



Section 5 – Court Procedures

Form 5.3.1

Case Plan Report

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

Apprehended on: month, day, year
(Presented in Court after a child(ren)/youth is declared to be in need of protection.)

Respectfully Submitted By:
(Name of Worker)
Child Protection Worker
(Appointment Number)
(Date that the Report is written)



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Child or 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(s):
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(s) Name: Address: Telephone Number: Indigenous Organization Membership(s) , if applicable: *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? If yes, please provide details below:



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

FAMILY’S PREVIOUS CHILD/YOUTH PROTECTION INVOLVEMENT (if applicable)

CURRENT CHILD/YOUTH PROTECTION CONCERNS

SERVICES CURRENTLY BEING OFFERED TO THE PARENT(S)/CARE PROVIDER(S)/CAREGIVER(S) AND THE CHILD(REN)/YOUTH

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

What does the parent/care provider/caregiver(s) identify as their priority strengths? Document responses in the chart below? Think of when the parent/care provider/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:



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What does the parent/care provider/caregiver(s) identify as their priority needs? Document 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:

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

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



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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 Agreement

*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?

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/care provider/caregiver(s)**?*



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*If the child/youth is out of the home, what is the level of contact with their **parent/care provider/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 or Indigenous Governing Body or other cultural organization support the success of the family unit and/or the safe return of the child/youth to their parent/care provider(s)/caregiver(s) (if applicable)?

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



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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, 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

CONSENT AND SIGNATURES

I understand that I have the right to consult with a lawyer and to take this matter to court for resolution.



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I understand that either party may cancel this Agreement at any time provided they give the other party **ten (10) days** written notice and have this matter brought 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 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

(day/month/year)

I, _____
(Parent/Care Provider/Caregiver)

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

(day/month/year)

I, _____
(Child Protection Worker/Designate)

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

(day/month/year)

I, _____
(Supervisor/Manager)

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

(day/month/year)



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?



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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?



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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?



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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

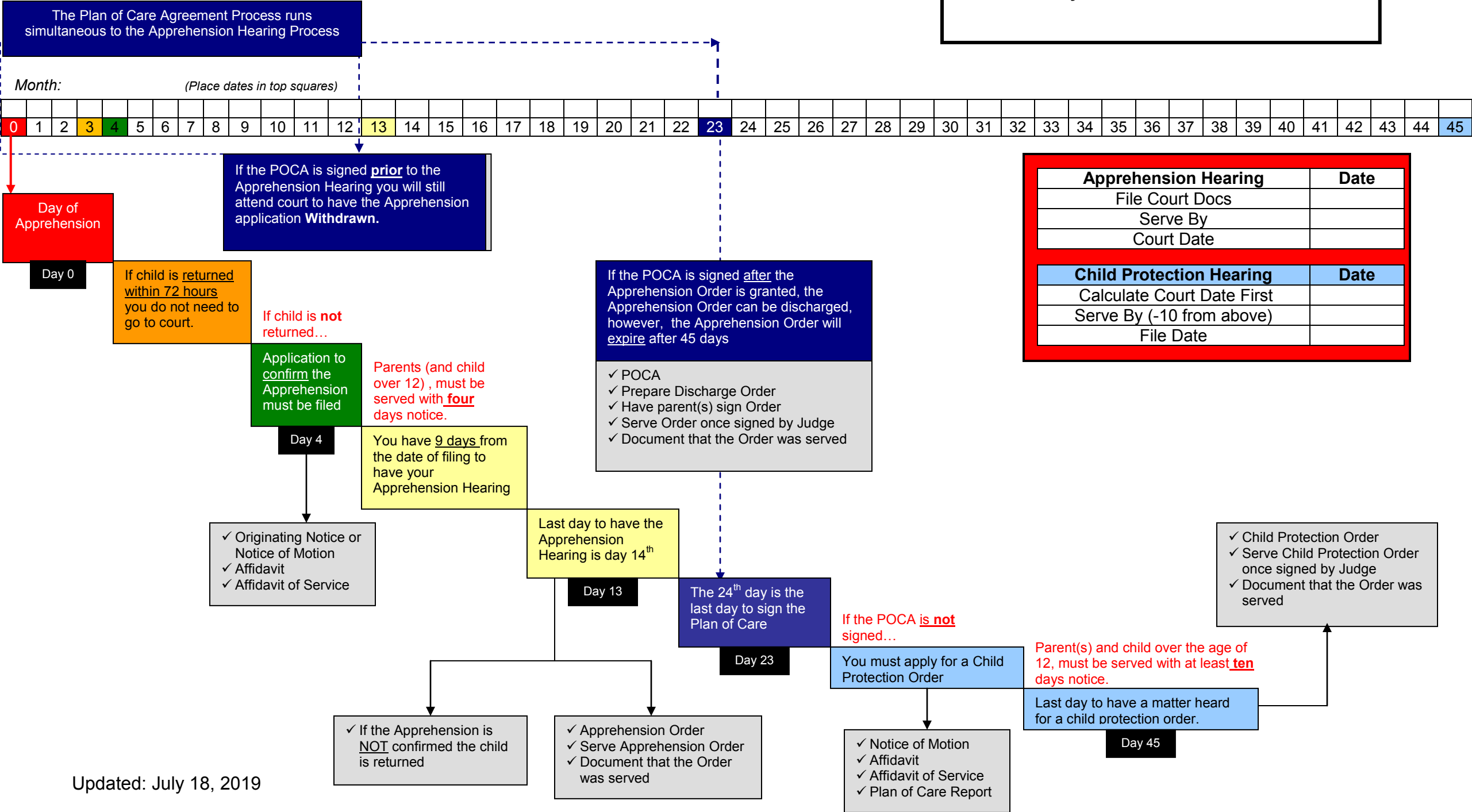
(mm-dd-yyyy)

Supervisor/Manager

Supervisor/Manager Signature

(mm-dd-yyyy)

Name of Family:



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:

Child Protection Worker

Date

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

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.

PLEASE TYPE OR PRINT CLEARLY AND COMPLETE ALL AREAS USING **BLACK INK**

NAME OF CHILD		1. Surname of Child				Given Names (in full)				2. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
DATE OF BIRTH		3. M D Y		4. Kind of birth <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet		5. If twin, triplet, state whether this child was <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd					
PLACE OF BIRTH		6. Name of Hospital (if not in hospital, give exact location) City/Town/Village									
USUAL RESIDENCE OF MOTHER		7. Complete Street Address City/Town/Village Province Country Postal Code									
MAILING ADDRESS OF MOTHER		8. Mailing Address (if different from usual residence of mother) City/Town/Village Province Country Postal Code									
OTHER PARTICULARS		9. Duration of Pregnancy (weeks)		10. Number liveborn including this birth		Number Stillborn		11. Weight of child at birth g OR lbs oz			
		12. Are parents legally married to each other? (if yes, give date and place) <input type="checkbox"/> Yes <input type="checkbox"/> No Place: Date:				13. If parents are not married to each other, state whether mother is: <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Legally Married <input type="checkbox"/> Divorced					
PATIENT'S NAMES		14. Maiden Surname of Child's Mother		MOTHER Given Names of Mother		19. Surname of Child's Father		FATHER Given Names of Father			
ETHNIC ORIGIN (OPTIONAL)		15. <input type="checkbox"/> Treaty Indian <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Other (Specify)				20. <input type="checkbox"/> Treaty Indian <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Other (Specify)					
PLACE AND DATE OF BIRTH		16. City, Town, Province or Country		17. M D Y		18. Age		21. City, Town, Province or Country		22. M D Y 23. Age	
ATTENDANT		24. Name of Attending Physician		Address				<input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Other (Specify)			
CERTIFICATION OF PATIENT		25. Signature		26. Date Signed (M - D - Y)		PARENTS NOT MARRIED TO EACH OTHER		27. Acknowledgement of paternity and joint request for last name I acknowledge that I am the natural father of this child as indicated by names of child's father and we request the child be registered in the last name as indicated by names of child. Signature of Natural Father Signature of Mother			

OFFICE USE ONLY

NOTATIONS:

CERTIFICATION OF DISTRICT REGISTRAR	28. Date (M - D - Y)	City, Town, Village	Signature
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