Case Notes

Case Note

Purpose: 1. Client Contact

Case Note Date/Time:

Method of Contact: Select

Contact Location: Select

Contact With: ☐ Other

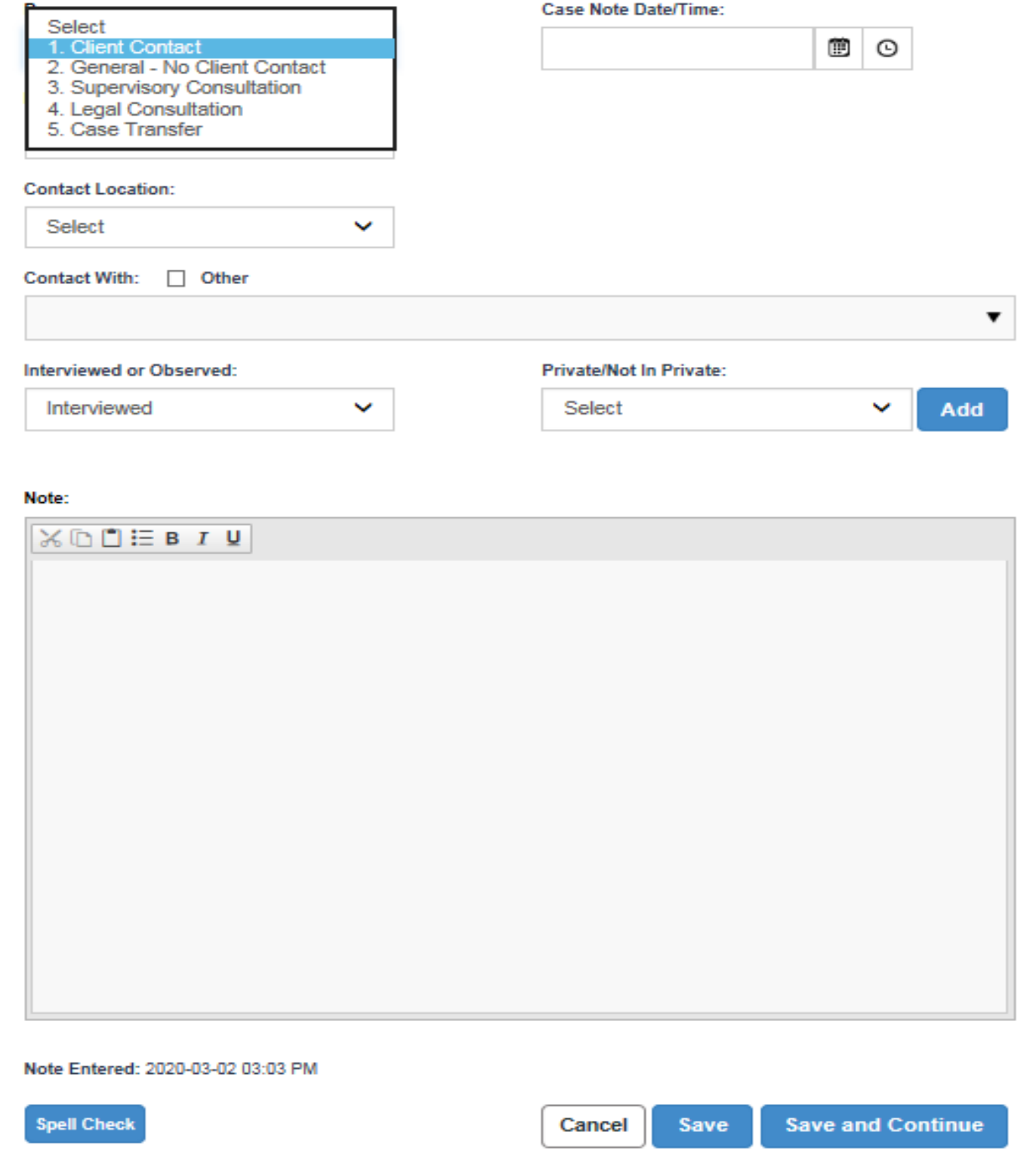
Interviewed or Observed: Interviewed

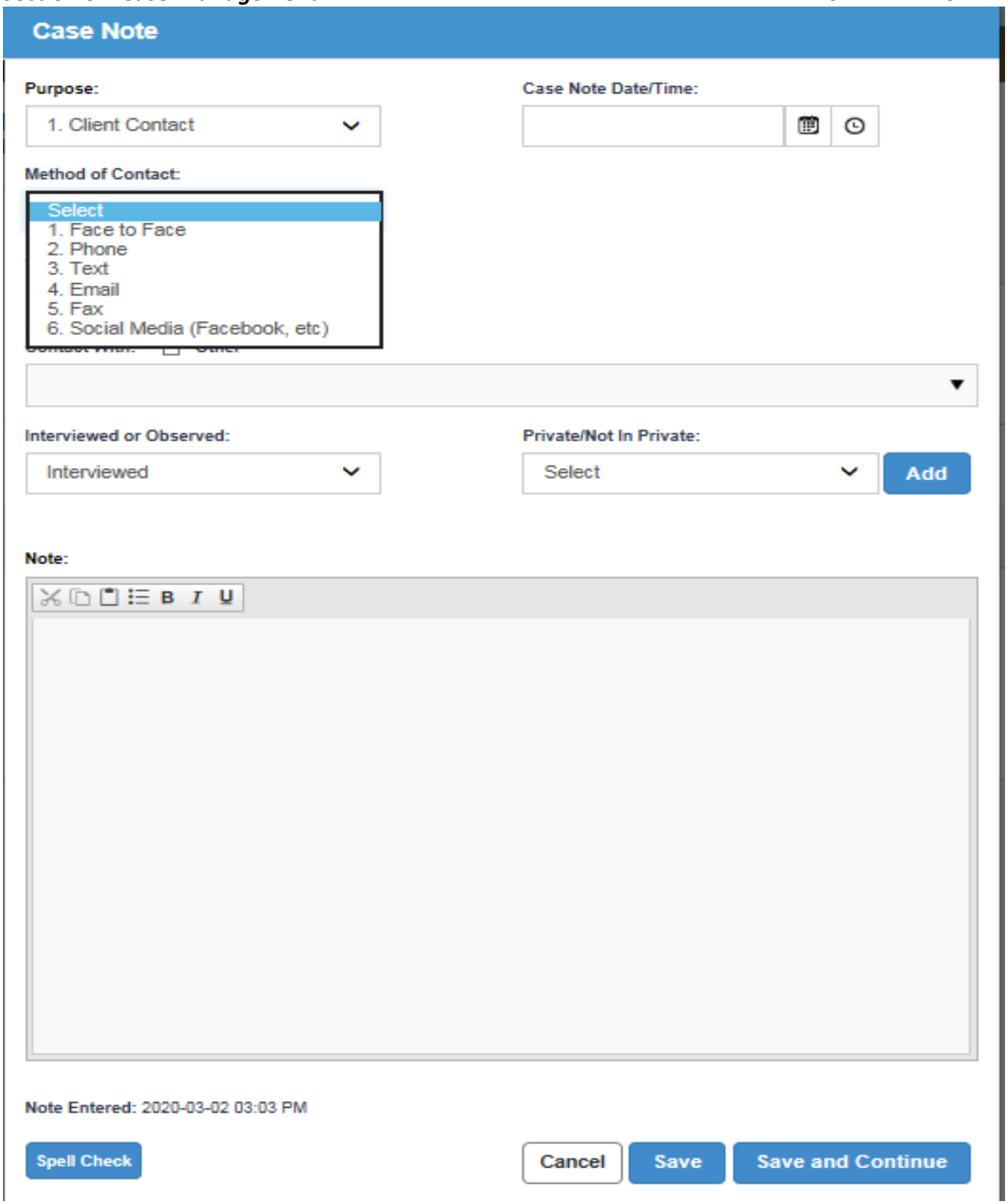
Private/Not In Private: Select | Add

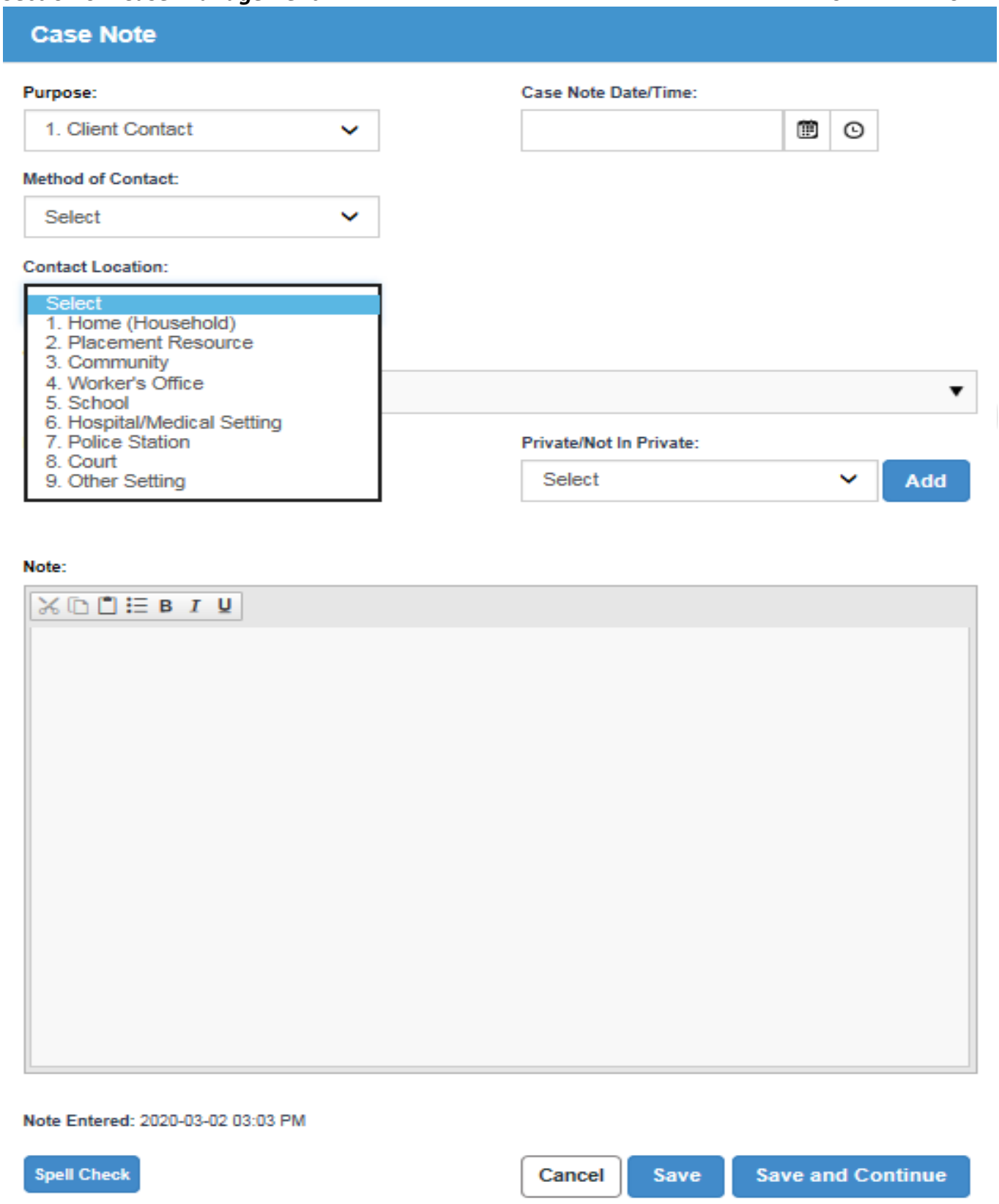
Note:

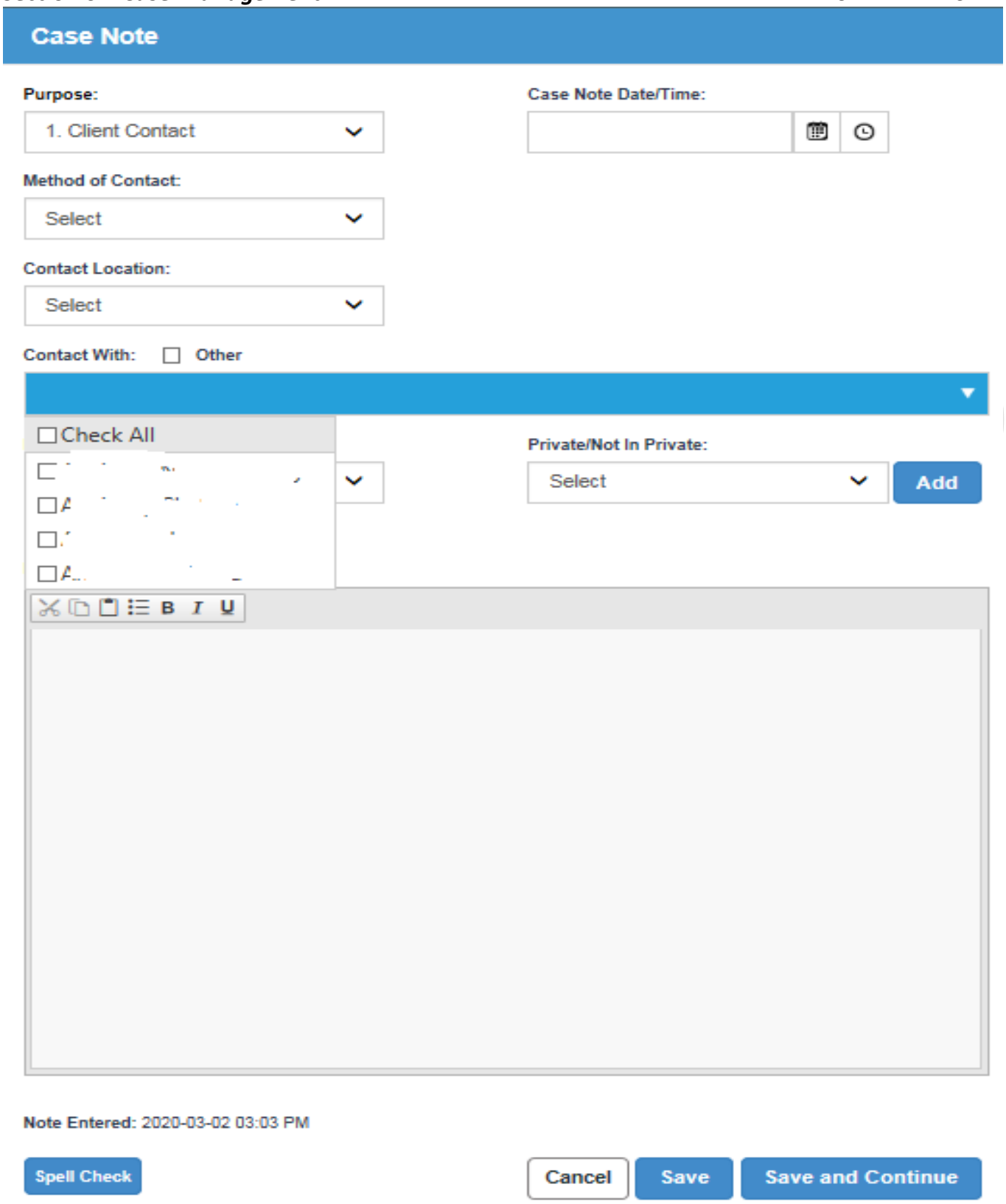
Note Entered: 2020-03-02 03:03 PM

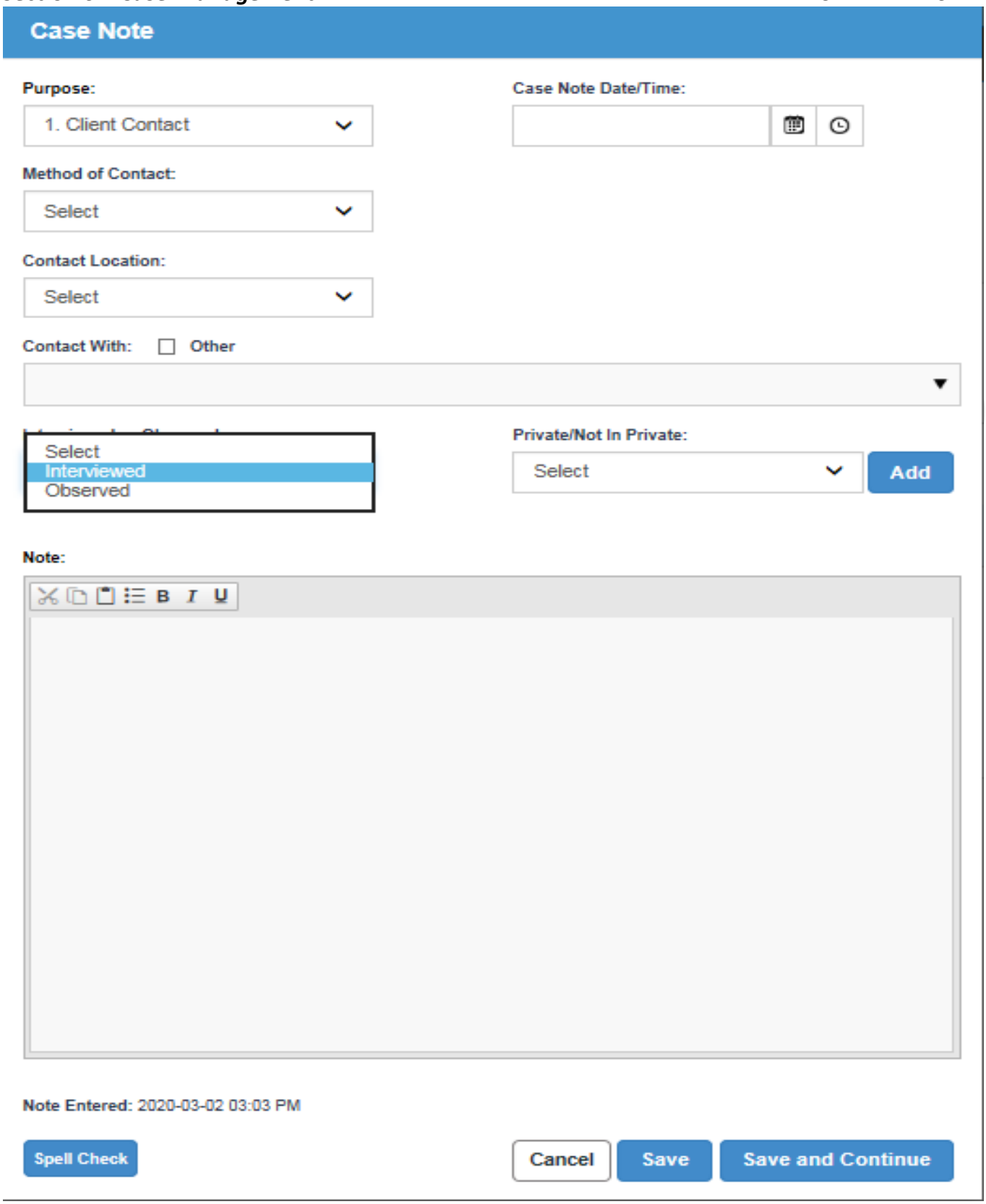
Spell Check | Cancel | Save | Save and Continue

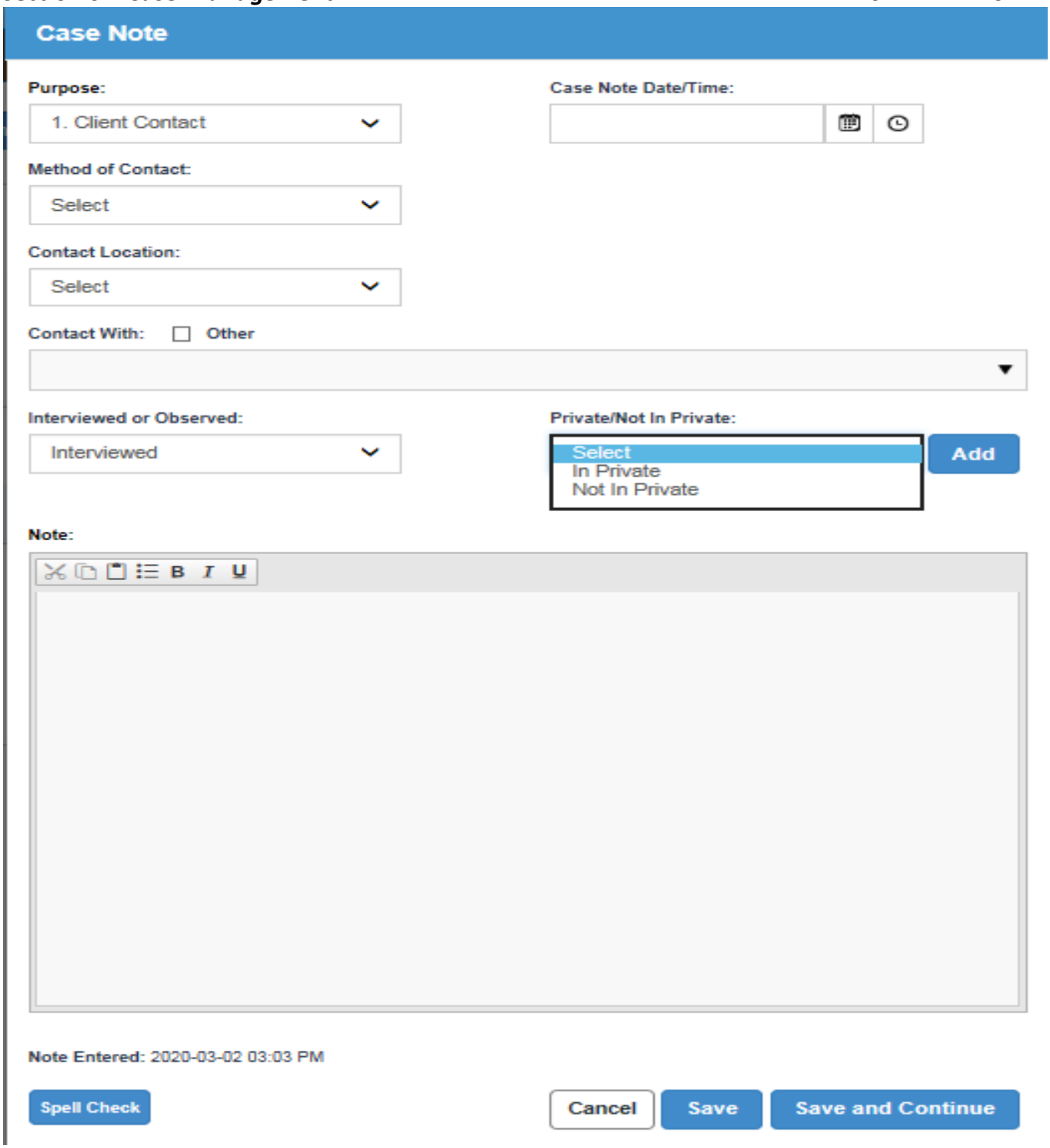

Case Note
Select
1. Client Contact
2. General - No Client Contact
3. Supervisory Consultation
4. Legal Consultation
5. Case Transfer
Case Note Date/Time:
Contact Location:
Select
Contact With:
Other
Interviewed or Observed:
Interviewed
Private/Not In Private:
Select
Add
Note:
B I U
Note Entered: 2020-03-02 03:03 PM
Spell Check
Cancel
Save
Save and Continue


Case Note
Purpose:
1. Client Contact
Case Note Date/Time:
Method of Contact:
Select
1. Face to Face
2. Phone
3. Text
4. Email
5. Fax
6. Social Media (Facebook, etc)
Interviewed or Observed:
Interviewed
Private/Not In Private:
Select
Add
Note:
Note Entered: 2020-03-02 03:03 PM
Spell Check
Cancel
Save
Save and Continue

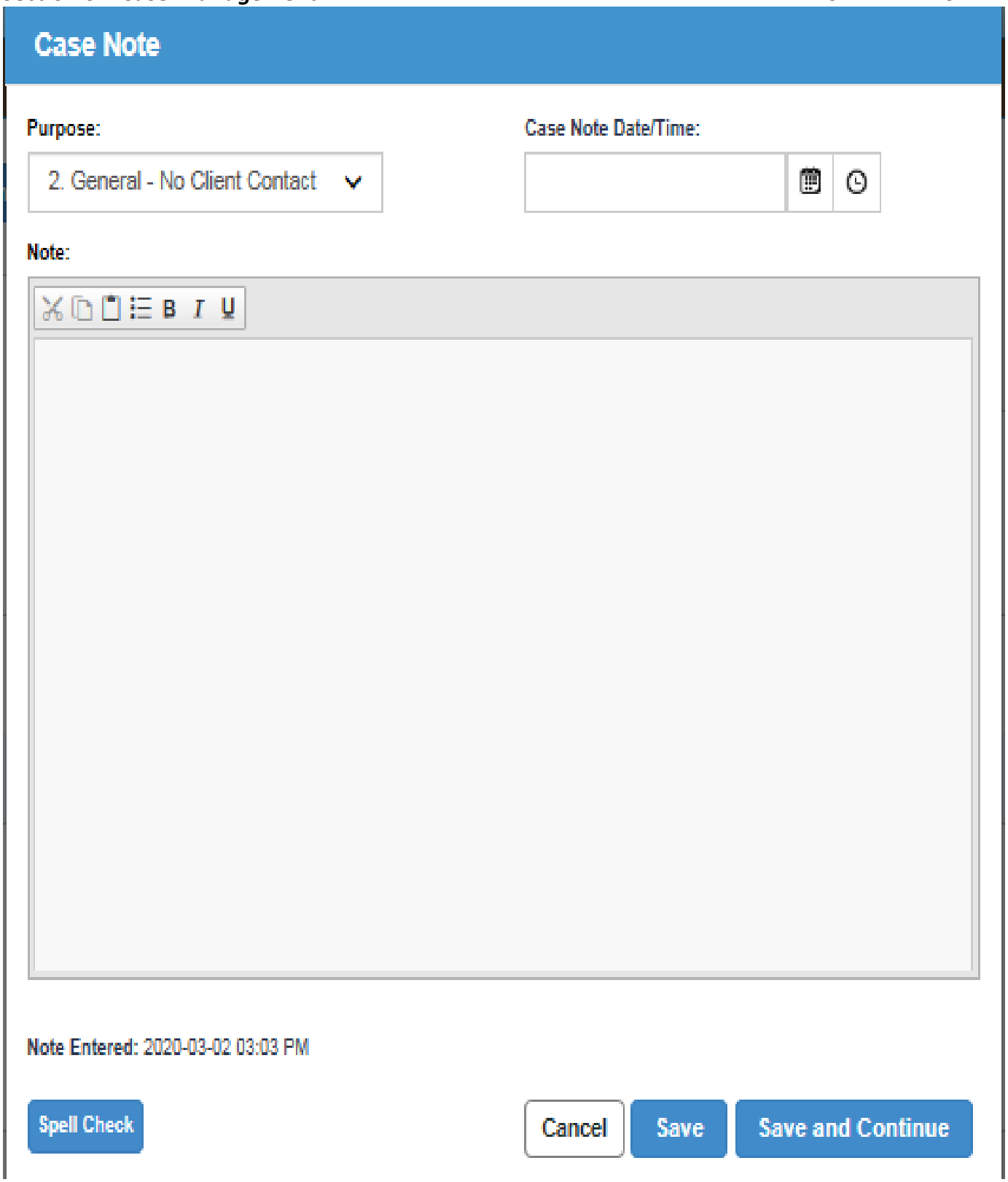

Case Note
Purpose:
1. Client Contact
Case Note Date/Time:
Method of Contact:
Select
Contact Location:
Select
1. Home (Household)
2. Placement Resource
3. Community
4. Worker's Office
5. School
6. Hospital/Medical Setting
7. Police Station
8. Court
9. Other Setting
Private/Not In Private:
Select
Add
Note:
Note Entered: 2020-03-02 03:03 PM
Spell Check
Cancel
Save
Save and Continue


Case Note
Purpose:
1. Client Contact
Case Note Date/Time:
Method of Contact:
Select
Contact Location:
Select
Contact With:
Other
Check All
Private/Not In Private:
Select
Add
Note Entered: 2020-03-02 03:03 PM
Spell Check
Cancel
Save
Save and Continue


Case Note
Purpose:
1. Client Contact
Case Note Date/Time:
Method of Contact:
Select
Contact Location:
Select
Contact With:
Other
Select
Interviewed
Observed
Private/Not In Private:
Select
Add
Note:
Note Entered: 2020-03-02 03:03 PM
Spell Check
Cancel
Save
Save and Continue



After you select "Contact With", "Interviewed or Observed" and "Private/Not in Private", you will need to click on "ADD" to add the client to the case note. Also, all other types of case notes appear the same.


Case Note
Purpose:
2. General - No Client Contact
Case Note Date/Time:
Note:
Note Entered: 2020-03-02 03:03 PM
Spell Check
Cancel
Save
Save and Continue

Section 9 – Concurrent and Long-Term Planning **Form 9.1.3**

Genogram

** Refer to Tool 9.1.1 Genogram Code Key when completing or updating the family genogram**

Child /Youth's Information	
Name:	**Gender:**
Date of Birth/Age:	**Birthplace:**
CFS Status:	**Home Community:**
Ethnic Identity:	**MatrixNT#:**
Health Care #:	**Language:**
Indigenous or or Cultural Organization Membership(s), if applicable:	**First Nation Status Card:** **Nunavut Inuit Enrolment Card (NTI):** **Inuvialuit Enrollment Card:** **Métis Citizenship Card:** ***If applicable**
Current Placement (Name and Address):	
Parent/Care Provider/Caregiver(s)' Name: **Address:** **Telephone Number:** **Indigenous or Cultural Organization Membership(s), if applicable:** ***Add more rows as required***	
Parent/Care Provider/Caregiver(s)' Name: **Address:** **Telephone Number:** **Indigenous or Cultural Organization Membership(s), if applicable:** ***Add more rows as required***	
Date Genogram was created (mm-dd-yyyy):	
Date Genogram was updated (mm-dd-yyyy) (if applicable):	
GENOGRAM	

Signatures:

_____	_____	_____
Child Protection Worker/Designate	Foster Care Worker/Designate Signature	(mm-dd-yyyy)
_____	_____	_____
Supervisor/Manager	Supervisor/Manager Signature	(mm-dd-yyyy)

Invitation à participer au processus de planification des dossiers des enfants ou des adolescent (mesure non contraignante)

NOM :

GOUVERNEMENT :

COLLECTIVITÉ :

ADRESSE :

Madame,
Monsieur,

En vertu de la *Loi concernant les enfants, les jeunes et les familles des Premières Nations, des Inuits et des Métis* (fédéral), le directeur des Services à l'enfance et à la famille (SEF) s'est engagé à offrir des programmes et des services destinés aux enfants et aux adolescents en collaboration avec les corps dirigeants ou les organisations autochtones concernés. Cet engagement est conforme aux pratiques exemplaires visant à améliorer la satisfaction des patients et des collectivités, comme mentionné dans le document du ministère de la Santé et des Services sociaux *Votre bien-être, notre priorité : Plan d'action sur le respect de la culture de 2018 à 2020*, ainsi qu'aux principes de l'article 2 de la *Loi sur les services à l'enfance et à la famille* et des articles 9 et 10 de la loi fédérale.

Vous recevez cette lettre parce que les responsables des SEF travaillent avec un enfant ou un adolescent que vous connaissez peut-être, et que cet enfant ou adolescent, ses parents ou ses fournisseurs de soins ont consenti à ce que les SEF vous invitent à participer à son processus de planification des services de prévention ou à devenir membre du comité chargé de son projet de prise en charge.

Votre opinion est importante. L'enfant ou l'adolescent, ses parents ou ses fournisseurs de soins pensent qu'il bénéficierait de votre soutien, et nous sommes d'avis que votre implication et votre participation seraient dans son intérêt. Vous trouverez ci-joint les informations initiales dont vous avez besoin pour participer à la prise de décision et à la planification pour l'enfant ou l'adolescent. Si vous souhaitez participer et lui offrir votre soutien dans le processus de prise en charge, veuillez me contacter ou contacter mon superviseur ou mon gestionnaire à l'aide des coordonnées indiquées ci-dessous avant la réunion initiale de planification (identifié ci-dessous).

Les renseignements personnels contenus dans ce formulaire ont été recueillis en vertu de la *Loi sur les services à l'enfance et à la famille* ou de la *Loi sur l'accès à l'information et la protection des renseignements personnels* et sont utilisés aux fins de l'application de la *Loi sur les services à*

l'enfance et à la famille. Ces renseignements sont divulgués en vertu de la législation fédérale intitulée *Loi concernant les enfants, les jeunes et les familles des Premières Nations, des Inuits et des Métis*. Toute question concernant la collecte, l'utilisation ou la divulgation de renseignements doit être transmise à

Coordonnées de l'enfant ou de l'adolescent Remarque : Un formulaire séparé doit être rempli pour chaque enfant ou adolescent.	
Nom de l'enfant ou de l'adolescent :	
Date de naissance (AAAA-MM-JJ)	
Nom du ou des parent(s) (s'il y a lieu) :	
N° de tél. du ou des parent(s) (s'il y a lieu) :	
Nom du ou des fournisseur(s) de soins (s'il y a lieu) :	
N° de tél. du ou des fournisseur(s) de soins (s'il y a lieu) :	
Nom du corps dirigeant autochtone (s'il y a lieu) :	
Nom de l'organisation autochtone (s'il y a lieu) :	
Service proposé :	☐ Accord de services de soutien volontaires ☐ Accord de services de soutien ☐ Accord concernant le projet de prise en charge (à la maison) qui exige un comité chargé du projet de prise en charge ☐ Accords de services de soutien prolongés
Date de la réunion initiale de planification de la gestion de cas (AAAA-MM-JJ) :	
Signature de l'adolescent, si âgé de plus de 16 ans :	

Signature du ou des parent(s) (s'il y a lieu) :	
Signature du ou des fournisseur(s) de soins (s'il y a lieu) :	
Coordonnées des Services à l'enfance et à la famille	
Nom du préposé à la protection de l'enfance ou de la personne autorisée (agissant au nom du directeur statutaire) :	
Téléphone :	
Adresse :	
Numéro de téléphone d'urgence en dehors des heures de bureau :	
Courriel ou numéro de télécopieur :	
Nom du gestionnaire ou superviseur :	
Numéro de téléphone professionnel du gestionnaire ou superviseur :	
Signature du préposé à la protection de l'enfance ou de la personne autorisée :	

Invitation to Participate in Case Planning Process for Children/Youth/Young Person (non-significant measure)

NAME:
GOVERNMENT:
COMMUNITY:
ADDRESS:

Dear:

Under the Federal Act, *An Act respecting First Nations, Inuit, and Metis children, youth and families,* the Director of Child and Family Services (CFS) is committed to collaborating and engaging with Indigenous governing bodies (IGB) and/or applicable Aboriginal organizations on programs and services for children/youth/young persons. This engagement and collaboration is in accordance with best practices to improve Client and Community Experience as referenced in the Department of Health and Social Services Caring for our People: Cultural Safety Action Plan 2018-2020 as well as upholds the principles in section 2 of the Child and Family Services Act and sections 9 and 10 of the Federal *Act.*

You are receiving this letter because CFS is working with a child/youth/young person you may know and they or their parent(s)/care provider(s) have consented to CFS extending an invitation to you to engage in their prevention service planning process or to become a member of their Plan of Care Committee.

Your views matter. The child/youth/young person and/or parent(s)/care provider(s) believe they would benefit from your support and we believe your involvement and participation is in their best interest. Please see the initial information you need to participate in decision-making and planning for the child/youth/young person attached. If you would like to participate and offer support to the child/youth/young person in the case planning process, please contact myself or my Supervisor/Manager at the contact information listed below prior to the initial case planning meeting (identified below).

The personal information on this form has been collected under the authority of the *Child and Family Services Act* (CFS Act) and/or *Access to Information and Protection of Privacy Act*, and is used for the purpose of administering the CFS Act. This information is being disclosed under the federal legislation *An Act respecting First Nations, Inuit, and Métis children, youth and families*. Any questions about the collection, use, or disclosure of information should be directed to:

Identifying Information Note: A separate form is required for each child/youth/young person	
Name of child/youth/young person:	
Date of birth (yyyy-mm-dd):	
Name of Parent(s) (if applicable):	
Phone Number for Parent(s) (if applicable):	
Name of Care Provider(s) (if applicable):	
Phone Number for Care Provider(s) (if applicable):	
Name of Indigenous Governing Body (if applicable):	
Name of Aboriginal Organization (if applicable):	
Proposed Service:	☐ Voluntary Services Agreement (VSA) ☐ Support Services Agreement (SSA) ☐ Plan of Care Agreement (in-the-home) requiring a Plan of Care Committee ☐ Extended Support Services Agreement (ESSA)
Date of Initial Case Planning Meeting (yyyy-mm-dd):	
Signature of youth/young person (16+ years) (if applicable):	
Signature of Parent (s) (if applicable):	
Signature of Care Provider (s) (if applicable):	

Child and Family Services Contact Information	
Name of Child Protection Worker/Designate (acting on behalf of the Statutory Director):	
Business Phone Number:	
Business Address:	
After-Hours Emergency Phone Number:	
Email/Fax Number:	
Name of Supervisor/Manager:	
Business Phone Number of Supervisor/Manager:	
Signature of Child Protection Worker/Designate:	

Government of
Northwest Territories

NOTICE OF SIGNIFICANT MEASURE TO PARENT(S), CARE PROVIDER(S) AND INDIGENOUS GOVERNING BODY (FORM 10.16.1)

You are receiving this notice because child and family services might be taking a significant measure that will affect a child or youth who you might know.

Your views matter. We believe your involvement and participation is in the best interests of the child or youth.

This form includes the information you need to participate in decisions and planning for the child or youth. We invite you to ask questions, make suggestions, and let us know about your concerns. Everything you say will be considered before a significant measure is taken.

If it is in the child or youth's best interests to take the proposed significant measure or another significant measure immediately, we will contact you about the significant measures taken as soon as possible. We will tell you why we could not wait. Your views are still important, and we want to discuss them with you as soon as possible to work together as we continue to plan for the child or youth.

The personal information on this form has been collected under the authority of the *Child and Family Services Act* and/or *Access to Information and Protection of Privacy Act*, and is used for the purpose of administering the *Child and Family Services Act*. This information is being disclosed under the federal legislation *An Act respecting First Nations, Inuit, and Métis children, youth and families*.

Any questions about the collection, use, or disclosure of information should be directed to:

Insert name of Regional Manager/Supervisor and contact information

Notice Significant Measure to Parent(s), Care Provider(s), and Indigenous Governing Body
Note: A separate form is required for each child/youth, even if more than one child of the same household is subject to significant measure(s).
Name of child/youth:
Date of Birth (yyyy-mm-dd):
Name of Parent(s):
Name of Care Provider(s):
Name of Indigenous Governing Body:
Date of Notice of Significant Measure (yyyy-mm-dd):
Date to Respond to the Notice of Significant Measure (yyyy-mm-dd):

As authorized by the Director of Child and Family Services, under s.51(3)(c) of the NWT's *Child and Family Services Act*, **I intend to take the significant measure as outlined below** in relation to the above listed child/youth.

If you would like to provide your views about the proposed significant measure, please contact me or my Supervisor/Manager at the contact information listed below.

Intended Significant Measure(s)

Plan of Care Committee and Agreement placing a child/youth out of the home

- ☐ A Plan of Care Committee is being established (s.10(1)(c), 11(3)(c), or 14)
- ☐ A Plan of Care Agreement is being entered into under s.19
- ☐ A Plan of Care Agreement is being reviewed under s.20(1)
- ☐ A Plan of Care Agreement is being extended under s.20(2)
- ☐ Plan of Care Agreement is being terminated under s.13(2)(a)

Apprehension

- ☐ Apprehension of a child (s.10)
- ☐ Apprehension of a child (s. 11)
- ☐ Apprehension of a child (s.31)

Court Process

- ☐ An application to confirm an apprehension (s.12.1)
- ☐ An application for a child protection order (s.28)
  - ☐ Supervision order
  - ☐ Temporary custody order
  - ☐ Permanent custody order
- ☐ An application for a youth protection order (s.29.2)
  - ☐ Temporary custody order
  - ☐ Permanent custody order
- ☐ An application for an extension of a child or youth temporary custody order (s.47(3))
- ☐ An application for an extension of a child or youth permanent custody under (s.48(2))
- ☐ Discharging temporary custody (s.28(9)(c))
- ☐ Discharging permanent custody (s.49)

Withdraw from a court proceeding

- ☐ Withdrawal of application before apprehension hearing (s.12.6 or 13(2)(b))

Reunification following a significant measure

- ☐ Return of a child/youth from an out of home placement (apprehension less than 72 hours, POCA out of the home, TCO, PCO)

Out-of-home living arrangement, new placement, or change in placement

- ☐ A child/youth is being placed in an out-of-home living arrangement, is starting a new placement, or is changing placement

Interim Placement (for the purpose of adoption)

- ☐ Voluntary interim placement of a child/youth 30 days after the Permanent Custody Order (s.88) is granted for the purpose of adoption

Adoption

- ☐ The Director of Adoptions is placing a child or youth with an approved applicant for a departmental adoption (s.18(2) of the Adoption Act)
- ☐ The Director of Child and Family Services is consenting to a departmental adoption (s.21 of the *Adoption Act*)

Child and Family Services Contact Information

Name of Child Protection Worker or Authorized Person (acting on behalf of the Statutory Director):	
Business Phone Number:	After-Hours Emergency Phone Number:
Email / Fax Number:	
Business Address:	
Name of Manager / Supervisor:	Manager / Supervisor Phone Number:
Signature of Child Protection Worker or Authorized Person:	

If you would like this information in another official language, contact us at 1-855-846-9601.

Child Protection Worker
Core Training
Participant Background Information

Name:	**Job Title:**
Community:	**CoreTraining Dates:**
Dates of Contract: _____ **to** _____ or: **indeterminate** ☐	**Date of hire** (start date):

CFIS TRAINING:

☐ Fully completed Date: _____ ☐ Partially completed ☐ Incomplete

EDUCATIONAL BACKGROUND:

☐ Diploma of Social Work ☐ Bachelor of Social Work
☐ Master of Social Work ☐ Other (specify): _____

PREVIOUS EXPERIENCE IN CHILD AND FAMILY SERVICES:

☐ **None** ☐ **Outside NWT** (please list below) ☐ **Outside NWT** (please list below)

Location and Dates of previous experience:

☐ **Other related experience**

☐ **Personal and professional strengths and challenges in child protection social work practice,** as known:

Are there specific sections of the Core Training which may be especially helpful for this worker? If so, please indicate:

Additional Comments:

_____ _____
Date Supervisor

Child Protection Worker Safety Assessment

Section 1

Name:	Address:
Location of Visit: ☐ Home	Other:

Section 2 – *Check each question that applies*

Consider each factor for your client and any other person who is likely to be present for the visit: If any of the below indicators are checked off, the site visit should not occur without supervisory consultation.	Date of Visit: *(form can be used up to 5 visits)*				
Have you or other staff been **physically assaulted** by the client or others relevant to the case?					
Have you or other staff been **threatened or intimidated**?					
Is the **purpose of the visit** likely to upset the client?					
Is the visit to be conducted **after normal working hours**?					
When scheduling the visit, was the client **belligerent or uncooperative**?					
Does the client have unresolved **drug/alcohol issues**?					
Does the client have a **history of violent behaviour?**					
Does the client have an unstable **major mental disorder**?					
Is the location of the site visit in a **high-risk neighbourhood**?					
Has the possibility of violence in the home or **neighbourhood escalated** *(increased alcohol consumption/suicide/recent violence, etc.)?*					
Does the client have a **history of illegal weapons?**					
Is the home known to have **physical hazards**, *(i.e. damaged steps, poor visibility from street)?*					
Are **aggressive pets** in the home or vicinity?					
Is the location a place where **large numbers of people often congregate?** (identities unknown/varying)					
Is the visit to be conducted during **severe weather** conditions?					

Section 3 – Child Protection Worker Decision:

☐ Conduct site visit

☐ Consult with Supervisor Date: Time of Decision:

Section 4 - Results of supervisory consultation:

- ☐ Supports decision to conduct the site visit without changes or additional supports.
- ☐ Supports decision to conduct the site visit with conditions or escorts.
- ☐ Does not support site visit.

Conditions Imposed on Visit:

- ☐ Additional staff assigned to site visit Name(s) _____
- ☐ RCMP assistance required Yes No

Alternatives To a Site Visit:

- ☐ Office Visit
- ☐ Other (specify): _____

Comments/Concerns: _____

Method of Consultation: ____Telephone _____ E-mail _____In Person

Supervisor's Name:

Date: Time of Decision:

Child Protection Worker Safety Incident Report

Identifying Information

Name:		Office:	
Location of Incident:		Date of Incident:	

Type of Incident:

Verbal Harassment		Threats	
Client Unannounced Visits to CPW's Home		Stalking	
Physical Assault/Attempted Assault		Sexual Harassment	
Racial\Ethnic Harassment		Other (specify):	
Damage\Theft of Property			

Child Protection Worker's Comments

Child Protection Worker's signature _____ Date_____ D/M/Y

Supervisor's Comments

Form forwarded to Director of Social Progams on _____ D/M/Y

Supervisor's signature_____ Date_____ D/M/Y

Child Protection Worker Site Visit Sign-in/out

Designated Contact Person *(person tracking the CPW in the field):*	Date:	Name of Child Protection Worker(s):
CPW's Cell Phone Number, if applicable:		

Site Visit #1 Information

Name of Client:	Address of Client:	Telephone:
Estimated time of arrival: Expected duration:_____ mins Actual time visit was completed:	**Reason for visit:** ☐ Foster Home Study ☐ Investigation ☐ Home Visit (VSA/ SSA, POCA, TCO, SO) ☐ Other:	

Site Visit #2 Information

Name of Client:	Address of Client:	Telephone:
Estimated time of arrival: Expected duration:_____ mins Actual time visit was completed:	**Reason for visit:** ☐ Foster Home Study ☐ Investigation ☐ Home Visit (VSA/ SSA, POCA, TCO, SO) ☐ Other:	

Site Visit #3 Information

Name of Client:	Address of Client:	Telephone:
Estimated time of arrival: Expected duration:_____ mins Actual time visit was completed:	**Reason for visit:** ☐ Foster Home Study ☐ Investigation ☐ Home Visit (VSA/ SSA, POCA, TCO, SO) ☐ Other:	

Recommendation for Child Protection Worker Statutory Appointment

CFS_Director@gov.nt.ca

Director of Child and Family Services
Department of Health and Social Services
BOX 1320
YELLOWKNIFE NT X1A 2L9

Recommendation for Child Protection Worker Statutory Appointment Under the *Child and Family Services Act*

_____ from: _____
First Name, Last Name Community

This employee completed the GNWT Child Protection Core Training on: _____
Day/Month/Year

The Appointment is to be effective starting: ☐ same as above, or _____
Day/Month/Year

The recommendation received by the CFS Practice Specialist was:

- ☐ No Appointment
- ☐ Child Protection Worker Statutory Appointment with a competency-based CPW Professional Development Training Plan
- ☐ Child Protection Worker Statutory Appointment

As the Supervisor of this employee and considering the evaluation of the statutory trainer and the employee's professional work experience, I recommend that s/he receive:

- ☐ No Appointment
- ☐ Child Protection Worker Statutory Appointment with a competency-based CPW Professional Development Training Plan
- ☐ Child Protection Worker Statutory Appointment

Please explain if your recommendation is different from the trainer's:

_____

_____

Supervisor Requesting Appointment:

_____ _____
Name (print) Signature

Date: _____
Day/Month/Year

REQUEST FOR INFORMATION COLLECTED UNDER THE *CHILD AND FAMILY SERVICES ACT*

DEMANDE DE RENSEIGNEMENTS RECUEILLIS EN VERTU DE LA *LOI SUR LES SERVICES À L'ENFANCE ET À LA FAMILLE*

The personal information requested on this form is collected under the authority and administration of the NWT *Child and Family Services Act* (the Act), sections 71-74, and can be released by the Director of Child and Family Services in accordance with the Act. If you have any questions about the collection or use of information, please contact the Records Management Coordinator at (867) 767-9061 ext. 49161.	**Les renseignements personnels demandés sur le présent formulaire sont recueillis sous l'autorité et l'administration des articles 71 à 74 de la *Loi sur les services à l'enfance et à la famille* des TNO (la Loi), et ils peuvent donc être divulgués par le directeur des Services à l'enfance et à la famille conformément à la Loi. Pour toute question sur la collecte ou l'utilisation des renseignements, veuillez communiquer avec le coordonnateur de la gestion des documents au 867-767-9061, poste 49161.**

Applicant's Full Name (all previous and current names, if applicable): Nom complet du demandeur (indiquez tous les noms en usage et utilisés précédemment, s'il y a lieu) :	
Address - Street, P.O. Box: Adresse (rue, C. P.) :	City/Town: Ville ou collectivité :
Province/Territory: Province ou territoire :	Postal Code: Code postal :
Residence Phone #: N° de téléphone au domicile :	Cell Phone #: N° de téléphone cellulaire :

The information requested is about: / Les renseignements demandés concernent :

☐ Myself / Moi-même ______ (Date of Birth / date de naissance)

☐ My Child / Mon enfant ______ (Name / nom) ______ (Date of Birth / date de naissance) ______ (Relationship to Individual / lien avec cette personne)

☐ My Child / Mon enfant ______ (Name / nom) ______ (Date of Birth / date de naissance) ______ (Relationship to Individual / lien avec cette personne)

☐ My Child / Mon enfant ______ (Name / nom) ______ (Date of Birth / date de naissance) ______ (Relationship to Individual / lien avec cette personne)

☐ My Child / Mon enfant ______ (Name / nom) ______ (Date of Birth / date de naissance) ______ (Relationship to Individual / lien avec cette personne)

*If you are requesting information about your child (children), proof of lawful custody may be required.

☐ I have lawful custody of the child named in this application.

☐ The custody arrangement with respect to the child in this application is as follows:

*Si vous faites une demande de renseignements relative à votre enfant (vos enfants), une preuve de garde légitime pourra être demandée.

☐ J'ai la garde légitime de l'enfant ou des enfants indiqués dans la présente demande.

☐ L'entente de garde concernant l'enfant ou les enfants indiqués dans la demande est établie comme suit :

Details of Requested Information: / Détails sur les renseignements demandés :	
(Please be as specific as possible – include timeframe, communities lived in, years in care or receiving services, type of care or services, etc.)	(Précisez si possible les dates, les collectivités dans lesquelles vous avez vécu, les années de prise en charge ou de services reçus, le type de prise en charge ou de services, etc.)

I certify that the above information is accurate to the best of my knowledge. I am requesting the Director of Child and Family Services to release information in accordance with Sections 71-74 of the *NWT Child and Family Services Act*.

J'atteste que les renseignements ci-dessus sont exacts à ma connaissance. Je demande au directeur des services à l'enfance et à la famille de transmettre les renseignements conformément aux articles 71 à 74 de la *Loi sur les services à l'enfance et à la famille des TNO*.

Print Full Name of Applicant: Nom complet du demandeur en caractères d'imprimerie :	Print Full Name of Witness: Nom complet du témoin en caractères d'imprimerie :
Signature of Applicant: Signature du demandeur :	Signature of Witness: Signature du témoin :
Date: Date :	

Please mail, e-mail, or fax your request with copy of two (2) pieces of personal identification, one (1) of which is a photo, to:
Records Management Coordinator
Territorial Social Programs
Department of Health and Social Services,
Government of the Northwest Territories
P.O. Box 1320, NGB 5015-49th Street
Yellowknife, NT X1A 2L9
Phone: (867) 767-9061 ext. 49161
Fax: (867) 873-7706
CFS_Info@gov.nt.ca

Veuillez envoyer votre demande accompagnée de deux pièces d'identité, dont une avec photo, par courrier, par courriel ou par télécopieur au :
Coordonnateur de la gestion des documents
Programmes sociaux du territoire
Ministère de la Santé et des Services sociaux
Gouvernement des Territoires du Nord-Ouest
Nouvel immeuble du gouvernement
C. P. 1320, 5015, 49e Rue
Yellowknife NT X1A 2L9
Tél. : 867-767-9061, poste 49161
Téléc. : 867-873-7706
CFS_Info@gov.nt.ca

Please allow seven (7) to thirty (30) days to process your application. Should your request for file disclosure require more than thirty (30) days, the Records Management Coordinator will advise as such.

Le traitement de votre demande devrait prendre entre 7 et 30 jours. Dans l'éventualité où votre demande de divulgation nécessiterait plus de 30 jours, le coordonnateur de la gestion des documents vous en informera.

Request for Revocation of Child Protection Worker Statutory Appointment

CFS_Director@gov.nt.ca
Director of Child and Family Services
Department of Health and Social Services
BOX 1320
YELLOWKNIFE NT X1A 2L9

Revocation of Child Protection Worker Statutory Appointment
Under the *Child and Family Services Act*

This is a request for the revocation of the Child Protection Worker Statutory Appointment of:

_____ From _____
First Name, Last Name Community

as designated under the *Child and Family Services Act*.

The revocation of the appointment is to be effective as of _____,
Day/Month/Year

as the Child Protection Worker is **no longer responsible for providing statutory child protection duties due to**:

_____
_____
_____
_____
_____
_____
_____
_____
_____ (Reason for Revocation)

Supervisor Requesting Revocation:

_____ _____
Name (print) Signature

Date Signed: _____
Day/Month/Year