



Plan of Care Agreement & Case Plan

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

Apprehended on, if applicable: month, day, year

Prepared By:
(*Name of Worker*)
Child Protection Worker
(*Name of Authority/Region*)
(*Appointment Number*)
(*Date that the Report is written*)



Section 3 – Plan of Care Committees

Form 3.3.1

Child/Youth's Information *Please ensure you note answers for each child/youth involved in the Case Plan	
Name:	Gender:
Date of Birth/Age:	Birthplace:
CFS Status:	Home Community:
Ethnic Identity:	MatrixNT#:
Health Care #:	Language:
Indigenous Organization Membership(s), if applicable:	First Nation Status Card: Nunavut Inuit Enrolment Card (NTI): Inuvialuit Enrollment Card: Métis Citizenship Card: *If applicable
Parent(s)/Care Provider(s)/Caregiver Name(s): Address: Telephone Number: *Add more rows as required*	
Placement Name (if applicable): Address: Telephone Number:	
Sibling(s) Name: Age(s): Placement(s), if not together: *Add more rows as required*	

Ensure the following is up to date:

- Immunization Record
- Dental Exam
- Medical Appointments (including well-child appointments)

Are there any medical concerns or has the child/youth received any diagnoses in the past? If yes, please provide details below:

Does the child/youth have any allergies or food sensitivities? If yes, please provide details below:



Section 3 – Plan of Care Committees

Form 3.3.1

Has the child/youth received any assessments (i.e. educational, psychological, behavioral, etc.)? If yes, please provide details below:

MEMBERS OF THE PLAN OF CARE COMMITTEE

DATES THE COMMITTEE MET (dd/mm/yyyy)

DATE THE PLAN OF CARE AGREEMENT WAS SIGNED (and begins) (dd/mm/yyyy)

DATE THE PLAN OF CARE AGREEMENT WILL BE REVIEWED (dd/mm/yyyy)

DATE THE PLAN OF CARE AGREEMENT ENDS (dd/mm/yyyy-dd/mm/yyyy))

CIRCUMSTANCES LEADING TO THE PLAN OF CARE AGREEMENT

RISK ASSESSMENT RISK LEVEL

- Low
- Moderate
- High
- Very High

FINAL SAFETY ASSESSMENT DECISION

- Safe
- Safe with a Plan (provide a short summary of what the plan is)



Section 3 – Plan of Care Committees

Form 3.3.1

Unsafe

PARENT(S)/CARE PROVIDER(S)/CAREGIVER(S) STRENGTHS AND NEEDS

What do the parent(s)/care provider(s)/caregiver(s) identify as their priority strengths? Document the responses in the chart below. Think of when the parent(s)/care provider(s)/caregiver(s) have overcome a similar or stressful situation in the past, what strengths did they use to overcome and get through it?

(Add additional rows as required)

STRENGTHS

Priority Areas of Strength	Strength Applies to

What do the parent(s)/care provider(s)/caregiver(s) identify as their priority needs? Document the responses in the chart below. Consider possible triggers for stress and how these could be related to their needs (add additional rows as required)

NEEDS

Priority Areas of Need	Need Applies to



Section 3 – Plan of Care Committees

Form 3.3.1

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What do the parent(s)/care provider(s)/caregiver(s) identify as their goals for the future?

What do the parent(s)/care provider(s)/caregiver(s) identify as their child/youth's immediate needs, as well as their goals for the future?

If the child/youth is not placed with family or family members, what is the plan for on-going reassessment for family reunification or placement with extended family?

CHILD/YOUTH STRENGTHS AND NEEDS *Please ensure you note answers for each child/youth involved in the POCA*

What does the child/youth identify as their immediate needs, as well as their goals for the future?

Describe the child/youth's physical and mental health?

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

How is the child/youth adjusting to their current placement, if applicable?



Section 3 – Plan of Care Committees

Form 3.3.1

What kind of social and recreational activities is the child/youth involved in, and how are these activities being maintained?

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

*If the child/youth is out of the home, what is the level of contact with their **parent(s)/care provider(s)/caregiver(s)** and how will this be supported?*

*What type of relationship does the child/youth have with their **sibling(s)**?*

*If the child/youth is out of the home, what is the level of contact with their **sibling(s)** and how will this be supported?*

*What type of relationship does the child/youth have with their **extended family**?*

*If the child/youth is out of the home, what is the level of contact with their **extended family** and how will this be supported?*

How can the applicable Aboriginal organization (AAO) or Indigenous Governing Body (IGB) support the success of the family unit and/or the safe return of the child/youth to their parent/care provider/caregiver(s) (if applicable)?



Section 3 – Plan of Care Committees

Form 3.3.1

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?

CASE PLAN

A **Case Plan** should be written with behaviourally specific goals and objectives that consider and incorporate the parent/care provider/caregiver(s)' priority strengths in addressing their own priority needs. It also includes consideration of child characteristics and how they impact family functioning. Once completed, the initial assessment and the Case Plan can be used as a foundation for ongoing conversations. This ongoing assessment process which is documented in case notes informs case reviews and helps measure progress toward achieving household service plan objectives.

Ensure the **Household Strengths and Needs Guide** is completed to help inform the case plan.

Goals to help the family to address the need(s) and concern(s) (provide clear statements describing expected behaviour of a child, youth, parent, care provider or caregiver; make specific, clear and observable):

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



Section 3 – Plan of Care Committees

Form 3.3.1

CONSENT AND SIGNATURES

I understand that I have the right to consult with a lawyer and to take this matter to court for resolution. I understand that the parent(s)/care provider(s)/caregiver(s) may cancel this Plan of Care Agreement at any time provided they give notice. It is possible the parent(s)/care provider(s)/caregiver(s) may choose to allow the court to make decisions impacting them. If child protection concerns cannot be mitigated as a result of the Plan of Care Agreement, the Child Protection Worker/Designate may choose to bring this matter before the court for resolution.

We, the members listed below, understand that:

By signing our name below, we are stating that we have reviewed the Plan of Care Agreement and the Case Plan in its entirety.

I, _____
(Parent/Care Provider/Caregiver)

Agree with the POCA and Case Plan
 Disagree with the POCA and Case Plan

(mm-dd-yyyy)

I, _____
(Parent/Care Provider/Caregiver)

Agree with the POCA and Case Plan
 Disagree with the POCA and Case Plan

(mm-dd-yyyy)

I, _____
(Child Protection Worker/Designate)

Agree with the POCA and Case Plan
 Disagree with the POCA and Case Plan

(mm-dd-yyyy)

I, _____
(Supervisor/Manager)

Agree with the POCA and Case Plan
 Disagree with the POCA and Case Plan

(mm-dd-yyyy)

Modification of a Plan of Care Agreement

The Plan of Care Agreement for _____ originally signed and in effect
(name(s) of child/ren))

on _____ continues to be in effect with the following modifications:
(day/month/year)

Signatures of Plan of Care Committee members in favour and date:

_____	(Plan of Care Committee member)	_____	(day/month/year)
_____	(Plan of Care Committee member)	_____	(day/month/year)
_____	(Plan of Care Committee member)	_____	(day/month/year)

Signatures of Plan of Care Committee members opposed and date:

_____	(Plan of Care Committee member)	_____	(day/month/year)
_____	(Plan of Care Committee member)	_____	(day/month/year)
_____	(Plan of Care Committee member)	_____	(day/month/year)

Interpreter(s) and date:

_____	(Interpreter)	_____	(day/month/year)
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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)

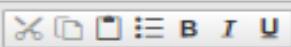
Interviewed or Observed:

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

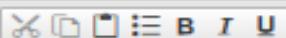
- 1. Home (Household)
- 2. Placement Resource
- 3. Community
- 4. Worker's Office
- 5. School
- 6. Hospital/Medical Setting
- 7. Police Station
- 8. Court
- 9. Other Setting

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:



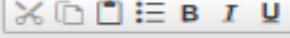
Method of Contact:

Contact Location:

Contact With: Other

Check All

- A
- B
- C
- D



Private/Not In Private:

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)

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



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:

2. Goals Not Achieved:

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.*

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.*

5. Reason for Closure:

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

Child Protection Record Check

Personal Information	
Name:	Maiden Name: <i>(where applicable)</i>
Alias(es): <i>(where applicable)</i>	Date of Birth: <i>(day/month/year)</i>
Current Address:	
Previous Address(es): <i>(include other provinces/territories/countries)</i>	
Names of birth children and/or other children residing in the home (use back of form to add more children)	
Name of Child: <i>(and aliases)</i>	Date of Birth: <i>(day/month/year)</i>
Name of adult children (19 years of age and older) and/or other adults residing in the home (use back of form to add more children)	
Name: <i>(and aliases)</i>	Date of Birth: <i>(day/month/year)</i>
Relationship to Applicant:	

For Office Use Only

Using the Names and Birthdates Provided:

As of today I find no Child Protection Services record in _____ (province/territory) indicating that the applicant might have caused a child to be deemed in need of protection.

There is a Child Protection Services record in _____ (province/territory) indicating that the applicant might have caused a child to be deemed in need of protection.

Summary of Involvement

Check all search methods used:

CFIS
 Child/Family Paper file
 Other _____ (specify)

Child Protection Record Check Started:
(day/month/year)

Child Protection Record Check Completed:
(day/month/year)

Name of person who completed the Child Protection Record Check:

(please print) _____ (signature)

Date: (day/month/year)	Health and Social Services Office: Address: Phone: Fax:
------------------------	--

Names of Birth Children and/or Other Children Residing in the Home <i>(add more lines as required)</i>	
Name of Child: <i>(and aliases)</i>	Date of Birth: <i>(day/month/year)</i>
Name of Child: <i>(and aliases)</i>	Date of Birth: <i>(day/month/year)</i>
Name of Child: <i>(and aliases)</i>	Date of Birth: <i>(day/month/year)</i>
Name of Child: <i>(and aliases)</i>	Date of Birth: <i>(day/month/year)</i>
Names of Adult children (19 years of age or older) and/or Other Adults Residing in the Home <i>(add more lines as required)</i>	
Name: <i>(and aliases)</i>	Date of Birth: <i>(day/month/year)</i>
Relationship to Applicant:	
Name: <i>(and aliases)</i>	Date of Birth: <i>(day/month/year)</i>
Relationship to Applicant:	
Name: <i>(and aliases)</i>	Date of Birth: <i>(day/month/year)</i>
Relationship to Applicant:	
Name: <i>(and aliases)</i>	Date of Birth: <i>(day/month/year)</i>
Relationship to Applicant:	



CRIMINAL RECORD CHECKS

Identity Verification:

- Persons requesting a Criminal History/Record Check must do so in person.
- The applicant must provide: two (2) valid pieces of identification:
 - The primary identification must be government-issued and include the applicant's name, date of birth, signature and photo.
 - The secondary document verifies the Primary Identification.
- For Vulnerable Sector Checks, a letter from the employer is required, containing:
 - The company name or organization name
 - What position the applicant is, or will be, employed in (including volunteer positions).
 - How this position is a position of trust or authority over a vulnerable person.
 - Only one letter per Vulnerable Sector Check

Completing Forms:

- For all record checks the applicant must completed and sign form 6388 (Consent for the Release of Police Information).
 - Only initial the boxes in part 3 that are for the type of record check required.
- For a Name-based Criminal Record Check (not Vulnerable Sector), box 1 is initialed.
- For a Name-based Vulnerable Sector Check, box 3 is initialed and Form 3923 (Vulnerable Sector Verification) must also be completed.
- If the applicant has a criminal record including Adult convictions, they must also initial box 4 and complete form 6359 (Declaration of Criminal Record).
 - A form 6359 (Declaration of Criminal Record) may only be processed by the CPIC agency of local jurisdiction where the applicant resides.
 - If the applicant has ever been convicted of a federal offence and is unable to complete the form 6359 (Declaration of Criminal Record) with all adult convictions they must proceed by way of the appropriate fingerprint-based process.
- If the applicant has a criminal record that contains convictions on Youth charges, or Absolute discharges or Conditional discharges and does not contain any Adult convictions, than they must complete the Fingerprint-based process.
- For a certified Fingerprint-Based Criminal Record Check, box 2 is initialed.
- For a Certified Fingerprint-based Vulnerable Sector Check, boxes 2 & 3 are initialed. Form 3923 (Vulnerable Sector Verification) must also be completed.





**Consent for Check for a Sexual Offence for which a
Record Suspension (Pardon) has Been Granted or Issued
(Vulnerable Sector Verification)**

Reference Number
(to be completed by detachment)

- This form must be submitted with RCMP form 6388 - Consent for the Release of Police Information.
- This form is to be completed by an individual applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule of the *Criminal Records Act* and has been pardoned.
- To be used only for organizations inside of Canada.

Identification of the Applicant

Current Legal Surname (required)	Current Legal Given Name (required)
Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (required; yyyy-mm-dd)

Reason for the Consent

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.

Title of the Paid or Volunteer Position	Name of the Person or Organization
---	------------------------------------

Details regarding the responsibilities towards children or vulnerable persons

Type of Position

Paid Position (fee enclosed) Processing Fees Volunteer Position (letter from non-profit organization attached)

Consent

I hereby consent to a search being made in the automated records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted or issued a Record Suspension (Pardon) for, any of the sexual offences that are listed in the schedule of the *Criminal Records Act*.

I understand that if, as a result of giving this consent, a search discloses that there is a record of my conviction for one of the sexual offences listed in the schedule of the *Criminal Records Act* in respect of which a Record Suspension (Pardon) was granted or issued, that record shall be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Contributing Agency

Fingerprint

For card scan submissions only.

Signature of Applicant

Date (yyyy-mm-dd)

Verification

Name of Verifier

Title **Date Received (yyyy-mm-dd)** **Finger**



Consent for the Release of Police Information

Applicant Information

Last Name		Given Name 1		Given Name 2
Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (yyyy-mm-dd)	Current Address		
City		Province	Postal Code (A9A 9A9)	Telephone Number (include area code)
Place of Birth		Usual First Name or Alias		Maiden Name or any Other Last Name
Name at Birth		Previous Names or Legally Changed Names		

Previous Addresses

Provide previous addresses if less than 5 years at current address.

Address	City	Province	Postal Code (A9A 9A9)

Consent

Important - Informed Consent (provided by the Individual): As an individual providing informed consent to have these sources of police information reviewed and disclosed, it is important that you understand the nature of the information that may be contained in them. By agreeing to allow your personal information to be disclosed to a prospective employer or organization, you acknowledge that you understand that your suitability could be determined based on the information disclosed. The suitability criteria are established and controlled by the employer or the organization - not the police agency or authorized body conducting the checks. The police agency or authorized body is not involved with, or responsible for, decisions that are made by the employer or organization.

Signature of Applicant

I consent to a search of all records and information available at the time the search is conducted, including non-conviction information, charges before the courts, findings of guilt or convictions and court orders registered in my name in the National Repository of Criminal Records and local records available to the police service. I understand that if information or a possible record exists, it will not be disclosed until identification has been confirmed by either myself or by fingerprints.

Signature _____ Date of Consent (yyyy-mm-dd) _____

Requesting Organization

<input type="checkbox"/> Record Check results will be picked up in person by the applicant		Fingerprint
Identity of the organization that is requesting and should receive the results of the record checks.		For card scan submissions only.
Name of Person or Organization	Address	
City	Province	Postal Code (A9A 9A9)

Waiver for Consent of Release of Information to Third Party

I consent to the release of any and all information from available records to the authorized person of the above indicated Organization/Company/Firm.

Signature _____ Date (yyyy-mm-dd) _____ Finger _____

Type of Record Check Required

To be completed by the applicant (initial type of record check being requested).

Type	Description	Additional Requirements	Initial
Name-Based Criminal Record Check	A query, based on name and date of birth, of active criminal files in the RCMP National Repository of Criminal Records. Used to determine the possible existence of a criminal record. Generally used as a preliminary search only to determine if a Fingerprint-based Criminal Record Check may be required. The query may also include a search of court records and a query of records management systems in other police agencies' jurisdictions through the Police Information Portal (PIP) or other data sharing systems.	N/A	
Fingerprint-Based Criminal Record Check	A fingerprint-based search of the RCMP's national repository of fingerprints and criminal record information. The results of the search will produce a document that includes criminal record information where the identity of the applicant has been verified by fingerprints.	N/A	
Vulnerable Sector Check	A Vulnerable Sector Check is the most comprehensive type of check. It includes a query based on name and date of birth of a local police agency's records management system, commonly referred to as a local indices's check, in addition to queries of CPIC Identification, Investigative, and Intelligence Data Banks. The query may also include a search of court records and a query of records management systems in other police agencies' jurisdictions through the Police Information Portal (PIP) or other data sharing systems.	<input type="checkbox"/> Form 3923 completed and attached	
Declaration of Criminal Records	This will result in the RCMP detachment providing a list of all of the criminal convictions and related information that are included on the criminal record on CPIC. This may only be provided by the detachment where the applicant lives.	<input type="checkbox"/> Form 6359 completed and attached	

Identification Provided

To be completed by the RCMP employee.

Applicant Identification Type 1	Applicant Identification Type 2	RCMP Employee Name	HRMIS Number
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Instructions: Consent for the Release of Police Information

Criminal Record / Vulnerable Sector Check

- When applying for any Police Records Check, you must provide your consent. Signing this consent signifies that you understand each of the information sources the police or other authorized bodies will check. The purpose of this document is to provide you with that understanding.
- There are two sources of information that comprise what is referred to as police information. Subject to your consent, these two sources of information are searched to determine if they contain personal information that relates to you and which may be disclosed in accordance with applicable laws:
 - Records in the Investigative and Intelligence data banks contributed by Canadian police agencies to the Canadian Police Information Centre (CPIC) system.
 - Local police information contained in local agency Occurrence Records Management Systems.

Criminal Record

- Canada's National Repository of Criminal Records is maintained by the Royal Canadian Mounted Police (RCMP). In Canada, a criminal record is created and maintained through the submission of an individual's criminal fingerprints collected using ink-rolled impressions or through electronic scanning. Creating a criminal record involves the submission of an initial set of prints of an individual charged with an offence. Updating this criminal record involves submitting fingerprints of the individual each subsequent time they are charged with an offence. These prints are used to verify the individual's identity against the existing records in the RCMP National Repository of Criminal Records. Once determined by the courts, the disposition (outcome of the charge) is recorded on the fingerprint form and forwarded to the RCMP National Repository of Criminal Records. The release of criminal record information maintained by the RCMP is governed by federal laws and the *Ministerial Directive concerning the Release of Criminal Record Information by the Royal Canadian Mounted Police*. Since the *Identification of Criminals Act* only allows the taking of fingerprints in relation to indictable or hybrid offences, the RCMP's National Identification of Criminals Act Repository of Criminal Records is fingerprint-based and only contains information relating to these two categories of offences. Summary offences are included in the national repository if submitted to the RCMP as part of an occurrence involving an indictable or hybrid offence. Note: With the exception of "young person" indictable or hybrid offence convictions, police agencies are not required by law to report offences to the RCMP. Therefore, a search of local police records may reveal criminal record information that has not been reported to the RCMP.
- If your fingerprints have never been taken in relation to an arrest and/or charge process, then you do not have a record in the National Repository for Criminal Records maintained by the RCMP. If, however, you do have a criminal record, but were not fingerprinted for all of your subsequent charges and/or convictions, your criminal record will not fully portray the history of your police involvement.

Record Suspension (Pardoned Offences)

- An adult individual who has a criminal record may make an application to the Parole Board of Canada to receive a Record Suspension (Pardon) for one or more convictions. At the completion of a successful Record Suspension (Pardon) application process, all references to the convictions on the criminal record as maintained by the RCMP for which a Record Suspension (Pardon) has been granted are sealed and are no longer available to police agencies or any individual other than the subject of the record. Disclosure of a Record Suspension (Pardon) is only possible with the consent of the Minister of Public Safety for Canada.
- A Record Suspension (Pardon) does not erase a conviction. It does not allow a person to say that they do not have a criminal record. An individual who has received a Record Suspension (Pardon), when asked, should respond: "Yes, I have been convicted of a criminal offence for which I have received a Record Suspension (Pardon)."
 - Due to the sensitivity of this process, only police agencies or other authorized bodies as determined by a provincial or territorial public safety minister may process system responses that are generated by Vulnerable Sector Checks.

Offences Committed as a Youth

- The *Youth Criminal Justice Act* restricts the use of information related to charges for offences that were committed as young persons (below the age of 18). Information related to these charges may only be disclosed upon your signed authorization and when it is required by Federal, Provincial or Municipal law, for the purposes of employment or volunteer services with these agencies.
- Two exceptions to this are:
 - When the young person was sentenced as an adult; and
 - When an individual is sentenced as an adult prior to the young person charges being sealed. In these cases section 119 of the *Youth Criminal Justice Act* states that the youth charges are subject to the same disclosure rules as adult convictions.

Investigative and Intelligence Information Contained in CPIC

- Police agencies in Canada use CPIC to share information on persons, property, vehicles and marine vessels in support of law enforcement activities. A record that is added to CPIC belongs to the police agency that added the record. The contributing agency's permission is required in order to use its records to support an investigation or to use as a basis for a decision. Examples of records pertaining to individuals include persons who are wanted, persons who are on probation or subject to a court order, and persons who are charged with offences currently before the court. The disclosure and use of this information as part of a police information check will be governed by the laws that apply to the police agency holding the record.
- The existence of these types of records in relation to an individual does not establish that the individual has a criminal record. Records indicating that an individual has been charged with a criminal offence may mean that the individual has a criminal record however; this is subject to verification of the National Repository of Criminal Records maintained by the RCMP by means of the agency that entered the information on CPIC.

Local Police Information

- Local police information involves non-criminal entries where police respond to a call or complaint. This investigative activity is normally recorded in the police agency's Occurrence Records Management System. Information that is disclosed on the application for a police information check involving local police records systems includes any adverse information (e.g. peace bond) where the individual is identified as having negative contact with the police. Adverse information is defined as an occurrence in which the applicant is the subject of a founded and substantiated complaint relating to a provincial or federal offence; or a suspect, charged with a provincial or federal offence whether acquitted or convicted. Adverse information does not include a file where the applicant is only considered a "victim", or a "witness". The disclosure and use of this information as part of a police information check will be governed by the laws that apply to the police agency holding the record. Many jurisdictions have laws that pertain to the use and disclosure of personal information related to an individual's mental health. It is the responsibility of the police agency to apply those laws.
- The existence of these types of local police records in relation to an individual does not establish that the individual has a criminal record. Local police records indicating that an individual has been charged with a criminal offence may mean that the individual has a criminal record; however, this is subject to verification by means of the National Repository of Criminal Records maintained by the RCMP.



Royal Canadian Gendarmerie royale
Mounted Police du Canada

Instructions: Declaration of Criminal Record

Certified Criminal Record

- A certified Criminal Record is defined as a summary of an individual's offence convictions and non-convictions (where authorized) that are releasable in accordance with Federal laws, based on the results of a Fingerprint-based Criminal Record Verification.

Additional Instructions

- Enter name and date of birth exactly as they appear on form 6388, Consent for the Release of Police Information.
- Enter one criminal charge per line.
- Identify the date of sentence and place where the offence was committed.

Important Notices

- The confirmation of a declaration of criminal record does not constitute a Certified Criminal Record by the RCMP.
- The confirmation of a declaration of criminal record may not contain all criminal record convictions.
- This form must be completed in order to receive a copy of the adult criminal convictions and associated information from the RCMP National Repository of Criminal Records.
- A Certified Criminal Record can only be issued based on the submission of fingerprints to the RCMP National Repository of Criminal Records.
- This form must be completed if you are requesting a copy of your criminal convictions. Only the RCMP detachment where you live can provide this service.



PIB	CMP PPU 005
PIB	CMP PPU 030

Declaration of Criminal Record

This form must be completed and submitted with RCMP form 6388 - Consent for the Release of Police Information

Reference Number

Applicant

Last Name	Given Name 1	Given Name 2	
Maiden Name or Other Last Name	Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (yyyy-mm-dd)	
Current Address	City	Province	Postal Code (A9A 9A9)

Certified Criminal Record

Note: A Certified Criminal Record can only be issued based on the submission of fingerprints to the RCMP National Repository of Criminal Records.

Declaration of Criminal Record

- Does not constitute a Certified Criminal Record by the RCMP.
- May not contain all criminal record convictions.

Declare the following information:

- All convictions for offences under federal law.

Do not declare the following information:

- Absolute Discharges (disclosed for a period of 1 year).
- Conditional Discharges (disclosed for a period of 3 years).
- Any offences while you were a "young person" (12 years old but less than 18 years old), pursuant to the *Youth Criminal Justice Act*.
- Any charges for which you were not convicted, for example, charges that were withdrawn or dismissed.
- Any provincial or municipal offences.
- Any charges dealt with outside of Canada.
- Any charge for which you received a stay of proceedings (disclosed until retention period is met).

Offence	Date of Sentence (yyyy-mm-dd)	Location

Signature

I certify that the information provided is correct to the best of my knowledge.

Signature of Applicant

Date (yyyy-mm-dd)

Received By

Employee Name	HRMIS	Detachment Stamp or Seal
Signature	Date (yyyy-mm-dd)	

Election to Proceed to Court

Name of Child: _____ Date of Birth: _____
Name of Child: _____ Date of Birth: _____

Check the appropriate option below:

- I, _____, am the parent and/or guardian of the above named child who is to be the subject of a Plan of Care Agreement.
- I, _____, am the parent and/or guardian of the above named child who is to be the subject of a Plan of Care Agreement.
- I, _____, am a child named above and I am 12 years or older.

AND (Check the appropriate option below)

- A Plan of Care Agreement regarding the above named child has not started.
- I hereby elect to not have a Plan of Care Committee established.
- A Plan of Care Committee has been established and I elect to have it dissolved.

AND

- I elect to have a Child Protection Worker apply to a court for a declaration that the above named child needs protection and apply for an order.

(Witness)

(Signature of parent and/or guardian)

(Witness)

(Signature of parent and/or guardian)

(Witness)

(Signature of child 12 years or older)

(Witness)

(Child Protection Worker)

I, _____ a duly authorized Child Protection Worker assisted _____ in preparing this election.

I, _____ state that I translated the explanation and contents of this form to _____ in the _____ language.

(Translator)

Extension of Plan of Care Agreement

The Plan of Care Agreement for _____ originally
(name)
signed and in effect as of _____ is extended:

as is or with the following modifications:

This extension is in effect from _____ to _____.
(day/month/year) (day/month/year)

(Child Protection Worker)

(day/month/year)

(Parent and/or Guardian)

(day/month/year)

(Parent and/or Guardian)

(day/month/year)

(Child 12 Years or Older)

(day/month/year)

(Translator)

(day/month/year)

NOTE:

Anyone who signs the extension may request a review by giving ten (10) days' notice to other members of the Plan of Care Committee.

An extension must be reviewed every three (3) months if the total agreement exceeds 12 months.

The original Agreement and any extension *cannot exceed 24 months in total.*

Notice of First Meeting of a Plan of Care Committee

By way of this notice, you are requested to attend a Plan of Care Committee meeting:

Date: _____
(day/month/year)

Time: _____

Place: _____

For: _____
(name of child or children)

Please call _____ or drop by the office to speak with _____
(phone number) (Child Protection Worker)
to confirm your attendance.

Copies of notice given to:

Name all Plan of Care Committee members and any child/ren over the age of 12:

Notice of Request for Review of a Plan of Care Agreement

(Please note that any person who has signed the Plan of Care Agreement may give notice to review the Plan of Care Agreement using this form or by providing their own written notice to other members of the Plan of Care Committee).

I am giving notice as of this date _____ that I would like a review
(day/month/year)

of the Plan of Care Agreement for _____ that had been
(name(s) of child(ren))

originally signed on _____.
(day/month/year)

(Signature of Plan of Care Committee member making the request)

(day/month/year)

Copies of notice given to:

Name all Plan of Care Committee members and any child/ren over the age of 12:

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.

Notification of Right to Elect to Go to Court

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

the Department of Health and Social Services, am formally notifying:

(Name of parent and/or guardian)

(Name of parent and/or guardian)

(Child aged 12 years or older)

of their right to elect to have their child protection matter heard before a court rather than to address the matter through the Plan of Care Committee process.

I, the Child Protection Worker, by signing below attest that notification has been given on:

(Child Protection Worker)

(Day/Month/Year)

I, the parent/guardian/child, by signing below indicate that the Child Protection Worker did notify me on the above date of my right to elect to go to court regarding the child protection concerns.

Signature of parent and/or guardian or child:

(Parent and/or Guardian)

(Day/Month/Year)

(Parent and/or Guardian)

(Day/Month/Year)

(Child Aged 12 years or older)

(Day/Month/Year)

Signature of the interpreter (if appropriate):

(Interpreter)

(Day/Month/Year)

Oath of Confidentiality

I, _____ solemnly and sincerely swear that I will not, without due authority, disclose or make known any matter that comes to my knowledge by reason of my membership on the Plan of Care Committee established in respect of

(Name of Child)

(Signature)

(Date)

I, _____ solemnly and sincerely swear that I will not, without due authority, disclose or make known any matter that comes to my knowledge by reason of my membership on the Plan of Care Committee established in respect of

(Name of Child)

(Signature)

(Date)

I, _____ solemnly and sincerely swear that I will not, without due authority, disclose or make known any matter that comes to my knowledge by reason of my membership on the Plan of Care Committee established in respect of

(Name of Child)

(Signature)

(Date)

I, _____ solemnly and sincerely swear that I will not, without due authority, disclose or make known any matter that comes to my knowledge by reason of my membership on the Plan of Care Committee established in respect of

(Name of Child)

(Signature)

(Date)

Written Notice of Termination of Plan of Care Agreement

(Please note that a parent and/or guardian may choose to terminate the Agreement by using this form or by providing their own written notice)

To _____
(person to whom notice is going)

I am giving notice as of this date _____ that it is my intention to
(day/month/year)
terminate the Plan of Care Agreement for _____ originally
(name(s) of child(ren))
signed _____.
(day/month/year)

The Agreement will be officially cancelled ten days after the above date.

Signature of Child Protection Worker and date:

(Child Protection Worker)

(day/month/year)

Signature of parent(s) and/or guardian(s) of child(ren) and date:

(parent and/or guardian)

(day/month/year)

(parent and/or guardian)

(day/month/year)