Support Services Agreement & Case Plan

LAST NAME, First Name
Born: month, day, year

___ INITIAL SUPPORT SERVICES AGREEMENT
__RENEWAL SUPPORT SERVICES AGREEMENT

Prepared By:
(Name of Worker)
Child Protection Worker
(*Name of Authority/Region)*
(Appointment Number)
(Date the Report was Written)

Section 2-Voluntary Support Services Agreements *Form 2.2.1*

Child/Youth's Information	
Name:	**Gender:**
Date of Birth/Age:	**Birthplace:**
CFS Status:	**Home Community:**
Ethnic Identity:	**MatrixNT#:**
Health Care #:	**Language:**
Indigenous or Cultural Organization Membership(s), if applicable:	**First Nation Status Card:** **Nunavut Inuit Enrolment Card (NTI):** **Inuvialuit Enrollment Card:** **Métis Citizenship Card:** ***If applicable**
Parent/Care Provider/Caregiver Name (if applicable): **Address:** **Telephone Number:** **Email:**	
Placement Name (if applicable): **Address:** **Telephone Number:** **Email:**	

DATE THE SUPPORT SERVICES AGREEMENT AND CASE PLAN BEGINS (dd/mm/yyyy)

DATE THE SUPPORT SERVICES AGREEMENT AND CASE PLAN ENDS (dd/mm/yyyy)

DATE THE SUPPORT SERVICES AGREEMENT WILL BE REVIEWED (dd/mm/yyyy)

IF THE SUPPORT SERVICES AGREEMENT AND CASE PLAN IS BEING RENEWED, PROVIDE THE DATE THE INITIAL SUPPORT SERVICES AGREEMENT AND CASE PLAN STARTED (dd/mm/yyyy)

WAS AN INDIGENOUS GOVERNING BODY(S)(IGB), APPLICABLE ABORIGINAL (AAO) OR CULTURAL ORGANIZATION(S) INVOLVED IN THE DEVELOPMENT OF THE CASE PLAN? (If yes, what is the name of the IGB, AAO or Cultural Organization and the representative(s) involved in development of the Case Plan?

INFORMATION ABOUT YOUTH

1. ***Describe the youth's medical health*** (e.g., list the youth's medical concerns or diagnoses, assessments and allergies or food sensitivities. Also provide a list of medication and supplements the youth is currently taking.).

2. ***Describe the youth's mental health.***

3. ***Describe the youth's education, if applicable*** *(e.g., grade level, educational plans, academic successes and challenges, feelings about attending school etc.)***.**

4. ***How is the youth adjusting to their current placement, if applicable?***

5. ***What kind of social and recreational activities is the youth involved in, and how are these activities being maintained?***

6. ***What type of relationship does the youth have with their parent(s)/care provider(s)/caregiver(s)?***

7. ***What is the level of contact the youth wants to have with their parent(s)/care provider(s)/caregiver(s) and how can this be supported?***

8. ***What type of relationship does the youth have with their sibling(s) and how can this be supported?***

9. ***What type of relationship does the youth have with their extended family? Who are they close with? How can this connection be maintained and supported?***

10. ***What type of relationship does the youth have with their culture? How can this connection be maintained and supported?***

YOUTH'S STRENGTHS AND NEEDS

1. ***What does the youth identify as strengths or positives about themselves?***

STRENGTHS (List)

2. ***What does the youth identify as their priority needs?***

NEEDS (list):

CASE PLAN

RECOMMENDATIONS FOR YOUTH

Discuss the strengths and needs in relation to the youth's key goals.

Need(s) and concern(s) impacting the youth.

Goals to help the youth address the need(s) and concern(s) identified.

ACTIONS (How the goals are going to be met)	RESPONSIBILITY (Who is going to do the task)	WHY ARE WE IMPLEMENTING THIS ACTION? (I.e., safety, reunification etc.)	TIMEFRAMES	MEASUREMENT OF ACHIEVEMENT

SIGNATURES

I am aware this **Support Services Agreement and Case Plan** may be cancelled or modified by myself and/or Child and Family Services if I am unable to fulfill my responsibilities.

I also understand this **Support Services Agreement and Case Plan** can be cancelled by me if I no longer wish to have services from Child and Family Services. I will notify the Child Protection Worker/Designate if I am no longer interested in services.

By signing my name below, I am stating that I have reviewed the **Support Services Agreement and Case Plan** in its entirety, and I am in agreement with the services to be provided as well as my rights and responsibilities in achieving the goals of this **Support Services Agreement and Case Plan**.

_____	_____	_____
Youth 12-18 years	Youth 12-18 years Signature	(mm-dd-yyyy)
_____	_____	_____
Child Protection Worker/Designate	Child Protection Worker Signature	(mm-dd-yyyy)
_____	_____	_____
Supervisor/Manager	Supervisor/Manager Signature	(mm-dd-yyyy)

FOSTER HOME APPLICATION

Applicant'(s) Information			
Name(s):			
Date and Place of Birth:			
Home Address:			
Mailing address *(if different from above)*:		Telephone Number *(home)*:	
Name of Employer:		Occupation:	
Work Hours:		Phone Number(s):	
Applicant(s)'s health, including any condition(s) impacting ability to care for children/youth:			

Applicants' Relationship Information			
☐ Married	☐ Single	☐ Common Law	Date Relationship began:

Children/youth living in the home:				
Name	Gender	Birth Date	Relationship to Applicants	

Other Adults living in the home:			
Name	Gender	Birth Date	Relationship to Applicants

Type of Housing
☐ House ☐ Duplex ☐ Apartment ☐ Other *(specify)* Number of Bedrooms:

Foster Children/youth:	
We would like to foster a child/youth: Age range: _____ Gender(s): _____	
Interested in providing care for children/youth who may be experiencing: ☐ Medical Condition(s) ☐ Minor Physical Disability ☐ Fetal Alcohol Spectrum Disorder ☐ Significant Physical Disability ☐ Emotional/ Behavioural issues ☐ Developmental Delay(s) ☐ Learning Disability/Delay ☐ History of Trauma	☐ History of Sexual/Physical Abuse/Neglect ☐ Exposure to Family Violence *Willing to Provide:* ☐ Respite Care ☐ Emergency care ☐ Temporary/ Short-term placements ☐ Long-term Foster Care ☐ Care to Transition to Adoptive home ☐ Care for Siblings

Regular Foster Home Applicant(s): I/We, understand that the following forms need to be completed prior to this application being considered for approval:

- Consent for Release/Obtain Information
- Medical Examination Report
- Criminal Record Check including vulnerable sector check *(every adult residing in the home)*
- Interprovincial Child Protection Background check (where applicable),
- 3 References

Once the above documentation is submitted, a Foster Home Study will be completed within 45 days. Written notification of the outcome of this application will be mailed within 14 days of the completion of the home study. If approved, the *Foster Home Agreement, Oath of Confidentiality and Caregiver Discipline Agreement* must be signed prior to children being placed in the foster home.

Extended Family/Provisional Foster Home Applicant(s): Children/youth may be placed with extended family and/or community members in emergency situations with the completion of a Child and Family Services records check and RCMP check. The *Foster Home Agreement, Oath of Confidentiality and Caregiver Discipline Agreement* must be signed within 72 hours of the children's/youth's placement. The following additional documentation must be completed within 14 days of placement:

- Foster Home Agreement
- Criminal Record Check (every adult residing in the home)
- Medical Examination Report
- Extended Family/Provisional Foster Home Study

If all documentation is not submitted, I/we understand that the children/youth placed in our home may be removed.

_____ _____

Foster Parent Applicant Date

_____ _____
Foster Parent Applicant (where applicable) Date

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)

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).

Youth or Young Adult's Information	
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***	
Child Protection Worker/Designate:	
WHO ARE THE MEMBERS OF THE TRANSITION PLAN?	

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?

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?

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)

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:	