



Section 6 – Case Management

Form

6.1.1

## 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:

Text area with rich text editor toolbar (bold, italic, underline, etc.)

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

Spell Check

Cancel

Save

Save and Continue



## Section 6 – Case Management

Form

6.1.1

### 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:

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

Spell Check

Cancel

Save

Save and Continue



## Section 6 – Case Management

Form

6.1.1

### 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)

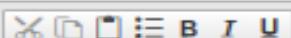
**Interviewed or Observed:**

Interviewed

**Private/Not In Private:**

Select

Add

**Note:**

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

Spell Check

Cancel

Save

Save and Continue



## Section 6 – Case Management

Form

6.1.1

### Case Note

Purpose:

1. Client Contact

Case Note Date/Time:



Method of Contact:

Select

Contact Location:

Select

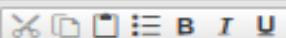
- 1. Home (Household)
- 2. Placement Resource
- 3. Community
- 4. Worker's Office
- 5. School
- 6. Hospital/Medical Setting
- 7. Police Station
- 8. Court
- 9. Other Setting

Private/Not In Private:

Select

Add

Note:



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

Spell Check

Cancel

Save

Save and Continue



## ***Section 6 – Case Management***

## *Form*

### 6.1.1

## Case Note

### Purpose:

## 1. Client Contact

Case Note Date/Time:

### Method of Contact:

Select 

**Contact Location:**

Select 

Contact With:  Other

### Private/Not In Private:

Select  Add

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

## Spell Check

Cancel

Save

**Save and Continue**



## Section 6 – Case Management

Form

6.1.1

### Case Note

Purpose:

1. Client Contact

Case Note Date/Time:



Method of Contact:

Select

Contact Location:

Select

Contact With:  Other

Other:

Select  
Interviewed  
Observed

Private/Not In Private:

Select

Add

Note:

Text area with rich text editor toolbar (X, B, I, U, etc.)

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

Spell Check

Cancel

Save

Save and Continue



## Section 6 – Case Management

Form

6.1.1

### 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  
In Private  
Not In Private

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.



**Section 6 – Case Management**

**Form**

**6.1.1**

**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 6 – Placement Services**

**Form 6.12.1**

**Case Review (to be completed every 3 months)**

<b>Child/Youth's Information</b>	
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
<b>Parent(s)/Care Provider(s)/Caregiver(s) Name:</b> Address: Telephone Number:  <b>*Add more rows as required*</b>	
<b>Placement Name (if applicable):</b> Address: Telephone Number:	
<b>Sibling(s) Name:</b> <b>Age(s):</b> <b>Placement, if not together:</b>  <b>*Add more rows as required*</b>	
<b>Reporting Period (mm-dd-yyyy):</b>	
<b>Child Protection Worker/Designate:</b>	
<b>WHAT GOALS HAVE BEEN ACHIEVED SINCE SIGNING THE AGREEMENT (VSA, SSA, ESSA, POCA) OR CASE PLAN REPORT FROM THE LAST REVIEW?</b>	



## Section 6 – Placement Services

**Form 6.12.1**

### WHAT GOALS ARE IN PROGRESS?

*What steps have the child/youth and their parent(s)/care provider(s)/caregiver(s) taken to achieve their outstanding goals or needs?*

*What goals or needs have not been addressed?*

*What supports and services do the child/youth and their parent(s)/care provider(s)/caregiver(s) need to achieve their goals and/or address their needs?*

### WHAT IS THE CURRENT SITUATION WITH THE CHILD/YOUTH, THEIR PARENT(S)/CARE PROVIDER(S)/CAREGIVER(S), SIBLING(S), AND/OR EXTENDED FAMILY?

*What is the current situation with the child/youth and their parent(s)/care provider(s)/caregiver(s)?*

*What has changed for the child/youth and their parent(s)/care provider(s)/caregiver(s), i.e., work, school, friends, housing, medical, dental, optical, counseling, treatment, recreational, family relationships, emotional and social development?*

*How is the child/youth adjusting to their placement, if applicable? What supports and services do the foster caregiver(s) need to help the child/youth adjust to their placement?*



## Section 6 – Placement Services

**Form 6.12.1**

*How does the parent(s)/care provider(s)/caregiver(s) feel about the child/youth's out of home placement, if applicable?*

*How is the child/youth's relationship with their parent(s)/care provider(s)/caregiver(s), sibling(s) and/or extended family being maintained? What is the type and frequency of access, and how is it progressing?*

*What service providers are involved in joint service planning for the child/youth and their parent(s)/care provider(s)/cargiver(s), (i.e., IGB, cultural organization, Mental Health Counsellor, etc.)? How are they supporting the child/youth and their parent(s)/care provider(s)/caregiver(s) to achieve their goals?*

### **WHAT IS THE REUNIFICATION PLAN? (If child/youth is placed out of the home)**

*What needs to occur for the safe return of the child/ youth to their parent(s)/care provider(s)/caregiver(s) care?*

*How can the Child Protection Worker/Designate support the safe return of the child/youth to their parent(s)/care provider(s)/caregiver(s) care?*

*How can the applicable Aboriginal organization, Indigenous Government or cultural organization support the safe return of the child/youth to their parent(s)/care provider(s)/caregiver(s) care?*



## Section 6 – Placement Services

**Form 6.12.1**

### WHAT IS THE ALTERNATIVE LONG-TERM PLACEMENT PLAN?

*What is the alternative long-term placement plan for the child/youth if they cannot be safely returned to the care of their parent/care provider(s)/caregiver(s) within the timelines set out in their POCA out of the Home or Temporary Custody Order?*

- Placement with another parent/care provider/caregiver (by consent or court order)
- Placement with Extended Family or Significant Other(s)
- Custom Adoption
- Continuing Placement with Foster Caregiver(s)
- Care Providership Agreement or Order

*If the child/youth is not placed with the other parent/care provider/caregiver (by consent or court order), extended family, adults from the child/youth's Indigenous/cultural community or adults from another Indigenous community, what is the plan for ongoing reassessment for family reunification OR placement with the other parent/care provider/caregiver, extended family or adults significant to the child/youth?*

*What does the child/youth identify as their goals for the future?*

*What does the parent(s)/care provider(s)/caregiver(s) identify as their child's goals for the future?*

*What does the parent(s)/care provider(s)/caregiver(s) identify as their goals for the future, if applicable?*

*What needs to occur for the child/youth to achieve their long-term plan, if applicable?*



## Section 6 – Placement Services

**Form 6.12.1**

**Date Review Completed (mm-dd-yyyy):**

**Date for next Review (mm-dd-yyyy):**

- The child/youth's needs have been re-assessed and the Specialized Needs Assessment has been updated as required.
- The SDM® Household Strengths and Needs Assessment (HSNA) has been re-assessed and updated as required.

**Signatures reflect agreement with the information contained with this Case Review (if a signature is unavailable, state why).**

Child Protection Worker/Designate

Child Protection Worker/Designate Signature

(mm-dd-yyyy)

Supervisor/Manager

Supervisor/Manager Signature

(mm-dd-yyyy)

## Closing Summary

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(day/month/year)

File Number: \_\_\_\_\_ Legal Status: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(worker) (day/month/year)

Period Covered: \_\_\_\_\_ To: \_\_\_\_\_

1. Goals Achieved:

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2. Goals Not Achieved:

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3. Current Situation: *Factual summary of what has changed for the child and/or family, e.g. work, school, friends, housing, appointments, adjustment to placement, counselling, treatment, recreational and social interests, family relationships, emotional and social development.*

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4. Reassessment: *Your thoughts on what is happening in the family, progress in the child and/or family, areas that have improved significantly or require improvement, emerging issues, long term goals.*

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5. Reason for Closure:

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6. Date of Written Notice:

PARENT/LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

CHILD (IF 12 YEARS OR OLDER) \_\_\_\_\_ DATE \_\_\_\_\_

DISCUSSED WITH FOSTER PARENT ON \_\_\_\_\_ (*date*)

CHILD PROTECTION WORKER \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_

DATE CLOSED \_\_\_\_\_

***NOTE: Everything in italics is to be used as a guide, and is not part of the Closing Summary***

## Consent for Release/Receipt of Information

I, \_\_\_\_\_ of, \_\_\_\_\_  
(print full name of person) (address)

hereby consent to

\_\_\_\_\_  
(name of agency/department)

- Receiving
- Releasing

the following information: \_\_\_\_\_  
(name specific information wanted)

found in the files of, \_\_\_\_\_ born on: \_\_\_\_\_  
(name of person) (DD/MM/YEAR)

to the \_\_\_\_\_, the \_\_\_\_\_ office  
(Name of Band/Organization) (Name of community)

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Witness)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
(If other than the client, state relationship to the client)



## Transition Plan

**Complete the Transition Plan for all youth who are PCO status at least six (6) months before a youth reaches the age of 16 years old (and does not require supports and services after the age of 16 years old) OR six (6) months before a young adult reaches the age majority (19 years old).**

<b>Youth or Young Adult's Information</b>	
Name:	Gender:
Date of Birth/Age:	Birthplace:
CFS Status:	Home Community:
Ethnic Identity:	MatrixNT#:
Health Care #:	Language:
Indigenous Organization Membership, if applicable:	First Nation Status Card: Nunavut Inuit Enrolment Card (NTI): Inuvialuit Enrollment Card: Métis Citizenship Card: *If applicable
Current Placement: Address: Telephone Number:	
Parent(s)/Care Provider(s)/Caregiver(s) Name: Address: Telephone Number: Indigenous Organization Membership, if applicable:	
*add more rows as required*	
Sibling(s) Name: Age(s): Placement, if not together: Indigenous Organization Membership, if applicable:	
*add more rows as required*	
<b>Child Protection Worker/Designate:</b>	
<b>WHO ARE THE MEMBERS OF THE TRANSITION PLAN?</b>	



**Section #9 Concurrent and Long-Term Planning**

**Form 9.2.1**

**WHAT DOES THE YOUTH/YOUNG ADULT IDENTIFY AS THEIR LONG-TERM GOAL(S) AND AMBITION(S)?**

**WHAT DOES THE YOUTH/YOUNG ADULT IDENTIFY AS THEIR EDUCATION AND/OR EMPLOYMENT NEEDS?**

**WHAT DOES THE YOUTH/YOUNG ADULT IDENTIFY AS THEIR FINANCIAL PLAN (consider how youth/young adult will earn income, application for income support, obtain bank card, etc.)?**

**WHAT DOES THE YOUTH/YOUNG ADULT IDENTIFY AS THEIR PLACEMENT AND ACCOMMODATION PLAN?**

**HOW DOES THE YOUTH/YOUNG ADULT PLAN TO MAINTAIN THEIR FAMILIAL RELATIONSHIPS AND/OR CULTURAL CONNECTIONS?**



**Section #9 Concurrent and Long-Term Planning**

**Form 9.2.1**

**WHO DOES THE YOUTH/YOUNG ADULT IDENTIFY AS THEIR SUPPORT NETWORK (who can the youth/young adult contact for assistance or support when needed)?**

**WHAT LIFE SKILL(S) DOES THE YOUTH/YOUNG ADULT IDENTIFY AS NEEDING SUPPORT WITH (cooking, household maintenance, financial responsibility, job applications, parenting, etc.)?**

**IDENTIFY THE INDIVIDUALS, SERVICES, AND PROGRAMS AVAILABLE TO SUPPORT THE YOUTH/YOUNG ADULT IN ACHIEVING THEIR GOAL(S)**

**HOW WILL CHILD AND FAMILY SERVICES SUPPORT THE YOUTH/YOUNG ADULT IN ACHIEVING THEIR GOALS?**

**HOW WILL THE APPLICABLE ABORIGINAL ORGANIZATION(S), INDIGENOUS GOVERNING BODY(S) OR CULTURAL ORGANIZATION(S) SUPPORT THE YOUTH OR YOUNG ADULT IN ACHIEVING THEIR GOALS?**



**Section #9 Concurrent and Long-Term Planning**

**Form 9.2.1**

**DESCRIBE/DEFINE ANY LEGAL CONSIDERATIONS INCLUDING A PLAN FOR RESOLUTION OF ANY OUTSTANDING LEGAL REQUIREMENT.**

**SUMMARIZE THE OUTSTANDING STEPS REQUIRED TO IMPLEMENT THE TRANSITION PLAN (making reference to specific timelines, include outstanding referrals/services needed, contact information for other key formal and informal supports and upcoming planning meetings required between them, the Youth and the Child Protection Worker/Designate, financial accountability expectations, etc.)**

**Date Transition Plan Created(mm-dd-yyyy):**

**Date Transition Plan will be reviewed (mm-dd-yyyy):**

**Signatures reflect agreement with the information contained with this Transition Plan (if a signature is unavailable, state why).**

\_\_\_\_\_  
Youth/Young Adult Name

\_\_\_\_\_  
Youth/Young Adult Signature

\_\_\_\_\_  
(day/month/year)

\_\_\_\_\_  
Child Protection Worker/Designate

\_\_\_\_\_  
Child Protection Worker/Designate Signature

\_\_\_\_\_  
(day/month/year)

\_\_\_\_\_  
Supervisor/Manager

\_\_\_\_\_  
Supervisor/Manager Signature

\_\_\_\_\_  
(day/month/year)

## **Form Budget for Extended Support Service Agreements (19 - 22 Years old)**

To be completed along with the Extended Support Agreement and Case Plan

Fill out the expenses section followed by the income section to determine your budget.

### **Expenses - Educational One time Expenses**

<b>Education Expenses</b>	<b>(\\$)</b>
Tuition	
Fees (lab, library, gym) if not included in tuition	
Sport & Recreation	
Other course material (books)	
Other school supplies	
<b>TOTAL EDUCATION EXPENSES</b>	<b>\$0.00</b>

### **Living Expenses (ongoing expenses)**

To get a yearly \$ amount, multiply the monthly amount by the number of months you will have the expense. Example: if you're paying \$400 a month in rent for 8 months (generally, two school terms) and move home for other 4 months of the year, you would have spent \$3,200 on rent in the year.

<b>Housing</b>	<b>\$ per month</b>	<b>\$ per year</b>
Rent - mortgage payments or residence fees		\$0.00
Utilities - heating, electricity, water		\$0.00
Cable or satellite TV & internet fees		\$0.00
Home or cell phone		\$0.00
Home - lawn care, house cleaning etc.		\$0.00
Child care or babysitting		\$0.00
Home maintenance and repair		\$0.00
Other		\$0.00
<b>Total Housing Expenses</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Food</b>	<b>\$ per month</b>	<b>\$ per year</b>
Groceries		\$0.00
Restaurants - take-out/order in		\$0.00
Corner store (chips & pop etc.)		\$0.00
Pet food and care		\$0.00
Other		\$0.00
<b>Total Food Expenses</b>	<b>\$0.00</b>	<b>\$0.00</b>

<b>Transportation</b>	<b>\$ per month</b>	<b>\$ per year</b>
Public transit (sometimes included in tuition)		\$0.00
Parking		\$0.00
Vehicle gas		\$0.00
Vehicle insurance		\$0.00
Vehicle payments		\$0.00
Vehicle maintenance and repairs		\$0.00
Driver's licence and vehicle registration renewal		\$0.00
Other		\$0.00
<b>Total Transportation Expenses</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Miscellaneous</b>	<b>\$ per month</b>	<b>\$ per year</b>
Kids misc - toys, books, allowances etc.		\$0.00
Clothing -including work, kids', other		\$0.00
Computer/printer supplies		\$0.00
Entertainment - movies, DVD and Video games rentals		\$0.00
Personal grooming - haircuts		\$0.00
Travel - airline tickets		\$0.00
Gifts - donations		\$0.00
Bank charges		\$0.00
Credit card annual fees		\$0.00
Dry cleaning or laundry		\$0.00
Tools or other work expenses		\$0.00
Club or association memberships		\$0.00
Credit card monthly payments		\$0.00
Payments on line of credit		\$0.00
Other debt payments		\$0.00
Other		\$0.00
<b>Total Miscellaneous Expenses</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Health</b>	<b>\$ per month</b>	<b>\$ per year</b>
Medical insurance (if not included in tuition)		\$0.00
Dental insurance		\$0.00
Medical/dental procedures		\$0.00
Prescriptions		\$0.00
Glasses / Medical devices		\$0.00
Other		\$0.00
<b>Total Health Expenses</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Yearly Living Expenses</b>	<b>\$0.00</b>	<b>\$0.00</b>

### Income (sources of money)

Sources	\$ per month	\$ per year
Scholarships, grants and bursaries		\$0.00
Part-time or full time work (estimate)		\$0.00
Social assistance		\$0.00
Disability assistance		\$0.00
CPP benefits eg. Survivor		\$0.00
Registered education savings plan		\$0.00
Other personal savings		\$0.00
Gifts - donations		\$0.00
Child tax benefit		\$0.00
Other		\$0.00
<b>Total yearly income</b>	<b>\$0.00</b>	<b>\$0.00</b>

### Other income not included in budget

Sources	\$ per month	\$ per year
Student loans (see below)		\$0.00
Other		\$0.00
<b>Total yearly income</b>	<b>\$0.00</b>	<b>\$0.00</b>

Student loans: Although the amount of the student loan should be noted as income, do not include as part of income in determining total expenses/income

	\$ per year
<b>Total Yearly Expenses</b>	<b>\$0.00</b>
<b>Total Yearly Income</b>	<b>\$0.00</b>
<b>Difference:</b>	<b>\$0.00</b>

## Extended Support Services Agreement and Case Plan

### Young Adult aged 19-22 years

DATE: \_\_\_\_\_

#### THIS AGREEMENT IS MADE BETWEEN:

\_\_\_\_\_  
(young adult)

AND

\_\_\_\_\_  
(Authority under the CFSA)

This is:  An Initial Extended Support Services Agreement  
 A Renewal of an Extended Support Services Agreement

#### The Authority and Young Adult **AGREE THAT:**

1. This Agreement starts on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and ends on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.
2. If this is a renewal of an Agreement, the parties enter into it to:

Extend the services set out in the Extended Support Services Agreement dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Amend the services set out in the Extended Support Services Agreement dated the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

#### THIS AGREEMENT WILL BE REVIEWED:

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

## Extended Support Services Agreement and Case Plan

NAME OF YOUNG ADULT:

GENDER:

DATE OF BIRTH/AGE:

CFIS#:

ADDRESS:

PHONE NUMBER:

SCHOOL AND PHONE NUMBER:

PLACE OF EMPLOYMENT AND PHONE NUMBER:

ETHNICITY:

DATE OF PERMANENT CUSTODY ORDER:

---

### **RESOURCES:**

The following resources have been applied for (as applicable) and their status is:

Housing: \_\_\_\_\_

Income Support: \_\_\_\_\_

Student Financial Assistance: \_\_\_\_\_

Child Tax Benefit/Universal Child Care Benefit: \_\_\_\_\_

Disabilities Support (Guardianship, Disabilities Council, etc.): \_\_\_\_\_

Other Community Organizations: \_\_\_\_\_

---

### **SUPPORTS:**

The following supports have been identified by \_\_\_\_\_ (*name of young adult*) as positive people who will be able to provide ongoing assistance:

Emotional (Someone to talk to, safety/personal security, advocacy, drug/alcohol help, mentor, etc.): \_\_\_\_\_

Life Skills (job search assistance, cooking/laundry/housekeeping skills, etc.): \_\_\_\_\_

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Financial Assistance (allowance, care packages, transportation, emergency place to stay/eat, etc.): \_\_\_\_\_

Education/Employment/Training (contacts and supports): \_\_\_\_\_

Cultural/Spiritual: \_\_\_\_\_

Practical (repairing household items, storage):  
\_\_\_\_\_

Other Supports: \_\_\_\_\_

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### **EDUCATIONAL OR TRAINING GOALS**

I am not interested in furthering my education at this time, for the following reasons:

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I have the following education plan:

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In order to meet my education plan, I have the following needs:

#### **NEEDS:**

a.

b.

ACTIONS OR TASKS	RESPONSIBILITY	START DATE	END DATE

--	--	--	--

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**EMPLOYMENT GOALS:**

I am not interested in seeking employment at this time for the following reasons:

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---

I have the following employment plan:

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In order to meet my employment plan, I have the following needs:

**NEEDS:**

a.

b.

ACTIONS OR TASKS	RESPONSIBILITY	START DATE	END DATE

---

**HOUSING GOALS**

I do not require assistance with housing at this time for the following reasons:

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I require assistance with housing and have the following accommodation plan: (Indicate if this also includes setting up the household with furniture, kitchen effects/supplies etc.)

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In order to meet my housing plan, I have the following needs:

**NEEDS:**

a.

b.

ACTIONS OR TASKS	RESPONSIBILITY	START DATE	END DATE

---

**OTHER GOALS**

I do not require any additional assistance.

I require additional assistance that has not been covered, and is outlined below:

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In order to meet my goals, I have the following needs:

**NEEDS:**

- a.
- b.

ACTIONS OR TASKS	RESPONSIBILITY	START DATE	END DATE

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**FINANCIAL NEEDS:**

1. Complete Form *Budget for Extended Support Service Agreements (19-22 years old)* to determine the amount of supplementary funding to be provided to achieve the youth's goals.
2. The Departmental income supplement required is as follows:

I do not require a financial supplement at this time.  
 I require a financial supplement based on my above goals: (circle the applicable frequency)

Education: \$ \_\_\_\_\_ /per month/per week/as needed  
 Housing: \$ \_\_\_\_\_ /per month/per week/as needed

Other (e.g. *Recreation, Clothing, Food, Household setup costs etc.*):  
 \_\_\_\_\_: \$ \_\_\_\_\_ /per month/per week/as needed  
 \_\_\_\_\_: \$ \_\_\_\_\_ /per month/per week/as needed  
 \_\_\_\_\_: \$ \_\_\_\_\_ /per month/per week/as needed  
 \_\_\_\_\_: \$ \_\_\_\_\_ /one time as needed

**Financial contributions of young adult:** Assess the following for the ability of the young adult to contribute financially:

Weekly/monthly income: \$\_\_\_\_\_

## Weekly/Monthly contributions:

- Living expenses \$ \_\_\_\_\_
- Education/training \$ \_\_\_\_\_
- Child care \$ \_\_\_\_\_
- Savings \$ \_\_\_\_\_
- Other \$ \_\_\_\_\_

(Note: Student loans are exempt, although grants may be considered as income. A monthly or annual budget should be completed. )

## **PLAN FOR CONTACT:**

The young adult and Worker agree to be in regular contact during the duration of this agreement as follows:

- (a) Face to face meetings: (describe frequency and locations)
- (b) Telephone or email contact: (describe frequency)

Further, the young adult and the Worker agree to provide any updated contact information and as it may change in the future

Young adult address: (provide full mailing address/contact phone numbers/email addresses etc.)

Social Worker: (provide full mailing address/contact phone numbers/email addresses and emergency contact information, etc.)

## Explanation of Agreement and Independent Advice

The young adult has had this Agreement explained in a language understood by him/her by \_\_\_\_\_ on \_\_\_\_\_ and understands the

By \_\_\_\_\_ Date \_\_\_\_\_  
Name and position/relationship \_\_\_\_\_  
Agreement before signing.

I, \_\_\_\_\_ (young adult) have been advised of the right to have this Agreement reviewed by an advisor and/or a lawyer.

- I have decided to sign this Agreement without consulting with an advisor or a lawyer.
- I have consulted with an advisor or a lawyer and agree to the terms and conditions of this Agreement.

## Young Adult 19-22 Years

I, \_\_\_\_\_ *(Name)* \_\_\_\_\_ *(Date of Birth)* have discussed

this Agreement with the Social Worker (Authority) and:

- agree with the services being provided.
- do not want to have services provided at this time. I understand that if I would like services at a later date, I can contact a Social Worker up until my 23<sup>rd</sup> birthday to enter into an Agreement.

## Under the Authority of the Child and Family Services Act

### **AMENDMENTS TO AGREEMENT**

\_\_\_\_\_ *(name of young adult)* must inform the Social Worker, if the financial/housing situation or general needs change.

### **TERMINATION OF AGREEMENT**

\_\_\_\_\_ *(name of young adult)* may cancel this Agreement by providing written notice to the Social Worker.

The Social Worker *(Authority)* may cancel this Agreement by providing written notice to \_\_\_\_\_ *(name of young adult)*, if s/he is not fulfilling the responsibilities of this Agreement.

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**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ *(young adult 19-23 years)*

\_\_\_\_\_ *(Witness)*

\_\_\_\_\_ *(Social Worker)*

\_\_\_\_\_ *(Supervisor/Manager/Director, Regional Authority)*

## Notification of the Right to Access Legal Services

I, \_\_\_\_\_, a duly authorized Child Protection Worker for  
(Name of Child Protection Worker)

the Northwest Territories, am formally notifying:

\_\_\_\_\_  
(Name of parent and/or guardian)

\_\_\_\_\_  
(Name of parent and/or guardian)

\_\_\_\_\_  
(Name of person having actual care of the child/youth)

\_\_\_\_\_  
(Child aged 12-15 years)

\_\_\_\_\_  
(Youth aged 16-18 years)

of their right to contact legal services and be represented by legal counsel throughout their involvement with child protection services and have provided them with information on where to contact legal services.

I, the Child Protection Worker, by signing below, attest that notification and facilitation to access to legal services has been given:

\_\_\_\_\_

\_\_\_\_\_

I, the parent/guardian, person having actual care of the child/youth, child, youth, young adult, by signing below indicate that the Child Protection Worker did notify me on the above date of my right to access legal services counsel regarding the child protection process.

**Signatures:**

\_\_\_\_\_

\_\_\_\_\_

Parent and/or Guardian	Date
Person having actual care of the child/youth	Date
Child aged 12-15 Years	Date
Youth aged 16-18 Years	Date
Interpreter Where Applicable	Date

To apply for legal aid, you must make an appointment with one of the legal aid offices in Yellowknife, NT, or with a [community court worker](#) for assistance with filling out an application.