



**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)*



## Section 5 – Court Procedures

## Form 5.3.1

### 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:

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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:

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#### 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)

<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

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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?*



## Section 6 – Placement Services

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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)

The Plan of Care Agreement Process runs simultaneous to the Apprehension Hearing Process

Name of Family:

Month: (Place dates in top squares)

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
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Day of Apprehension

If the POCA is signed **prior** to the Apprehension Hearing you will still attend court to have the Apprehension application **Withdrawn**.

Day 0

If child is returned within 72 hours you do not need to go to court.

If child is **not** returned...

Application to confirm the Apprehension must be filed

Parents (and child over 12) , must be served with four days notice.

Day 4

You have 9 days from the date of filing to have your Apprehension Hearing

- ✓ Originating Notice or Notice of Motion
- ✓ Affidavit
- ✓ Affidavit of Service

If the POCA is signed after the Apprehension Order is granted, the Apprehension Order can be discharged, however, the Apprehension Order will expire after 45 days

- ✓ POCA
- ✓ Prepare Discharge Order
- ✓ Have parent(s) sign Order
- ✓ Serve Order once signed by Judge
- ✓ Document that the Order was served

Apprehension Hearing	Date
File Court Docs	
Serve By	
Court Date	
Child Protection Hearing	Date
Calculate Court Date First	
Serve By (-10 from above)	
File Date	

Last day to have the Apprehension Hearing is day 14<sup>th</sup>

The 24<sup>th</sup> day is the last day to sign the Plan of Care

If the POCA is not signed...

✓ If the Apprehension is NOT confirmed the child is returned

✓ Apprehension Order  
✓ Serve Apprehension Order  
✓ Document that the Order was served

Day 13

You must apply for a Child Protection Order

✓ Notice of Motion  
✓ Affidavit  
✓ Affidavit of Service  
✓ Plan of Care Report

Day 23

Parent(s) and child over the age of 12, must be served with at least ten days notice.

Last day to have a matter heard for a child protection order.

Day 45

- ✓ Child Protection Order
- ✓ Serve Child Protection Order once signed by Judge
- ✓ Document that the Order was served

## 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.

REGISTRATION OF  
 LIVE BIRTH

## REGISTRATION NO.

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

Given Names (in full)

NAME OF CHILD	1. Surname of Child		
DATE OF BIRTH	3. M	D	Y
PLACE OF BIRTH	4. Kind of birth		
USUAL RESIDENCE OF MOTHER	5. If twin, triplet, state whether this child was		
MAILING ADDRESS OF MOTHER	6. Name of Hospital (if not in hospital, give exact location)		

7. Complete Street Address	□ Single	□ Twin	□ Triplet
City/Town/Village	Province	County	Postal Code
			Phone Number

9. Duration of Pregnancy (weeks)	10. Number liveborn including this birth		
	Number Stillborn		
12. Are parents legally married to each other? (If 'yes', give date and place)	11. Weight of child at birth ____ g OR ____ lbs ____ oz		

13. If parents are not married to each other, state whether mother is:	14. Maiden Surname of Child's Mother		
□ Never Married	□ Widowed	□ Separated	□ Legally Married
Given Names of Mother			15. □ Treaty Indian
			□ Metis
			□ Inuit
			□ Other (Specify)

16. City, Town, Province or Country Of Birth	17. M	D	Y	18. Age	19. Surname of Child's Father	20. □ Treaty Indian		
					Given Names of Father	□ Metis	□ Inuit	□ Other (Specify)

21. City, Town, Province or Country	22. M	D	Y	23. Age	24. Name of Attending Physician	25. □ Physician		
					Address	□ Nurse	□ Other (Specify)	

26. Date Signed (M - D - Y)	27. Acknowledgement of paternity and joint request for last name I acknowledge that I am the natural father of this child as indicated by surname of child's father and we request the child be registered in the last name as indicated by surname 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