



Commonwealth Department of Social Services
**ADVICE OF ADMISSION OF A CHILD
 TO AN INSTITUTION
 AND CLAIM FOR ADDITIONAL
 CHILD ENDOWMENT**

Advice Serial No. _____

Please type or print

Note: When a child is admitted this form should be completed and copies 1 & 2 forwarded immediately to the Director of Social Services

NAME OF INSTITUTION *The Salvation Army
 Bay's Home, Hampstead Rd
 N. Bentley 2207*

Full Name of Child for whom Child Endowment is hereby claimed: **REDACTED**
 Date of Birth: **REDACTED**
 FX: **REDACTED**
 FV: **REDACTED**

Date of Admission to Institution: *14 5 74* Probable Length of Stay: _____

Full Name and Address of Person or Authority last receiving Endowment for the above child (i.e. Parent, Guardian or Institution): **REDACTED**

Signature of Authorised Officer: *[Signature]* Date: *14.5.74*

FOR USE BY DEPARTMENT OF SOCIAL SERVICES

Index Searched by: _____ Checked: _____ Endowment Number: _____

Index Card Prepared by: _____ Checked: _____

SC 52. Prepared. Institution to be paid from: _____ Inst. Cl: *1 1*

Endowment Adjusted from: _____ Examiner: *1 1*

Remarks: _____

Department of Social Security

**ADVICE OF DISCHARGE
 OF CHILD
 FROM INSTITUTION**

Advice Serial No. _____

Please type or print

Note: When a child is discharged this form should be completed and copies 1 & 2 forwarded immediately to the Director, Department of Social Security

NAME OF INSTITUTION *Salvation Army Bay's Home
 Bentley Rd N. Bentley 2207*

Full Name of Child: _____ Date of Birth: _____
 FX: **REDACTED**
 FV: **REDACTED**

Date of Discharge: *26.9.75*

Full Name and Address of Person or Institution to whom Child was Discharged: **REDACTED**

Signature of Authorised Officer: *[Signature]* Date: *30.9.75*

FOR USE BY DEPARTMENT OF SOCIAL SECURITY

Index Searched by: _____ Checked: _____ Endowment Number: _____

Index Card Action by: _____ Checked: _____

SC 52. Noted. Institution to be paid to: _____ Inst. Cl: *1 1*

Claim Form Forwarded: *1 1*

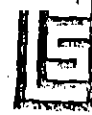
Remarks: _____

Department of Social Security

**ADVISE OF DISCHARGE
OF CHILD
FROM INSTITUTION**

Please type or print		Advice Serial No.
<i>Note: When a child is discharged this form should be completed and copies 1 & 2 forwarded immediately to the Director, Department of Social Security</i>		
NAME OF INSTITUTION		
Full Name of Child	Date of Birth	
Date of Discharge		
Full Name and Address of Person or Institution from whom Child was discharged		
Signature of Authorised Officer	Date	

FOR USE BY DEPARTMENT OF SOCIAL SECURITY		
Index Searched by	Checked	Endowment Number
Index Card Action by	Checked	
SC 52. Noted. Institution to be paid to	Inst. Cl.	/ /
Claim Form Forwarded		
Remarks		



**ADVISE OF DISCHARGE OF A CHILD
TO AN INSTITUTION
AND CLAIM FOR ADDITIONAL
CHILD ENDOWMENT**

Please type or print

Advice
Serial No.

Note: When a child is admitted this form should be completed and copies 1 & 2 forwarded immediately to the Director of Social Services

NAME OF INSTITUTION	
Full Name of Child for whom Child Endowment is hereby claimed	Date of Birth
Date of Admission to Institution	Probable Length of Stay
Full Name and Address of Person or Authority last receiving Endowment for the above child (i.e. Parent, Guardian or Institution)	
Signature of Authorised Officer	Date

FOR USE BY DEPARTMENT OF SOCIAL SERVICES		
Index Searched by	Checked	Endowment Number
Index Card Prepared by	Checked	
SC 52. Prepared. Institution to be paid from	Inst. Cl.	/ /
Endowment Adjusted from	Examiner	/ /
Remarks		

SC 107
Jan 70

TSAE.9100.01030.1104_R