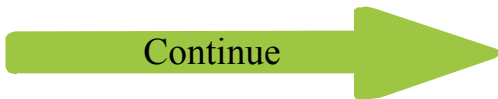
72 Orchard Drive
Belleville, Ontario K8P 2K7
613 968-8569 Fax 613 967-3998



I had the following rights explained to me.

Rights

- ☺ Healthy Food and a safe home
- ☺ Go to school and enjoy making friends
- ☺ Clothes for every season
- ☺ Medical and Dental care
- ☺ Services for any special needs
- ☺ Fun activities in the community
- ☺ Attend church or cultural activities
- ☺ Participate in your Plan of Care
- ☺ Visit family (unless a judge orders)
- ☺ Speak privately with a lawyer, Ombudsman, Advocate, member of parliament
- ☺ Send and get mail privately unless it might be harmful to me
- ☺ Personal belongings and space
- ☺ Privacy
- ☺ Know what information we collect and keep in your file
- ☺ Visits with your CAS worker



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