



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:

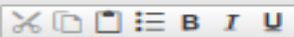
Interviewed

Private/Not In Private:

Select

Add

Note:



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)

Contact Method:

Interviewed or Observed:








Interviewed

Private/Not In Private:

Select

Add

Note:



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

Spell Check

Cancel

Save

Save and Continue



Section 6 – Case Management

Form 6.1.1

Case Note

Purpose:

1. Client Contact

Case Note Date/Time:



Method of Contact:

Select

Contact Location:

Select

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

Private/Not In Private:

Select

Add

Note:



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

Spell Check

Cancel

Save

Save and Continue



Section 6 – Case Management

Form 6.1.1

Case Note

Purpose:

1. Client Contact

Case Note Date/Time:



Method of Contact:

Select

Contact Location:

Select

Contact With: ☐ Other

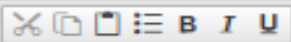
☐ Check All

Dropdown menu with checkboxes and a downward arrow.

Private/Not In Private:

Select

Add



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

Spell Check

Cancel

Save

Save and Continue



Section 6 – Case Management

Form 6.1.1

Case Note

Purpose:

1. Client Contact

Case Note Date/Time:

Method of Contact:

Select

Contact Location:

Select

Contact With: ☐ Other








Select
Interviewed
Observed

Private/Not In Private:

Select

Add

Note:

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

Spell Check

Cancel

Save

Save and Continue



Section 6 – Case Management

Form 6.1.1

Case Note

Purpose:
1. Client Contact

Case Note Date/Time:

Method of Contact:
Select

Contact Location:
Select

Contact With: ☐ Other

Interviewed or Observed:
Interviewed

Private/Not In Private:

Select
In Private
Not In Private

Add

Note:

✂️ 📄 📌 ☰ B I U

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

| FOSTER HOME APPLICATION | | | | |
|---|---------------------------------|-------------------------------------|----------------------------------|--|
| Applicant(s) Information | | | | |
| Name(s): | | | | |
| Date and Place of Birth: | | | | |
| Home Address: | | | | |
| Mailing address <i>(if different from above)</i> : | | | Telephone Number <i>(home)</i> : | |
| 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 | | | | |
| <input type="checkbox"/> Married | <input type="checkbox"/> Single | <input type="checkbox"/> 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 | | | | |
| <input type="checkbox"/> House <input type="checkbox"/> Duplex <input type="checkbox"/> Apartment <input type="checkbox"/> Other <i>(specify)</i> Number of Bedrooms: | | | | |

| Foster Children/youth: | |
|--|---|
| We would like to foster a child/youth: Age range: _____ Gender(s): _____ | |
| <p>Interested in providing care for children/youth who may be experiencing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical Condition(s) <input type="checkbox"/> Minor Physical Disability <input type="checkbox"/> Fetal Alcohol Spectrum Disorder <input type="checkbox"/> Significant Physical Disability <input type="checkbox"/> Emotional/ Behavioural issues <input type="checkbox"/> Developmental Delay(s) <input type="checkbox"/> Learning Disability/Delay <input type="checkbox"/> History of Trauma | <ul style="list-style-type: none"> <input type="checkbox"/> History of Sexual/Physical Abuse/Neglect <input type="checkbox"/> Exposure to Family Violence <p><i>Willing to Provide:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Respite Care <input type="checkbox"/> Emergency care <input type="checkbox"/> Temporary/ Short-term placements <input type="checkbox"/> Long-term Foster Care <input type="checkbox"/> Care to Transition to Adoptive home <input type="checkbox"/> 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

Consent for Release/Receipt of Information

I, _____ of, _____
(print full name of person) (address)

hereby consent to

(name of agency/department)

- ☐ Receiving
☐ Releasing

the following information: _____
(name specific information wanted)

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

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

(Signature)

(Witness)

Dated this _____ day of _____, 20____.

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

Child/Youth Placement Information

CONFIDENTIAL

This form is to be completed by the Child Protection Worker at the time of placement.
This document will remain in the foster home during placement and be returned to the
Child Protection Worker when placement ends.

Please keep this document in a private place

Date: _____

Name of Child Protection Worker placing child/youth: _____

Child Protection Worker Assigned to child/youth: (if applicable)

Date Child Protection Worker due to follow-up regarding this placement:

| IDENTIFYING INFORMATION | | |
|--|---|---|
| 1. Name of child(ren)/youth: | 2. Date of Birth and Age | 3. Ethnic background: Aboriginal Organization: Treaty Number: |
| 4. Does this child/youth have other siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. Sibling names & ages: | 6. Sibling Placement: |
| 7. Religion/Spiritual Beliefs: | 8. What School/Daycare does the child/youth attend? What Grade? | 9. Child's Health Care Number: |
| 10. Where is the | 11. Previous Placement(s) | |

| | | |
|---|---|--|
| child/youth being moved from to my home? Reason for Placement change: | | |
| 12. Medications? <input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes, please list & provide directions:</i> | 13. Allergies? <input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes, please describe & reactions:</i> | |
| FAMILY INFORMATION | | |
| 1. Name of Birth Parent(s)/Extended family: | | |
| 2. Reason for coming into care: (check all applicable) <input type="checkbox"/> family violence <input type="checkbox"/> parent alcohol/drug problem <input type="checkbox"/> neglect <input type="checkbox"/> lack of supervision <input type="checkbox"/> physical abuse <input type="checkbox"/> sexual abuse <input type="checkbox"/> emotional abuse <input type="checkbox"/> other (please specify) _____ | | |
| 3. What is the expected length of stay for this child/youth in the foster parent home? <input type="checkbox"/> one night <input type="checkbox"/> a few nights <input type="checkbox"/> a week <input type="checkbox"/> long term <input type="checkbox"/> unknown | | |
| 4. What is the current birth family situation? What is the plan for reunification? | | |
| 5. Is there contact with the biological parents/extended family? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, who?</i> _____ | | |
| <i>What type of contact?</i> <input type="checkbox"/> Phone <input type="checkbox"/> Supervised visits <input type="checkbox"/> Unsupervised visits <input type="checkbox"/> Overnight visits | | |

Legal Guardian Phone Number: _____

Legal Guardian Home Address: _____

CASE PLAN INFORMATION

1. Child's/youth's legal status:

- ☐ Voluntary Service ☐ Apprehension ☐ Plan of Care Agreement
☐ Agreement ☐ Permanent Custody
☐ Temporary Custody

2. What is the case plan for this child/youth?

3. Is transportation required for school/other?

- ☐ Yes
☐ No

4. Other known appointments/activities:

5. Is this child a risk to other children/youth?

- ☐ No
☐ Yes

If yes, please describe:

6. Is this child/youth a risk to him/herself?

- ☐ No
☐ Yes

If yes, please describe:

7. Does this child/youth need more supervision than his/her peers?

- ☐ No
☐ Yes

If yes, what type of supervision:

8. Does this child/youth need new clothing?

☐ No

☐ Yes

If yes, what is required and what is the allowance?

9. Does this child/youth know why they came into care?

☐ Yes

☐ No

10. How was it explained to them?

Any additional information:

Child Protection Worker

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



Section 9 – Concurrent and Long-Term Planning

Form 9.1.3



Section 9 – Concurrent and Long-Term Planning

Form 9.1.3

Signatures:

Child Protection Worker/Designate

Foster Care Worker/Designate Signature

(mm-dd-yyyy)

Supervisor/Manager

Supervisor/Manager Signature

(mm-dd-yyyy)

ANNUAL REVIEW Foster Parent Interview

Name of Foster Parent:

Name of Child(ren) in Care:

Date of Interview:

Foster Parent Experience

Please describe the last year in providing foster care? Over all, how has it been?

Has the case plan been implemented for the child(ren)? If so, how? If not, please explain.

Were there special problems with a specific child? What were the problems?

How did you and your family deal with these situations?

| |
|---|
| |
| What did you gain from these experiences? |
| |
| What changes have taken place within your home? Examples: changes in rules, employment status, family composition, finances, relationship, etc. |
| |
| Foster Parent Education |
| What course have you taken this year? |
| 1. 2. 3. |
| If so, how helpful did you find the courses? Any suggestions for courses in the future? |
| |
| Working With Outside Resources |
| Have you worked with outside resources, such as Psychologists, Play Therapists, Youth Resources, School Officials/Counsellors, Probation Officers, Police, etc.? Explain. |
| |

| |
|-------------------------------------|
| |
| How did you find these experiences? |
| |

| |
|--|
| Working With Child in Care's Family |
| Did you have any experiences working with the child(ren)'s family? What types of experiences did you personally have? <i>Example, visits to the home, supervised visits, telephone conversations, etc.</i> |
| |
| How did you find these experiences? What was positive? What was negative? How could the relationship with the child's family be made better? Are you prepared to continue to be involved with families? |
| |
| Working With Child and Family Services Staff |
| What supports/resources do you require to improve the quality of care in your foster home? |
| |

| |
|---|
| |
| Who did you have contact with during this review period? |
| |
| Foster Parent Motivation |
| Do you want to continue providing for children in foster care? If so, why? |
| |
| If you were able to change one thing about providing foster care, what would it be? |
| |

Child Protection Worker

Date

Supervisor

Date

| |
|---|
| <p align="center">ANNUAL REVIEW</p> <p align="center">Other Household Members Interview (All other biological and foster children and adults in the home)</p> |
|---|

| | | |
|---|------|--------------------|
| Foster Family | | |
| Name of Foster Family: | | |
| Name of Household Member: | Age: | Date of Interview: |
| Relationship to Foster Parents: | | |
| Household Member's Experience | | |
| Please describe how it has been living in a foster home over the past year. | | |
| | | |
| Describe your relationship with others residing in your home? What is good? What would you change if you could? | | |
| | | |
| What changes have taken place within your home? <i>Examples: changes in rules, employment status, family composition, finances, relationship, etc.</i> | | |
| | | |
| Household Members Experience (continued) | | |

| |
|---|
| What is working well within the foster home? What are the strengths? |
| |
| If you were able to change anything about living in the foster home, what would it be? Any others? |
| |

Child Protection Worker

Date

Supervisor

Date

Date: [Click here to enter a date.](#)

MEDICAL EXAMINATION UPDATE

| | |
|--|--|
| Name: Click here to enter text. | Date of Birth: Click here to enter a date. |
| Address: Street: Click here to enter text. Apartment Number: Click here to enter text. City: Click here to enter text. Territory/Province: Click here to enter text. Postal Code: Click here to enter text. Phone Number: Click here to enter text. | |
| Community of Origin: Click here to enter text. | |
| Please describe any of the applicant's health problems that may affect the applicant's ability to provide for the physical, emotional and personal care of a foster child now and in the future: Click here to enter text. | |
| Has this individual been diagnosed (currently or in the past) with any of the following communicable diseases: <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Tuberculosis Please elaborate: Click here to enter text. | |
| Have any of the individuals currently residing in the applicant's home been diagnosed with any of the above-mentioned communicable diseases? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |

| | |
|---|---|
| Does the individual have any chronic disease of which you are aware? If yes, please describe: Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |

| | |
|---|---|
| Please list all prescribed medications this individual uses: | |
| 1. Click here to enter text. | |
| 2. Click here to enter text. | |
| 3. Click here to enter text. | |
| 4. Click here to enter text. | |
| Does this individual smoke cigarettes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does this individual smoke inside his/her home or allow others to smoke inside the home? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has this individual had any hospital admissions of which you are aware? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please briefly describe the reason for the admission and the outcome: Click here to enter text. | |
| Has this individual had any admissions of which you are aware to a Treatment Centre for drug/alcohol abuse, mental illness or suicidal ideation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please briefly describe the reason for the admission(s), date of admission(s) and your opinion as to whether these issues continue to be a risk factor for the individual: Click here to enter text. | |
| Does this individual consume wine/beer/spirits or any home-made alcoholic drinks? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, how many times a week? What quantity each time? Click here to enter text. | |

| | |
|---|---|
| Has this individual ever sought medical treatment for an injury that resulted from a domestic violence incident? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please describe the nature/severity of the injury and whether you believe a risk of future domestic violence still exists: Click here to enter text. | |

| Knowledge of Applicant |
|--|
| 1. Length of time you've known the applicant: Click here to enter text. |

2. Do you have any concerns about the applicant becoming a foster parent?

☐ Yes

☐ No

If "Yes" please explain.

[Click here to enter text.](#)

MEDICAL PRACTITIONER'S SIGNATURE: _____

Date of Examination: [Click here to enter a date.](#)

Address/Name of Health Centre:

[Click here to enter text.](#)

APPLICANT'S STATEMENT

I hereby certify the information I have given in this report is, to the best of my knowledge, true and correct and agree to the distribution of this report and the information it contains to the Child Protection Worker in my community.

Signature:

Applicant

Date

Date:

Applicant Medical Examination
To Be Completed By Medical Personnel
(Update required every five (5) years)

| | | | | | | | |
|--|--|-----------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|--|
| Name: | Date of Birth: (day/month/year) | | | | | | |
| Address: Street: _____ Apartment Number: _____ City: _____ Territory/Province: _____ Postal Code: _____ Phone Number () - _____ | | | | | | | |
| Community of Origin: | | | | | | | |
| Please describe any of the applicant's health problems that may affect the applicant's ability to provide for the physical, emotional and personal care of a foster child now and in the future: | | | | | | | |
| Has this individual been diagnosed (currently or in the past) with any of the following communicable diseases: <table border="0"><tr><td><input type="checkbox"/> HIV/AIDS</td><td><input type="checkbox"/> Hepatitis B</td></tr><tr><td><input type="checkbox"/> Hepatitis A</td><td><input type="checkbox"/> Tuberculosis</td></tr><tr><td><input type="checkbox"/> Hepatitis C</td><td></td></tr></table> Please elaborate: | | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Hepatitis C | |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Hepatitis B | | | | | | |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Tuberculosis | | | | | | |
| <input type="checkbox"/> Hepatitis C | | | | | | | |
| Have any of the individuals currently residing in the applicant's home been diagnosed with any of the above-mentioned communicable diseases? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | | | | | | | |

| | |
|---|---|
| <p>Does the individual have any chronic disease of which you are aware?</p> <p>If yes, please describe:</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>Please list all prescribed medications this individual uses:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> | |
| <p>Does this individual smoke cigarettes?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>Does this individual smoke inside his/her home or allow others to smoke inside the home?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>Has this individual had any hospital admissions of which you are aware?</p> <p>If yes, please briefly describe the reason for the admission and the outcome:</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>Has this individual had any admissions of which you are aware to a Treatment Centre for drug/alcohol abuse, mental illness or suicidal ideation?</p> <p>If yes, please briefly describe the reason for the admission(s), date of admission(s) and your opinion as to whether these issues continue to be a risk factor for the individual.</p> | |
| <p>Does this individual consume wine/beer/spirits or any home-made alcoholic drinks?</p> <p>If yes, how many times a week? What quantity each time?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Has this individual ever sought medical treatment for an injury that resulted from a domestic violence incident? ☐ Yes ☐ No

If yes, please describe the nature/severity of the injury and whether you believe a risk of future domestic violence still exists.

Knowledge of Applicant

1. Length of time you've known the applicant
2. Do you have any concerns about the applicant becoming a foster parent? If "Yes" please explain.

MEDICAL PRACTITIONER'S SIGNATURE: _____

Date of Examination: _____

Address/Name of Health Centre: _____

APPLICANT'S STATEMENT

I hereby certify the information I have given in this report is, to the best of my knowledge, true and correct and agree to the distribution of this report and the information it contains to the Child Protection Worker in my community.

Signature:

 Applicant

 Date

Caregiver Discipline Agreement

No form of corporal punishment is permitted by Child and Family Services as a disciplinary measure.

Child and Family Services is committed to ensuring the safety of all children who are in the care of the Director and his/her delegates. Any reported concern that a child may have been abused or neglected is taken seriously and investigated.

| Unacceptable Discipline | Acceptable Discipline |
|---|---|
| <ul style="list-style-type: none"> • Wilful infliction of physical pain, including but not limited to: hitting; whipping; slapping; spanking; kicking; biting; striking with objects; pinching; punching; poking eyes; twisting limbs; forcing hot sauce/peppers into child's mouth; shaking; or any other unreasonable use or degree of force; • Imposing punishments which embarrass or shame a child; • Denying a child meals; • Imposing extremes of heat or cold; • Intimidating, belittling, or threatening a child and/or a child's family of origin; • Locking a child in a confined space, such as a cupboard or bedroom; • Stopping contact visits or telephone contact with parents as a form of punishment; • Sending a child to bed unreasonably early; • Washing mouth out with soap or other substance. | <ul style="list-style-type: none"> • Shouting or clapping your hands to distract a toddler from dangerous situations; • Denying sweets, treats or TV for a reasonable time limited period; • Sending a child out of the room or to her/his bedroom for reasonable periods of time, with explanation; • Stopping evening activities or imposing an earlier curfew, with acceptable explanation; • Obtaining payment for a missing or stolen item, when appropriate; • Reasonably defending yourself or another child from harm; • <u>Asking for help.</u> Child Protection Workers and Community Social Service Workers have access to a number of resources that can provide help in managing difficult behaviours. If you do not know whether a particular form of discipline would be approved, seek the CPW or CSSW's advice. |

I have reviewed the Acceptable and Unacceptable means of Discipline with a Child Protection Worker and understand the expectations of Child and Family Services

regarding children in my care. I further understand and commit to not using Unacceptable forms of Discipline in my foster home at any time or under any circumstance and recognize that using Unacceptable forms of Discipline will result in a foster home investigation and/or RCMP involvement.

Signature of First Applicant

Date

Signature of Second Applicant

Date

Signature Child Protection Worker

Date

Child Protection Record Check

The information provided on this form is collected under the authority of NWT *Child and Family Services Act* in compliance with the *Access to Information and Protection of Privacy Act*. The information will be used to search for child protection issues in relation with your previous addresses outside the Northwest Territories. The information will not be released for any other purpose and will be treated as confidential.

The Department of Health and Social Services assumes no liability from using this information.

| Applicant Personal Information | |
|--|--|
| Name of Applicant: | 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/youth and/or other children/youth residing in the home <i>(use back of form to add more children/youth)</i> | |
| Name of Child/Youth: <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 <i>(use back of form to add more children)</i> | |
| Name: <i>(and aliases)</i> | Date of Birth: <i>(day/month/year)</i> |
| Relationship to Applicant: | |

| Names of Birth Children and/or Other Children/Youth Residing in the Home (add more lines as required) | |
|--|--|
| Name of Child/Youth: <i>(and aliases)</i> | Date of Birth: <i>(day/month/year)</i> |
| Name of Child/Youth: <i>(and aliases)</i> | Date of Birth: <i>(day/month/year)</i> |
| Name of Child/Youth: <i>(and aliases)</i> | Date of Birth: <i>(day/month/year)</i> |
| Name of Child/Youth: <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 (add more lines as required) | |
|---|--|
| Name: <i>(and aliases)</i> Relationship to Applicant: | Date of Birth: <i>(day/month/year)</i> |
| Name: <i>(and aliases)</i> Relationship to Applicant: | Date of Birth: <i>(day/month/year)</i> |
| Name: <i>(and aliases)</i> Relationship to Applicant: | Date of Birth: <i>(day/month/year)</i> |
| Name: <i>(and aliases)</i> Relationship to Applicant: | Date of Birth: <i>(day/month/year)</i> |

☐ **I am applying to become a Foster Parent** to a child/youth. I need to know about any record of my being involved with Child Protective Services in any way that has caused a child to be in need of protection.

In the past five years I have resided in _____ (City/Province or Territory, Country) **(add lines as required)**

I have also previously lived in the following jurisdictions (Provinces/Territories, Countries) during the following time periods:

Signature of Applicant: _____

☐ **I reside with someone who is applying to become a Foster Parent** to a child/youth. I need to know about any record of my being involved with Child Protective Services in any way that has caused a child to be in need of protection.

In the past five years I have resided in _____ (City/Province or Territory, Country) **(add lines as required)**

I have also previously lived in the following jurisdictions (Provinces/Territories, Countries) during the following time periods:

Signature of Applicant: _____

For Office Use Only

Using the Names and Birthdates Provided:

- ☐ As of today I find **NO** Child Protection Services record in _____ (Province/Territory, Country) 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, Country) indicating that the applicant might have caused a child to be deemed in need of protection.

Summary of Involvement

| | |
|--|---|
| Child Protection Record Check Started: (day/month/year) | Child Protection Record Check Completed: (day/month/year) |
| Name of authorized person who completed the Child Protection Record Check: <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____ (signature)</div> </div> <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>(position)</div> <div></div> </div> | |
| Date: (day/month/year) | Health and Social Services Authority: Address: Phone: Fax: |



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.





| | |
|-----|-------------|
| PIB | CMP PPU 005 |
| PIB | CMP PPU 030 |

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 <input type="radio"/> Paid Position (fee enclosed) <u>Processing Fees</u> <input type="radio"/> Volunteer Position (letter from non-profit organization attached) | | |
| Consent | | Fingerprint |
| 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 <i>Criminal Records Act</i> . | | For card scan submissions only. |
| 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 <i>Criminal Records Act</i> 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 | | |
| Signature of Applicant | | |
| 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

☐ Record Check results will be picked up in person by the applicant

Identity of the organization that is requesting and should receive the results of the record checks.

Name of Person or Organization

Address

City

Province

Postal Code (A9A 9A9)

Fingerprint

For card scan submissions only.

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 |
|---------------------------------|---------------------------------|--------------------|--------------|



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:
 1. Records in the Investigative and Intelligence data banks contributed by Canadian police agencies to the Canadian Police Information Centre (CPIC) system.
 2. 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 (Pardoned Offence) 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:
 1. When the young person was sentenced as an adult; and
 2. 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 these 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.



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.



Declaration of Criminal Record

Reference Number

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

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) | |

Extended Family/Provisional Foster Home Study

I. IDENTIFYING INFORMATION:

Name of Foster Parent 1: _____ D.O.B: _____

Name of Foster Parent 2: _____ D.O.B: _____

Address:

Number of Bedrooms:

Number of beds per room:

Home Phone:

Email(s):

Work Phone:

Cell:

Work Phone:

Cell:

| Children's Names | D.O.B. (mm/dd/yy) | Child by birth, adoption, extended family, alternate care | Date of adoption or placement |
|------------------|----------------------|---|-------------------------------------|
| | | | |
| | | | |
| | | | |

Other adults in the home

| Name | D.O.B. (mm/dd/yy) | Relationship to family |
|---|----------------------|------------------------|
| | | |
| | | |
| Child(ren) to be placed | | |
| Name(s): | | |
| Relationship to caregiver(s)? | | |
| Reason for using this placement resource? | | |

II. PRIOR CHILD PROTECTION AND RCMP HISTORY:

Criminal Record Check (all adults in the home):

Date: _____

Findings: _____

Child Protection Records Check:

Date: _____

Findings: _____

III. INTERVIEW QUESTIONS:

1. What adjustments will need to be made to accommodate the placement of the proposed child(ren)?

2. Applicant's cultural background and/or ethnicity: How will the applicant support the cultural background of the child(ren) to be placed?

3. Applicant's spiritual/religious identity: How will the child's/birth family's spirituality or religion be supported?

4. Applicant's physical and mental health:

5. Alcohol and drug use: (current and past):

6. Community Involvement?

7. Sources of Support?

8. Relationship with child's birth family?

9. What support, if any, will be required to support the child's relationship(s) with birth family?

10. How is discipline provided?

11. Do you have any specific questions or concerns about fostering?

12. Feedback/Concerns from other children in the home:

13. Feedback/Concerns from other adults in the home:

| Placement Assessment | Yes | No |
|--|-----|----|
| The Child Placement Information form has been provided | | |
| Is the foster family able to: | | |
| a) Assist with visitation with birth family | | |
| b) Transporting child to appointments | | |
| c) Assist in meetings and follow-up services (i.e. school meetings, physiotherapy exercises...etc). | | |
| d) Bring the child(ren) on family trips (with financial support) | | |
| The: <ul style="list-style-type: none"> • Foster Home Agreement; • Oath of Confidentiality; and • Caregivers Discipline Agreement have been reviewed and agreed to: | | |
| The Case Plan for the child has been reviewed and foster parent(s) have agreed to support the goals: | | |
| The Rate Assessment and Special Needs Rate Assessment have been completed and the rate has been evaluated at: _____ | | |
| Are any additional financial or physical supports required? | | |
| What supports will the foster family require to safety and successfully care for this child(ren)? (i.e. respite, training) | | |

Foster Parent Comments:

| Home Safety Check | YES | NO |
|--|-----|----|
| Contains specifically designated spaces for informal living, dining, food preparation storage and separate rooms for sleeping and bathing. | | |
| Is equipped with a means for providing and maintaining adequate heat and habitable rooms. | | |
| It in a condition free of hazards to physical safety and garbage, refuse and other wastes are disposed of in such a way as not to constitute a health hazard. | | |
| All bedrooms have windows. | | |
| All foster children are sleeping in the same building as the foster family and not in an unfinished attic, unfinished basement, or a hallway. | | |
| Each foster child has a bed appropriate to their age, a clean mattress and bedding appropriate for the weather and climate. | | |
| Foster children are not sharing a bed or the sleeping room with an adult couple or adult of the opposite sex unless the needs or illness of the child requires this arrangement. | | |
| Foster children over six (6) years of age are not sharing a bedroom with a child of the opposite sex unless an established sibling group without risk factors. | | |
| That there is a means of communicating regularly and routinely with the Child Protection Worker through a telephone or access to a telephone. | | |
| That all weapons, including firearms, air rifles, and bows, are locked up and are inaccessible to children unless under the supervision of a responsible adult. | | |
| All ammunition is stored separately from weapons and are locked up | | |
| At least one (1) smoke detector is located between the bedroom and the remainder of the home. | | |
| A plan for emergency evacuation of the home has been devised and explained to all residents in the home | | |

Extended Family/Provisional Foster Home-Study

Signatures and Approval:

Foster Parent

Date

Foster Parent

Date

Child Protection Worker

Date

Supervisor

Date

Approval Outcome:

Approved: ☐ Not Approved: ☐

Date Letter of Outcome mailed: _____

Financial Information Sheet

Financial Statement of Name(s):

Name(s) of Child(ren):

CFIS #:

Net Income (after taxes, and Canadian Pension Plan) by ☐ Week ☐ Month or ☐ Year

Employment \$ _____

Other Sources \$ _____

TOTAL \$ _____

Note: The **Net Income** amount is used for calculating the parental contribution formula as outlined in the **Parental Contribution Checklist tool**.

Expenses by ☐ Week ☐ Month or ☐ Year (choose one)

Food \$ _____

Clothing \$ _____

Medical & Dental \$ _____

Housing \$ _____

Other Payments (i.e. utilities) \$ _____

TOTAL \$ _____

Note: The **Expenses** amount is used for calculating the parental contribution formula as outlined in the **Parental Contribution Checklist tool**.

Assets

Cash \$ _____

Investments \$ _____

Real Estate \$ _____

Truck/Car/Snowmobile \$ _____

Other \$ _____

TOTAL \$ _____

Note: The **Assets** section helps the Child Protection Worker, parent(s) and/or guardian(s) to determine if any of these can be used to support the child.

Parent(s) and/or Guardian(s) Non-Financial Support

☐ transportation _____

☐ country food _____

☐ other (specify) _____

☐ help with homework _____

Liabilities

Snowmobile \$ _____

Automobile \$ _____

Debt \$ _____

Other \$ _____

TOTAL \$ _____

Note: **Liabilities** are **NOT** used to reduce support payments. The Child Protection Worker and parent(s) will consider how liabilities can be reduced so support can be achieved.

Parent(s) and/or Guardian(s) Signature:

Date:

Child Protection Worker's Signature:

Date:



Section 9 - Case Management

Form 6.16.2

Follow Up Report

| | |
|--|--|
| Regional Health and Social Services Authority: | |
| Client Name: | |
| Status: | |
| Ethnic Identity: | |
| Indigenous Organization Membership, if applicable: | |
| Matrix Number: | |
| Date of Birth (Month/Day/Year): | |
| Date of Serious Occurrence: | |
| Date of Initial Serious Occurrence Report: | |
| Date of Follow Up: | |
| Child Protection Worker/Designate Name: | |
| Supervisor Name: | |
| FACTUAL DESCRIPTION: | |
| Update on information given in the Serious Occurrence Report: | |
| | |
| Outcome of the Regional Health and Social Services review of the incident, if applicable: | |
| | |
| Outcome of any RCMP investigation(s) including whether charges under the <i>Criminal Code of Canada</i> have been laid or are anticipated, if applicable: | |
| | |
| Results of any medical examinations as to the cause of the Serious Occurrence, medical follow-up, and/or treatment required: | |
| | |



Section 9 - Case Management

Form 6.16.2

Further actions indicated or planned by the Regional Health and Social Services: Plan to follow up with those impacted by the Serious Occurrence, plan to address the child, youth, young adult or parent/caregiver(s)' needs as they relate to the Serious Occurrence including change of placement, treatment interventions, safety planning, foster care resource needs, etc.

In the case of death, whether the Coroner will be involved:

Signatures:

(Child Protection Worker Signature)

(day/month/year)

(Supervisor/Manager Signature)

(day/month/year)

For NTHSSA Use Only:

Received by NTHSSA Deputy Director of Practice (initials):

Date

For Departmental Use Only:

Received by Director or Child and Family Services or Designate (initials):

Date

Director of Child and Family Services or Designate Notified within the timelines: ☐ Yes ☐ No

Date Entered into Serious Occurrence Database: _____

Further Action:

☐ Director's File Review ☐ Director's Case Review ☐ Nothing Required: ☐ Other: _____



Section 7 – Placement Services

Form 7._._

Foster Care Total Expense Form

Please forward the completed form, including any receipt information to your child or youth's worker or designate at the Regional Office monthly. **ONE EXPENSE FORM PER CHILD OR YOUTH**

| | | |
|---|--------------------------------|---------------|
| Foster Caregiver(s)' Information | | |
| Name: | | |
| Mailing Address: | | |
| Postal Code: | Telephone #: | |
| Child or Youth's Information | | |
| Name : | D.O.B.: | |
| MatrixNT #(For Office Use Only): | | |
| DATE | DESCRIPTION OF EXPENSES | AMOUNT |
| | | |
| | | |
| | | |
| | | |
| | | |

| | |
|-----------------------------------|--|
| TOTAL EXPENSES | |
| TOTAL EXPENSE REIMURSEMENT | |

I hereby certify that the expense claimed are correct and just in all respects that the whole expenditure was incurred on behalf of the child or youth in care.

| | | |
|----------------------------------|--|---------------|
| _____ Foster Caregiver | _____ Foster Caregiver Signature | _____ Date |
| _____ Child Protection Worker | _____ Child Protection Worker Signature | _____ Date |
| _____ Supervisor | _____ Supervisor Signature | _____ Date |
| _____ Manager | _____ Manager Signature | _____ Date |

Foster Home Agreement

(Section 61(4), 62(4) of the Child and Family Services Act)

I, _____ of the community of _____
in the Northwest Territories and _____

I, _____ of the community of _____
in the Northwest Territories jointly and separately,

AGREE THAT:

During the period of time in which a foster child is placed in my home, I abide with the following statements and conditions:

1. I will provide food, shelter and clothing for the child/youth of a minimum standard: accommodation that gives adequate protection from the elements and conforms to health and safety regulations established by law, adequate food to sustain good health and growth, and adequate clothing for the season and for the child's/youth's developmental needs (i.e. age-appropriate clothing).
2. I will ensure that the child/youth receives prompt medical care when required according to the guidelines provided by the Director of Child and Family Services
3. I will notify the Child Protection Worker in the event of illness, accident, or other serious occurrences as soon as possible. If the child's assigned Child Protection Worker is not available I will report to the Supervisor. After-hours I will report this information to the on-call child protection worker.
4. I will ensure, to the best of my ability, that the child's/youth's social and emotional needs are met.
5. I will notify the Child Protection Worker in advance of any changes in address or living arrangements.
6. I will not place the child/youth in a locked room or use excessive physical force such as punching, shaking or pushing under any circumstances.
7. I will not use corporal punishment on any child/youth.
8. I will not deprive a child/youth of food, clothing or bedding as a means of discipline.
9. I will report to the Child Protection Worker, any significant emotional, physical, behavioural or social changes with respect to the child/youth.
10. I am aware that a Child Protection Worker will visit my home with or without notice.
11. I will ensure that the child/youth attends all scheduled appointments and if I am not able to I will endeavour to make alternate arrangements.

12. I will ensure that the child/youth has access to contact with the biological family as established in the Case Plan.
13. I acknowledge that I am entitled to see the child's/youth's case plan, that I am expected to support the goals of the case plan and to provide the Child Protection Worker with feedback on the progress of the Case Plan.
14. I agree to participate in:
 - Quality of Care Reviews as concerns arise, and;
 - Quarterly Foster Care Report meetings, and;
 - Annual Foster Home Reviews.
15. I am aware that if child protection concerns are reported in relation to my foster home that they will be investigated by a child protection worker. If the report or preliminary investigation indicates that a child's/youth's immediate health and/or safety of may be at risk the foster children/youth and biological children/youth may be removed from the home until the investigation is completed and a plan for their safety has been established.
16. I am aware that a child/youth placed in my home through this Agreement may be removed at any time, at the discretion of the Director of Child and Family Services.
17. I am aware that I am not the legal guardian of the child/youth, and cannot provide consent as such.
18. I understand that the placement of the child/youth in my home is for fostering purposes only, and it is for this reason solely that my home was approved as an _____ (type of foster home) foster home.
19. I agree to document in writing, the foster child's/youth's stay in my home as per the terms of the child's Case Plan.
20. When a child's/youth's placement at my home ends, I will provide the Child Protection Worker with any written reports, records or information that are in my possession about the foster child/youth.

The Director of Child and Family Services, or his/her delegate, will:

1. Pay for the maintenance of the foster child/youth.
2. Pay for any support services for the child/youth as identified in the Case Plan.
3. Provide the foster family with background information on the child/youth in relation to the child's/youth's case plan as it relates to fostering, and any updates within the bounds of confidentiality.
4. Provide foster families with information on how decision making rights and responsibilities will be distributed between the parent(s)/guardians, the Director of Child and Family Services, and the foster parent(s)
5. Review the foster home on an as needed basis when concerns arise (Quality of Care Reviews), and also on a quarterly and annual basis to ensure minimum

standards are being met and that the foster parent(s) has access to sufficient support.

6. As required, investigate all child protection concerns reported in relation to the foster home.
7. As per the minimum contact guidelines, visit the child/youth and the foster home or as deemed necessary by the Child Protection Worker with or without notice.
8. Encourage foster parents to build relationships with the biological family/persons with lawful custody to ensure the child's/youth's comfort, attachments and support the case plan.
9. Provide guidance and support to the foster parents as required and respond to foster parent inquiries/requests in a timely manner.
10. Maintain and provide regular and on-going contact with the foster family.
11. Maintain a foster family file which records the activity of the foster home.

Both parties agree to review and sign this Agreement on a yearly basis.

- ☐ I, the undersigned, consent to my name, phone number and address being released to the Foster Family Coalition of the Northwest Territories.

IN WITNESS WHEREOF the parties hereto agree to these terms and conditions.

DATED THIS _____ day of _____, 20____.

Signature - Foster Parent

Date

Witness

Date

Signature - Foster Parent

Date

Witness

Date

Child Protection Worker on behalf of the
Director of Child and Family Services

Date

Foster Home Annual Review

| | | | | |
|----------------------------|------------------------------------|--|---------------------------|--|
| Foster Family: | | | | |
| Name: | | Home Address: | | |
| Telephone Number (home): | | Mailing address (if different from above): | | |
| Foster Family File Number: | | Child Protection Worker: | | |
| Type of Care Home: | Provisional/ Extended Family | | Regular Foster Home | |

| | |
|--|----------------------|
| Foster Family File History: | |
| Date Home Opened: | Date of Last Review: |
| Period Covered by Current Review- From: | To: |
| <i>dd/mm/yyyy</i> | <i>dd/mm/yyyy</i> |

| | | | |
|--|--------|------------|-------|
| Household Membership: | | | |
| Foster Parent's Biological Children living in the home: | | | |
| NAME | GENDER | BIRTH DATE | GRADE |
| | | | |
| | | | |
| | | | |

| | | | | |
|--|--------|------------|-------|-----|
| Foster Children living in the home: | | | | |
| NAME | GENDER | BIRTH DATE | GRADE | CPW |
| | | | | |
| | | | | |
| | | | | |

| Children in Care who were placed in the home since the last review: | | | | |
|--|--------|------------|-------|-----|
| NAME | GENDER | BIRTH DATE | GRADE | CPW |
| | | | | |
| | | | | |
| | | | | |

| Others living in the home (all other children and adults in the home) | | | |
|--|--------|------------|----------------------------|
| Name | Gender | Birth Date | Relationship to Applicants |
| | | | |
| | | | |

| Physical Standards | YES | NO |
|--|--------------------------|--------------------------|
| Contains specifically designated spaces for informal living, dining, food preparation storage and separate rooms for sleeping and bathing. | <input type="checkbox"/> | <input type="checkbox"/> |
| Is equipped with a means for providing and maintaining adequate heat and habitable rooms. | <input type="checkbox"/> | <input type="checkbox"/> |
| It in a condition free of hazards to physical safety and garbage, refuse and other wastes are disposed of in such a way as not to constitute a health hazard. | <input type="checkbox"/> | <input type="checkbox"/> |
| All bedrooms have windows. | <input type="checkbox"/> | <input type="checkbox"/> |
| All foster children are sleeping in the same building as the foster family and not in an unfinished attic, unfinished basement, or a hallway. | <input type="checkbox"/> | <input type="checkbox"/> |
| Each foster child has a bed appropriate to their age, a clean mattress and bedding appropriate for the weather and climate. | <input type="checkbox"/> | <input type="checkbox"/> |
| Foster children are not sharing a bed or the sleeping room with an adult couple or adult of the opposite sex unless the needs or illness of the child requires this arrangement. | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|--|--------------------------|--------------------------|
| Foster children over six (6) years of age are not sharing a bedroom with a child of the opposite sex unless an established sibling group without risk factors. | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

Comments:

Foster parent(s) must protect the safety of foster children by ensuring:

| Foster Child Safety | YES | NO |
|---|--------------------------|--------------------------|
| That there is a means of communicating regularly and routinely with the Child Protection Worker through a telephone or access to a telephone. | <input type="checkbox"/> | <input type="checkbox"/> |
| That all weapons, including firearms, air rifles, bows and hunting slingshots, are locked up and are inoperable and inaccessible to children unless under the supervision of a responsible adult. | <input type="checkbox"/> | <input type="checkbox"/> |
| All ammunition is stored separately from weapons and are locked up | <input type="checkbox"/> | <input type="checkbox"/> |
| That a single station smoke detector with alarm device approved by Underwriters Laboratories of Canada is located between the bedroom and the remainder of the home. | <input type="checkbox"/> | <input type="checkbox"/> |
| A plan for emergency evacuation of the home has been devised and that foster children are advised of the exit to use and how to evacuate in case of fire | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

| Household Member Interviews | | |
|---|------------------------------|-----------------------------|
| Having reviewed the attached interviews of all household members, are there any concerns? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | |
|---|------------------------------|-----------------------------|-----------------|
| COMMENTS (If yes, please summarize concerns): | | | |
| | | | |
| Have the concerns, if any, been discussed with the Foster Parents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date Discussed: |
| What was the Foster Parents(s) reaction to the concerns? | | | |
| COMMENTS (If the concerns have not been discussed, please explain): | | | |
| | | | |

| Review of Children in Care's Files | | |
|--|------------------------------|-----------------------------|
| Having reviewed the files of the children in care for staff/caregiver interactions in the last year, are there any concerns? <i>Examples: Is there a pattern of missed appointments? Are there concerns raised by the child's parent relating to the care of the child by the caregiver? Is the case plan being followed?</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| COMMENTS (If yes, please summarize concerns): | | |
| | | |

| | | |
|--|------------------------------|-----------------------------|
| Were the concerns discussed with the Foster Parents? <i>(Does the file reflect the concerns being discussed with the caregiver(s))</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| What was the Foster Parents(s) reaction to the concerns? | | |
| | | |

| Other Documentation | | | |
|---|----------------------|------------------------------|-----------------------------|
| Have you reviewed the child's Case Plan with the Foster Parents? | Date Reviewed: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there current Criminal Records Checks on file? <i>(Must be completed every two years)</i> | Date Last Completed: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there current applicant medicals on file? <i>(Must be completed every five years)</i> | Date Last Completed: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there a current Caregiver Discipline Agreement on file? <i>(Must be completed annually)</i> | Date Last Completed: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has a new Foster Home Agreement been entered into? <i>(Must be completed annually)</i> | Date Last Completed: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has a new Oath of Confidentiality been signed by the Foster Parents? <i>(Must be completed annually)</i> | Date Last Completed: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| Summary |
|--|
| Family Strengths |
| |
| Areas family needs to develop within the next year |
| |

| |
|--|
| |
|--|

| Recommendations | | |
|---|------------------------------|-----------------------------|
| Do you recommend that the home continue to be an approved home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Explain your recommendation | | |

| |
|---|
| Recommendations for placements in the next 12 months (e.g. age and gender of children for placement, any other comments): |
|---|

Child Protection Worker

(DD/MM/YEAR)

| Supervisor Approval | | | | | |
|--|------------------------------|--------------------|--|--|--|
| Do you approve the continued use of this Foster Home as an approved placement? | <input type="checkbox"/> Yes | | | | |
| | <input type="checkbox"/> No | Explain Rationale: | | | |
| How many placements do you authorize this home for? | | | | | |

| | |
|--|--|
| | |
|--|--|

Supervisor Signature

(DD/MM/YEAR)

Foster Home Approval Letter

(Name of Supervisor)
(Mailing Address)
(Community, NT Postal Code)
Date

(Recipient Name)
(Mailing Address)
(Community, NT Postal Code)

Letter of Approval of Application

Dear (Recipient Name),

I have reviewed your application to become a foster parent, and I am pleased to inform you that you have been approved as a (specify type of foster home). Pending your signing the Foster Care Agreement and Foster Care Confidentiality Agreement you will be able to have (Number of Authorized Placements) children/youth placed in your home.

A Child Protection Worker will be in contact with you to review the agreements. If you have any questions about your status as a foster parent, please call the Child Protection Worker in your community at (phone number). They will be happy to assist you.

Thank you for opening your home to children in need. I appreciate your commitment to your community and its children/youth.

Sincerely,

(Supervisor Signature)
(Supervisor Name)
(Supervisor Title)

Letter of Rejection of Application

Dear (Recipient Name),

I want to thank you for making application to be a Foster Parent. I have reviewed your application and the materials provided by the Child Protection Worker. During my review of your application the following issues came to my attention:

- a. (list areas of concern and potential solutions to the concerns)

As a result of these concerns I am unable to approve you as a Foster Parent at this time (or until the above concerns have been resolved). We will keep your application materials on file and if you are able to address these concerns we will review your application in one year.

We appreciate your interest in becoming a Foster Parent. If you wish to discuss the concerns that I have listed above and the outcome of your application, please contact me at (phone number).

Sincerely,

(Supervisor Signature)

(Supervisor Name)

(Supervisor Title)

Foster Parent Oath of Confidentiality

Oath of Confidentiality (Sections 71 & 73 of the Child and Family Services Act),

I, the **undersigned foster parents** understand that any information or information relating to a person, that I obtain as an approved foster parents strictly **CONFIDENTIAL** and cannot be communicated with people other than the Director of Child and Family Services or his/her designate without their prior permission. Breach of confidentiality may result in a fine of \$5000.00, and/or to imprisonment for a term not exceeding 6 months.

I understand that due to the *Access to Information and Protection of Privacy Act*, foster children have the right to access any documents or reports in which they are named, and upon request will be provided with information about their care in my foster home.

When I no longer am fostering I understand that this Oath of Confidentiality will remain in effect, with the same consequences for disclosure.

IN WITNESS WHEREOF the parties hereto agree to these terms and conditions.

DATED THIS _____ day of _____, 20____.

Signature - Foster Parent

Date

Witness

Date

Signature - Foster Parent

Date

Witness

Date

Director of Child and Family Services,
or his/her Designate

Date

FOSTER PARENT REFERENCE

Foster Parent Applicant(s) Information:

Name of Applicant:

Community:

Name of Applicant:

Community:

Reference Information:

Name:

Telephone Numbers (home):

(Cell):

How long have you known the applicant(s)?

Relationship to Applicant:

Home Address:

Mailing address (if different):

Questions – Please answer all questions as fully as possible

In your opinion, would the applicant(s) make good foster parent(s)? Please explain your answer.

(E.g., "Yes, I think they would make good foster parents because..." or "No, I don't think they would because...")

Please describe the type of child that the applicant(s) would be able to care for effectively. Please explain your answer.

(E.g., "I think that the applicant would be able to care for a child with disabilities because she has a brother who needs a wheel chair.")

Please describe the type of child that the applicant(s) would **NOT** be able to care for effectively. Please explain your answer.

(E.g., "I think that the applicants would not be able to care for children with behaviour problems because they both get easily frustrated.")

Please describe the number of children you think the applicant(s) would be able to care for at one time.

(Please consider that the children being placed may have behavioural and/or developmental challenges.)

If you had children and they needed to be looked after by someone other than you, would you feel comfortable with the applicant(s) caring for your children? Please explain your answer.

Reference Signature

Date

Involuntary Closure Letter

Date

(Recipient Name)

(Mailing Address)

(Community, NT postal code)

Involuntary Closure

Dear *(Recipient Name)*,

As you are aware, there are issues within your home that are interfering with your ability to provide a level of care suitable to be a foster parent. I have reviewed the materials provided by the social worker. The following issues have been brought to my attention;
(list areas of concern or and what required changes would need to occur to be able to foster again, if appropriate)

As a result of these concerns I am closing your home as an approved placement. As such, children in the care of the Director of Child and Family Services will no longer be placed in your home *(specify length of time)*.

If you wish to discuss the concerns that I have listed above and my decision to close your home as an approved placement please contact me at (phone number).

Sincerely,

(Supervisor Signature)

(Supervisor Name)

(Supervisor Title)

(Mailing Address)

Letter of Appreciation

Date

(Recipient Name)

(Mailing Address)

(Community, NT Postal Code)

Letter of Appreciation

Dear (Recipient Name),

It has come to my attention that you have decided to no longer foster any children in need of short or longer-term placement in your home.

The work you have done as a Foster Parent is invaluable. Thank you for stepping forward, opening your home and your heart for as long as you have and for providing the nurturing, love and support that each child deserves. You have made a significant difference in the lives of all of the children who have lived with you.

If you have any questions about your status as a Foster Parent or should you wish to re-open your home to foster children in the future, please call the social worker in your community at (phone number). They will be happy to assist you.

Sincerely,

(Supervisor Signature)

(Supervisor Name)

(Supervisor Title)

(Mailing Address)

Date: _____

To RCMP:

This is to inform you that _____ (name of Applicant) is
applying to be a foster parent and will require a criminal record check.

Sincerely,

Child Protection Worker:

NTHSSA

Address:

City:

Postal Code:

Phone:

PLACEMENT CLOSURE REPORT

Family

Name:

Home Address:

Mailing Address (if different from above):

File Number:

Telephone Number (home):

() -

Dates

Date Home Opened (day/month/year):

Date of Last Review (day/month/year):

Date of Exit Interview:

Reason(s) for Recommending Closure

Please give a brief summary of why the resource is recommended to be closed:

Closing Letter
Attached

Child Protection Worker

Date

| Supervisor | |
|---|--|
| Date Foster Home closed (day/month/year): | Date Foster Home was notified verbally of closure (day/month/year): Date Foster Home was notified in writing of closure (day/month/year): |
| Comments from Supervisor: | |

Supervisor

Date

Closed in CFIS

☐

QUALITY OF CARE REVIEW

| Information | | |
|--------------------------|--|--|
| Report Source: | | IMPORTANT: DO NOT REVEAL THE SOURCE OF REPORTED CONCERNS |
| Date Concerns Reported: | | |
| Date Concerns Addressed: | | |

| Foster Family | |
|----------------------------|--|
| Name: | Home Address: |
| Telephone Number (home): | Mailing Address (if different from above): |
| Foster Family File Number: | Child Protection Worker: |

| Foster Children living in the home: | | | |
|-------------------------------------|--------|------------|-------|
| NAME | GENDER | BIRTH DATE | GRADE |
| | | | |
| | | | |
| | | | |

| Foster Parent's Children living in the home: | | | | |
|--|--------|------------|-------|--------|
| NAME | GENDER | BIRTH DATE | GRADE | WORKER |
| | | | | |
| | | | | |
| | | | | |

| Foster Children who were placed in the home since the last review: | | | | |
|--|--------|------------|-------|--------|
| NAME | GENDER | BIRTH DATE | GRADE | WORKER |
| | | | | |
| | | | | |

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

| Others living in the home I.e.: Renters, Extended Family Members | | | |
|--|--------|------------|----------------------------|
| Name | Gender | Birth Date | Relationship to Applicants |
| | | | |
| | | | |

| Pets living in the home | |
|-------------------------|------|
| Type of Animal | Name |
| | |
| | |

| Identified Concern(s) |
|---|
| What are the identified concerns that have initiated this quality of care review? |
| |

| Details |
|--|
| How did the foster parent(s) respond to the reported concerns? Please explain the foster parent(s)' explanation. Describe any further concerns that emerged through this meeting. |
| |

| Support Plan |
|--|
| What supports were identified to help the foster parent(s) address the concerns and provide a safe, nurturing environment of care? |

Resolution/Action Plan

Please describe the plan for addressing the concerns, including additional supports required.

Child Protection Worker

Date

Supervisor

Date

Regular Foster Home Study

I. IDENTIFYING INFORMATION:

Name of Applicant 1: _____

D.O.B. (mm/dd/yy): _____ Place of Birth: _____

Ethnic Origin: _____ Religion: _____

Name of Applicant 2: _____

D.O.B. (mm/dd/yy): _____ Place of Birth: _____

Ethnic Origin: _____ Religion: _____

Date of marriage/common law relationship: _____

Place of Marriage: _____

Address: _____

Number of Bedrooms: _____ Number of beds per room: _____

Home Phone#: _____

Work Phone: _____ Cell: _____

Work Phone: _____ Cell: _____

| Children's Names | D.O.B. (mm/dd/yy) | Child by birth, adoption, extended family, alternate care | Date of adoption or placement (if applicable) |
|------------------|----------------------|---|--|
| | | | |
| | | | |
| | | | |

Other adults in the home

| Name | D.O.B. (mm/dd/yy) | Relationship to family |
|--|----------------------|------------------------|
| | | |
| | | |
| | | |
| Child(ren) to be placed | | |
| Name(s): | | D.O.B.: |
| Name(s): | | D.O.B.: |
| Name(s): | | D.O.B.: |
| Relationship to caregiver(s): | | |
| Reason for using this placement resource: | | |
| | | |

II. PRIOR CHILD PROTECTION AND RCMP HISTORY CHECKS: *(all adults in the home require a criminal records check to be completed)*

Criminal Records Check on Applicant 1: _____ **Date:** _____

Findings: _____

Criminal Record Check on Applicant 2: _____ **Date:** _____

Findings: _____

Criminal Records Check on Other Adult: _____ **Date:** _____

Findings: _____

Child Protection Records Check: _____ **Date:** _____

Findings: _____

III. INTEREST IN FOSTERING:

- a. Tell me about your interest in fostering?

- b. How long have you been thinking about fostering?

- c. How does each member of your family feel about fostering?

- d. What do you feel you have to offer to a child?

- e. What are the benefits of caring for children in the care of the Director?

IV. APPLICANT 1:

Physical Description and Personality:

- a. Physical description (ethnicity, age, height, hair and eye colour)

- b. Self-description, references and partner's description, if applicable

Educational and Employment History:

- a. What is your educational background? (identify educational or training experiences that might be relevant to caring for children)

- b. What are your attitudes and beliefs towards education and the educational expectations of a child?

- c. What is your employment history? (*type of work and stability of employment*)

- d. What are your hours of work?

- e. How flexible is your job for childcare appointments, school events and visits?

Religion and Spiritual Affiliation Practices:

- a. Are you affiliated with a particular religion?

- b. What are your spiritual beliefs and values?

Cultural Background:

- a. How would you describe your cultural background?
- b. What role does your culture play in your life?
- c. What role would your culture play in the life of the child to be fostered?
- d. Are you able to accept persons from cultures other than your own?
- e. How would you expose the child to the child's culture if they come from a culture different than your own?

Health: (results from Medical Examination)

- a. What is the overall condition of your health?
- b. Are you currently taking any medications? If yes, what kind and for what conditions?

c. What childcare arrangements would be made if you became ill for a short or long period of time?

d. Do you consume alcohol, tobacco and drugs? If so, how often? *(if there has been a problem in the past, describe how the problem has been resolved)*

Family Background:

a. Name(s) and date(s) of parent(s)

b. Name(s) and date(s) of sibling(s)

c. How would you describe your childhood while growing up?

d. How would you describe the relationship between your parent(s)?

e. How would you describe the relationship between you and your parent(s) while you were growing up?

- f. How would you describe the relationship between you and your siblings while you were growing up?
- g. What kind of discipline did your parent(s) use?
- h. What were the personal values and morals held by your parent(s)?
- i. How do your own personal values and morals compare to those of your parent(s)?
- j. What were your parent(s) attitudes about sexuality when you were a child?
- k. How do your own attitudes about sexuality compare to those of your parent(s)?
- l. What is your relationship with your parent(s) like now?
- m. How would you describe the relationship between you and your sibling(s) now?

V. APPLICANT 2:

Physical Description and Personality:

- a. Physical description (ethnicity, age, height, hair and eye colour)

- b. Self-description, references and partner's description, if applicable

Educational and Employment History:

- a. What is your educational background? (identify educational or training experiences that might be relevant to caring for children)

- b. What are your attitudes and beliefs towards education and the educational expectations of a child?

- c. What is your employment history? (type of work and stability of employment)

- d. What are your hours of work?

- e. How flexible is your job for childcare appointments, school events and visits?

Religion and Spiritual Affiliation Practices:

Cultural Background:

- a. How would you describe your cultural background?
- b. What role does your culture play in your life?
- c. What role would your culture play in the life of the child to be fostered?
- d. Are you able to accept persons from cultures other than your own?
- e. How would you expose the child to the child's culture if they come from a culture different than your own?

Health: (results from Medical Examination)

- a. What is the overall condition of your health?
- b. Are you currently taking any medications? If yes, what kind and for what conditions?

- c. What childcare arrangements would be made if you became ill for a short or long period of time?

- d. Do you consume alcohol, tobacco and drugs? If so, how often? (if there has been a problem in the past, describe how the problem has been resolved)

Family Background:

- a. Name(s) and date(s) of parent(s)

- b. Name(s) and date(s) of sibling(s)

- c. How would you describe your childhood while growing up?

- d. How would you describe the relationship between your parent(s)?

- e. How would you describe the relationship between you and your parent(s) while you were growing up?

- f. How would you describe the relationship between you and your siblings while you were growing up?

- g. What kind of discipline did your parent(s) use?

- h. What were the personal values and morals held by your parent(s)?

- i. How do your own personal values and morals compare to those of your parent(s)?

- j. What were your parent(s) attitudes about sexuality when you were a child?

- k. How do your own attitudes about sexuality compare to those of your parent(s)?

- l. What is your relationship with your parent(s) like now?

- m. How would you describe the relationship between you and your sibling(s) now?

Their Children:

- a. Personality and behaviour
- b. Interests and hobbies
- c. Health
- d. School experiences
- e. Relationship with parents, siblings, friends
- f. Views about the proposed adoption
- g. Personality and behaviour
- h. Interests and hobbies

i. Health

j. School experiences

k. Relationship with parents, siblings, friends

l. Views about the proposed adoption

VI. EMOTIONAL MATURITY AND STABILITY: APPLICANT 1 (individual interview):

a. What factors do you think help to create a stable, committed relationship?

b. Can you tell me a little bit about any previous significant relationships that you have had?

- c. How and why did your previous relationship(s) end? What were your reactions?
- d. How would you describe your relationship with that person now?
- e. What are the strengths of your current relationship?
- f. What are the weaknesses of your current relationship?
- g. How do you typically spend time with those who are important to you?
- h. How will you protect this time and make time for one another with a new child in your family?
- i. How do meet and communicate about your own emotional needs?
- j. How do you know when your partner is upset? Has there ever been an instance of domestic violence?

k. What are the typical issues that cause conflict for you and your partner? How do you deal with differences of opinion? (how do you react)

l. How is work within the home divided up?

a. Are you satisfied with the current sharing of work?

m. Describe how you express your emotions.

n. How helpful and supportive do you feel members of your extended family are/will be to you as a foster parent?

VII. EMOTIONAL MATURITY AND STABILITY: APPLICANT 2 (individual interview):

a. What factors do you think help to create a stable, committed relationship?

b. Can you tell me a little bit about any previous significant relationships that you have had?

- c. How and why did your previous relationship(s) end? What were your reactions?
- d. How would you describe your relationship with that person now?
- e. What are the strengths of your current relationship?
- f. What are the weaknesses of your current relationship?
- g. How do you typically spend time with those who are important to you?
- h. How will you protect this time and make time for one another with a new child in your family?
- i. How do meet and communicate about your own emotional needs?

- j. How do you know when your partner is upset? Has there ever been an instance of domestic violence?

- k. What are the typical issues that cause conflict for you and your partner? How do you deal with differences of opinion? (how do you react)

- l. How is work within the home divided up?

- a. Are you satisfied with the current sharing of work?

- m. Describe how you express your emotions.

- n. How helpful and supportive are members of your extended family are/will be to you as a foster parent?

VIII. EMOTIONAL MATURITY AND STABILITY FOR BOTH APPLICANTS (*joint interview*):

a. How did you first meet?

b. How long did you date?

c. When did you first move in together?

d. If applicable, what is the date of your marriage?

e. Why did you choose to be with each other?

f. How has your family accepted your partner/spouse?

g. What has been the most difficult thing that the both of you have gone through?

h. What strengths and weaknesses are observed in each other?

i. Have either of you had life experiences which would support or hinder your ability to act as foster parents?

j. How do you solve problems and manage conflicts and crises?

IX. ATTITUDES TOWARDS CHILDREN AND ADAPTABILITY IN CHILD-REARING FOR APPLICANT 1 and 2 (joint interview):

a. What do you feel are important qualities and abilities needed to raise a child?

b. Who have been your parenting role model(s)? Why?

c. What would be some of the rules for children in your home?

d. How will you react when your child breaks a rule?

e. What other forms of discipline do you or might you use?

- f. Who does/ will do the disciplining?
- g. How do you or would you express affection?
- h. How will you build self-esteem in the child to be placed in your home?
- i. If applicable, what have you found to be the most challenging aspect of parenting?
- j. How will you handle if the history, behaviour or needs of the child conflicts with your personal belief system? (history of disclosure of incest or sexual abuse)
- k. How would you handle if the child rejects you religious and/or spiritual values and belief systems?
- l. What are your goals or expectations for your child?

m. What are your beliefs and attitudes about fostering, child rearing, family roles and relationships? How do you manage these differences?

n. If applicable, would your children share you, their property, and emotions with foster children?

X. CHILDREN TO BE PLACED:

a. What is the gender and age of the child you would like to foster?

b. Could you foster a sibling group?

c. Are you available for emergency placements?

d. Do you want to foster on a short-term and/or long-term basis?

e. Could you foster a child with special needs? *(medical condition, FASD, physical disability, emotional and behavioural problems, previous sexual/physical abuse, history of trauma, learning difficulties, etc.)*

XI. HOME ENVIRONMENT FOR APPLICANT 1 and 2 (joint interview):

- a. Home: (Quiet/Noisy) (Organized/Disorganized)

- b. How would you describe your home and neighbourhood?

- c. Are you buying or renting? (purchased which year?)

- d. What will the sleeping arrangements be for the foster child?

- e. Do you have any pets? If so, what kind and how many?

- f. How accessible are you to:
 - Medical services
 - Daycare / School
 - Counselling

**XII. RELATIONSHIP WITH HEALTH AND SOCIAL SERVICES AUTHORITY FOR
APPLICANT 1 and 2 (joint interview):**

- a. Are you willing to undergo training put on by the Authority (example, PRIDE Training)?
- b. What expectations do you have of the foster child's social worker and YHSSA in general?
- c. Will applicants strive to be effective in sharing information, following up on treatments, and meeting other goals established jointly by the social worker, applicant, community resources, and biological parents (where appropriate)?
- d. How might you deal with conflict resolution if your goals for the child differ significantly from the goals of significant others, such as the social worker, medical professionals, counsellor, birth parent(s), etc.?
- e. Are you comfortable with being evaluated on an annual basis?

**XIII. RELATIONSHIP WITH BIOLOGICAL PARENTS AND FAMILY FOR
APPLICANT 1 and 2 (joint interview):**

- a. How do you perceive the birth parent(s)?

- b. Are you committed to involving the birth parent(s) in the child's life?

- c. How do you plan to deal with value differences between yourself and the birth family?

XIV. AWARENESS OF COMMUNITY RESOURCES FOR APPLICANT 1 and 2

- a. Are you aware of the resources available to support you while caring for a child who has special needs?

- b. Are you willing to transport the child to medical appointments, etc.?

XV. ADDITIONAL QUESTION FOR APPLICANT 1 (individual interview):

- a. Describe what experiences of separation, loss or crisis you have had in your life?

- How did you cope with each of those experiences?

- What did you learn from those experiences?

b. Everyone has some negative stress in her or her life. Describe the current situations in your life that cause you negative stress.

- How do you address these stressors?

- How do you know when you're under too much stress?

- How do you set limits around the amount of stress that you have in your life.

- Describe your current support system.

- When was the last time that you asked someone for help? Who did you turn to? Is this normal behaviour for you? Describe how they supported you?

c. Tell me about your alcohol use now and in the past?

- Describe what you will do regarding your alcohol consumption if a foster child is placed with you?

- Where do you store alcohol in your home?

- d. Tell me about your use of illicit drugs now and in the past?

- e. How often do you see your doctor?

- f. What prescription and non-prescription medications do you take?

- g. How have you addressed health problems in the past?

- h. Have you ever gone to counselling?

- i. What are your hobbies and interests?

- Do you make time to pursue your hobbies and interests?

XVI. ADDITIONAL QUESTION FOR APPLICANT 2 (individual interview):

j. Describe what experiences of separation, loss or crisis you have had in your life?

- How did you cope with each of those experiences?

- What did you learn from those experiences?

k. Everyone has some negative stress in her or her life. Describe the current situations in your life that cause you negative stress.

- How do you address these stressors?

- How do you know when you're under too much stress?

- How do you set limits around the amount of stress that you have in your life.

- Describe your current support system.

- When was the last time that you asked someone for help? Who did you turn

to? Is this normal behaviour for you? Describe how they supported you?

l. Tell me about your alcohol use now and in the past?

- Describe what you will do regarding your alcohol consumption if a foster child is placed with you?

- Where do you store alcohol in your home?

m. Tell me about your use of illicit drugs now and in the past?

n. How often do you see your doctor?

o. What prescription and non-prescription medications do you take?

p. How have you addressed health problems in the past?

q. Have you ever gone to counselling?

r. What are your hobbies and interests?

- Do you make time to pursue your hobbies and interests?

XVII. ADDITIONAL QUESTIONS FOR APPLICANT 1 AND 2 (joint interview):

- a. What interests and activities do you do together as a couple?
- b. What interests and activities do you do together as a family?
- c. What are your guidelines about allowing a child to do an activity that is in conflict with your values?
- d. Family routines? Who prepares meals in your home?
- e. What will you do if the foster child is sick?
- f. If your family went on vacation what would your plan be for the foster child and what would you require from HSSA?
- g. What will you do if the foster child has unusual behaviours? (ie/ hoarding food)
- h. Does anyone in your home smoke?

i. How would you describe your financial situation?

j. How important is financial compensation for fostering?

k. How many vehicles do you keep insured and road worthy?

XVIII. Home Safety Check

| | YES | NO |
|--|-----|----|
| Contains specifically designated spaces for informal living, dining, food preparation storage and separate rooms for sleeping and bathing. | | |
| Is equipped with a means for providing and maintaining adequate heat and habitable rooms. | | |
| It in a condition free of hazards to physical safety and garbage, refuse and other wastes are disposed of in such a way as not to constitute a health hazard. | | |
| All bedrooms have windows. | | |
| All foster children are sleeping in the same building as the foster family and not in an unfinished attic, unfinished basement, or a hallway. | | |
| Each foster child has a bed appropriate to their age, a clean mattress and bedding appropriate for the weather and climate. | | |
| Foster children are not sharing a bed or the sleeping room with an adult couple or adult of the opposite sex unless the needs or illness of the child requires this arrangement. | | |
| Foster children over six (6) years of age are not sharing a bedroom with a child of the opposite sex unless an established sibling group without risk factors. | | |

| | | |
|---|--|--|
| That there is a means of communicating regularly and routinely with the Child Protection Worker through a telephone or access to a telephone. | | |
| That all weapons, including firearms, air rifles, and bows, are locked up and are inaccessible to children unless under the supervision of a responsible adult. | | |
| All ammunition is stored separately from weapons and are locked up | | |
| At least one (1) smoke detector is located between the bedroom and the remainder of the home. | | |
| A plan for emergency evacuation of the home has been devised and explained to all residents in the home | | |

Signatures and Approval:

Child Protection Worker

Date

Supervisor

Date

Approval Outcome:

Approved: ☐ Not Approved: ☐ Date: _____

Date Letter of Outcome mailed: _____

Request to use Hotels for Child or Youth Placement

This form is to be completed by the Child Protection Worker at the time of placement.

Date: _____

Name of Child Protection Worker placing child: _____

Reason for placing the child(ren)/youth(s) in a hotel:

Hotel Name: _____

Hotel Room Number: _____

Hotel Address: _____

Hotel Phone Number: _____

Child Protection Worker assigned to the child: (if applicable)

| IDENTIFYING INFORMATION | | |
|---|--------------------------|--|
| 1. Name of child(ren): | 2. Date of Birth or Age | 3. Ethnic background: Aboriginal Organization: Treaty Number: |
| 4. Does this child have other siblings? <input type="checkbox"/> Yes | 5. Sibling names & ages: | 6. Sibling Placement: |

| | | |
|--|--|---|
| <input type="checkbox"/> No | | |
| 7. What School/Daycare does the child attend? What Grade? | 8. Medical Concerns: | 9. Disabilities: |
| 10. Religion/Spiritual Beliefs: | 11. Child's Health Care Number: | 12. Risk Factors: |
| 13. Where is the child being moved to the hotel from? Reason for Placement change: | 14. Previous Placement(s) | |
| 15. Medications? <input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes, please list & provide directions:</i> | | 16. Allergies? <input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes, please describe & reactions:</i> |
| FAMILY INFORMATION | | |
| 1. Name of Birth Parent(s)/Extended family: | | |

| | | |
|--|--|--|
| 2. Reason for coming into care: (check any applicable) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> family violence <input type="checkbox"/> lack of supervision <input type="checkbox"/> emotional abuse </div> <div> <input type="checkbox"/> parent alcohol/drug problem <input type="checkbox"/> physical abuse <input type="checkbox"/> other (please specify)_____ </div> <div> <input type="checkbox"/> neglect <input type="checkbox"/> sexual abuse </div> </div> | | |
| 3. What is the expected length of stay for this child in the hotel? | | |

| | | |
|--|---|---------------------------------|
| <input type="checkbox"/> one night | <input type="checkbox"/> 3-4 nights | <input type="checkbox"/> a week |
| 4. What is the current birth family situation ? What is the plan for reunification? | | |
| 5. Is there <u>contact</u> with the biological parents/extended family? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who? _____ What type of contact? <input type="checkbox"/> Phone Contact <input type="checkbox"/> Supervised visits <input type="checkbox"/> Unsupervised visits <input type="checkbox"/> Overnight visits | | |
| SUPPLEMENTARY INFORMATION | | |
| 1. Child's legal status: <input type="checkbox"/> Voluntary Service Agreement <input type="checkbox"/> Apprehension <input type="checkbox"/> Plan of Care Agreement <input type="checkbox"/> Temporary Custody <input type="checkbox"/> Permanent Custody | | |
| 2. What is the plan for this child? | | |
| 3. Is transportation required for school/other? <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Other known appointments/activities: | |
| 5. Is this child a risk to other children? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe: | | |
| 6. Does this child need more supervision than peers? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what type of supervision: | | |
| 7. Does clothing need to be purchased for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |

| |
|--|
| <p><i>If yes, what is required and what is the allowance?</i></p> |
| <p>8. Does this child know why they came into care?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> |
| <p>9. How was it explained to them?</p> |
| <p>Any additional information:</p> |

Child Protection Worker

Date

Approval:

| | |
|--|--|
| <p>Placement less than three (3) days: Supervisor</p> | <p>Placement more than three (3) days: Director of Child and Family Services or Delegate:</p> |
| <p>Name:</p> | <p>Name:</p> |

Signature: _____

Date



Section 9 - Case Management

Form 6.16.1

Serious Occurrence Report

| | | | | |
|---|--|--|--|--|
| Regional Health and Social Services Authority: | | | | |
| Client Name: | | | | |
| Status: | | | | |
| Ethnic Identity: | | | | |
| Indigenous Organization Membership, if applicable: | | | | |
| Matrix Number: | | | | |
| Date of Birth (Month/Day/Year): | | | | |
| Current Placement (if applicable): | | | | |
| Date and Time of Serious Occurrence: | | | | |
| Location of Serious Occurrence: | | | | |
| Date and Time Child Protection Worker received notification of Serious Occurrence: | | | | |
| Date and Time of notification to Supervisor/Manager: | | | | |
| Date and Time of Notification to Parent and/or Caregiver(s): | | | | |
| Child Protection Worker/Designate Name: | | | | |
| Supervisor Name: | | | | |
| Category of Serious Occurrence: | <input type="checkbox"/> Severity Level 1 | <input type="checkbox"/> Severity Level 2 | <input type="checkbox"/> Severity Level 3 | <input type="checkbox"/> Severity Level 4 |
| Type of Serious Occurrence: | | | | |
| FACTUAL DESCRIPTION: | | | | |
| Circumstances Leading Up to/Surrounding the Serious Occurrence (If the Specialized Service completed a Serious Occurrence Report with this information, there is no need to complete this section. Please attach the Specialized Services's Report): How did it happen? Why did it happen? | | | | |
| Details of Serious Occurrence (If the Specialized Service completed a Serious Occurrence Report with this information, there is no need to complete this section. Please attach the Specialized Service's Report): What happened? When and where did it happen? Who was involved? Location of the child, youth, young adult and/or parent/caregiver(s) | | | | |



Section 9 - Case Management

Form 6.16.1

Current Situation:

Specific Staff Response and Actions: What actions were taken to respond to the incident?

Assessment of Child, Youth, Young Adult or Parent/Caregiver(s)' Needs: Information should be gathered from the child, youth, young adult, parent/caregiver(s) and/or other professionals regarding the medical, emotional, physical and cognitive needs of those involved in the Serious Occurrence. Develop Safety Plan, and case conference if appropriate.

Assessment Foster Care Resource Needs: Information should be gathered from the foster care resource regarding their financial, emotional and physical needs as it relates to the Serious Occurrence. Determine the need for an investigation, Quality of Care Review, suspension, closure or formal review, if applicable.

Is Follow Up Required: Serious Occurrence is unresolved and requires further follow up. See Follow Up Report to document efforts.

Signatures:

(Child Protection Worker Signature)

(day/month/year)

(Supervisor/Manager Signature)

(day/month/year)

For NTHSSA Use Only:

Received by NTHSSA Deputy Director of Practice (initials):

Date



Section 9 - Case Management

Form 6.16.1

For Departmental Use Only:

Received by Director of Child and Family Services or Designate (initials):

Date

Director of Child and Family Services or Designate Notified within the timelines: ☐ Yes ☐ No

Date Entered into Serious Occurrence Database: _____

Further Action:

☐ Director's File Review ☐ Director's Case Review ☐ Nothing Required: ☐ Other: _____

**SPECIALIZED NEEDS ASSESSMENT FOR A CHILD/YOUTH RECEIVING
FOSTER CARE SERVICES**

Name of Child/Youth: _____

Date of Birth: _____

CFIS Number: _____

1. Physical

| | | | |
|---|--|--|---|
| The child/youth requires <u>routine</u> medical attention, monitoring and treatment of temporary, situational health needs. For example, the child/youth may: | The child/youth requires <u>monitoring</u> of his/her health status and intermittent supervision throughout the day due to health problems frequently or for long periods of time, and is dependent on others to meet his/her daily health care needs. For example, the child/youth may: | The child/youth requires <u>active, intermittent monitoring and supervision</u> and is dependent on some technical care. For example, the child/youth may: | The child/youth requires <u>ongoing monitoring, supervision, care and assessment</u> , often requiring judgment at any time for possible medical intervention. A change in health status would result in an immediate life threatening situation. For example, the child/youth may: |
| 1 | 5 | 8 | 10 |

COMMENTS

2. Developmental

| | | | |
|---|--|---|--|
| <p>The child/youth is developmentally typical but may require consistent routines or exercises in order to develop and/or maintain skills within a normal range. The child/youth may:</p> | <p>The child/youth has a developmental delay and requires <u>formal interventions (weekly)</u> to be implemented in order to improve development or diminish developmental delays. For example, the child/youth may:</p> | <p>The child/youth has a developmental delay and <u>requires formal interventions (several times a week)</u> to be implemented in order to improve development or diminish severe developmental delays. For example, the child/youth may:</p> | <p>The child/youth has severe developmental delays and <u>requires constant and intense interventions</u> by a variety of sources that are provided across environments and that are potentially life sustaining, in order to enhance or maintain existing developmental skills. Such interventions involve one on one support and are very intrusive. For example, the child/youth may:</p> |
| <p>1</p> | <p>3</p> | <p>5</p> | <p>7</p> |
| <p>COMMENTS</p> | | | |

3. Eating

| | | | |
|---|---|--|---|
| <p>The child's/youth's eating habit is within the normal range and age appropriate. For example, the child/youth may:</p> | <p>The child/youth <u>requires some assistance and/or supervision</u> beyond what is age appropriate that may be due to a physical or mental disability but attempts to assist. For example, the child/youth may:</p> | <p>The child/youth requires <u>total physical assistance</u> due to a disability. For example the child/youth may:</p> | <p>The child/youth requires <u>continual supervision and monitoring</u> of their eating or intake as their eating patterns have placed them at high risk and the condition cannot readily be rectified with medical intervention.</p> |
|---|---|--|---|

| | | | |
|----------|----------|----------|----------|
| | | | |
| 1 | 3 | 5 | 7 |
| COMMENTS | | | |

4. Personal Care

| | | | |
|--|--|--|---|
| The child/youth requires some prompting, suggestions, supervision and monitoring that is age appropriate in the completion of personal care tasks. For example, child/youth may: | The child/youth requires <u>partial</u> assistance; teaching, monitoring and <u>regular</u> supervision in the completion of personal care tasks beyond what is age appropriate. For example, the child/youth may: | The child/youth requires <u>total assistance and close supervision</u> in the completion of personal care tasks. For example, child/youth may: | The child/youth requires <u>formal intensive intervention</u> in the completion of personal care tasks. The child may: Experience regular enuresis/encopresis and may need bedding changed more than six times a week. |
| 2 | 4 | 6 | 8 |
| COMMENTS | | | |

5. Communication

| | | | |
|---|---|--|--|
| The child/youth is able to verbalize and comprehend. He/she may have a mild hearing loss or | The child/youth experiences some difficulty understanding instructions or | The child/youth is verbal but has extreme comprehension and memory difficulties. The child may have functional | The child/youth communicates only through body language, facial expressions and vocalizations due to a |
|---|---|--|--|

| | | | |
|--|---|--|---|
| speech impairment that does not significantly interfere with communication | expectations and may not express him/herself appropriately due to disabilities or lack of learning opportunities. Or, the child/youth may have verbal and comprehension skills but refuses to use them. For example, the child/youth may: | impairment of hearing or sight and may require adaptive equipment/aids or modification of the environment (use of Braille, use of a hearing aid) | developmental delay, physical or emotional problem. The child/youth may communicate with the use of augmented language (sign language, pictures). |
| 1 | 3 | 5 | 8 |
| COMMENTS | | | |

6. Socialization

| | | | |
|--|--|--|---|
| The child/youth requires <u>support and monitoring</u> in their socialization in order to learn age appropriate skills. He/she may experience occasional difficulty interacting with peers and adults. For example, child/youth may: | The child/youth requires <u>active support, teaching and guidance</u> to get involved or learn appropriate socialization skills as he/she experiences difficulty engaging in daily activities. For example, the child/youth may: | The child/youth requires <u>active demonstration, teaching and supervision</u> of explicit socialization skills to them while engaged with others. For example, the child/youth may: | The child/youth requires <u>continuous hands on intervention</u> so that he/she may be able to participate in mainstream social activities, due to a physical, mental, or emotional disability. For example, the child/youth may: |
| 2 | 6 | 10 | 12 |
| COMMENTS | | | |

| |
|--|
| |
|--|

7. Behaviour Management

| | | | |
|--|--|---|--|
| The child/youth requires structure with clear, consistent expectations and consequences in order to learn routines and reduce unacceptable behaviours. For example, the child/youth may: | The child/youth requires <u>more than age appropriate supervision</u> and assistance in order to learn routines and reduce inappropriate behavior. For example, the child/youth may: | The child/youth requires <u>ongoing supervision and a formal program</u> in the home, school and community due to demonstrated patterns of behavior that places him/her or other at risk. For example, the child/youth may: | The child/youth requires constant supervision and a formal program as the child's behaviors/conditions places him/her or others in life threatening situations. The behaviors might be obsessive/compulsive and may cause tissue damage, infection, malnutrition or chemical imbalances in the body. For example, the child/youth may: |
| 4 | 6 | 10 | 14 |
| COMMENTS | | | |
| | | | |

8. Sexuality

| | | | |
|--|--|---|---|
| The child/youth requires age appropriate guidance, protection and direction. For example, the child/youth may: | The child/youth requires <u>firm, consistent guidelines and teaching</u> due to a pattern of risk behavior but attempts to assist. For example, the child/youth may: | The child/youth requires <u>firm, planned, consistent teaching, guidelines and increased supervision</u> because he/she displays or has experienced a pattern of sexual behavior that places him/her or others at risk. For example, the child/youth may: | The child/youth requires <u>constant supervision, clinical intervention and close monitoring</u> as the child engages in inappropriate sexual activities causing great risk to him/herself or others. For example, the child/youth may: |
| 1 | 4 | 10 | 14 |

COMMENTS

9. Life Skills – community safety, using community services, time and money management

| | | | |
|---|---|---|---|
| <p>The child/youth requires structure, support and consistency in learning/accomplishing life skills.</p> <p>Or, the child/youth is an infant</p> <p>For example the child:</p> | <p>The child/youth requires teaching, support and monitoring beyond what is age appropriate to learn/accomplish life skills. For example the child/youth:</p> | <p>The child/youth requires <u>active assistance</u> beyond what is age appropriate to learn/accomplish life skills. For example the child/youth:</p> | <p>The child/youth requires <u>total assistance and ongoing program development</u> to enhance or maintain life skills. For example, the child/youth may:</p> |
| 1 | 3 | 5 | 8 |

COMMENTS

10. School/Educational Program/Employment

| | | | |
|--|---|---|---|
| <p>The child/youth requires support in the school and at home to maximize the benefits of a school/education program. For example, the child requires a supporting person to:</p> <p>OR, the child/youth requires assistance from a supporting person to find and maintain employment such as:</p> | <p>The child/youth requires <u>extra</u> support, direct assistance and teaching several times a week to complete assignments, or to seek and maintain employment, due to identified learning problems or disabilities or developmental delays. For example the child/youth may require a supporting person to:</p> | <p>The child/youth requires <u>daily</u> support to maximize the benefits of a school/education or employment program, due to learning delays, behavioral problems or truancy problems that interfere with success. For example the child/youth may require a supporting person to:</p> | <p>The child/youth requires <u>one to one</u> support to attend school or an employment program due to learning delays, behavioral or physical problems or probable truancy. The child/youth may:</p> |
| 2 | 5 | 9 | 11 |
| <p>COMMENTS</p> | | | |

11. Emotional/Psychiatric/Psychological

| | | | |
|---|--|---|---|
| <p>At the time of entry into care and up to six months immediately thereafter the child/youth requires support and attention as he/she is experiencing separation and</p> | <p>The child/youth requires <u>additional support or attention</u> after six months in the same placement and he/she is continuing to experience prolonged separation and loss</p> | <p>The child/youth requires <u>clinical intervention</u> due to some psychological or emotional difficulties.</p> | <p>The child/youth requires <u>treatment</u> as he/she has been formally diagnosed with a psychiatric disorder or psychological problems. The treatment may include the use of psychotropic drugs, individual therapy or group therapy. The child's/youth's</p> |
|---|--|---|---|

| | | | |
|---|--|----------|---|
| <p>loss trauma that could be evidenced through anger, low self-esteem, weeping, anxiety, irregular sleep patterns, etc.</p> <p>OR, the child/youth has been in care for longer than six months and experiences periodic separation and loss trauma which requires support and attention</p> | <p>trauma that could be displayed through anger, low self esteem, weeping, anxiety, irregular sleep patterns, etc.</p> | | <p>behavior/responses maybe irrational and unpredictable.</p> |
| 2 | 4 | 6 | 12 |
| <p>COMMENTS</p> | | | |

12. Family Involvement – Includes birth family, adoptive family or any other significant attachment

| | | | |
|--|---|--|---|
| <p>The child/youth requires <u>regular</u> assistance or support to maintain family relationships. The child/youth may: -have regular or occasional contact with the family through visits, letters or telephone (may need to be supervised)</p> | <p>The child/youth requires <u>regular active</u> assistance or support to strengthen family relationships. For example, the child/youth may:</p> | <p>The child/youth requires <u>frequent active</u> assistance or support to strengthen family relationships. For example, the child/youth may:</p> | <p>The child/youth requires <u>daily active</u> assistance or support to strengthen family relationships.</p> |
|--|---|--|---|

| 1 | 3 | 5 | 7 |
|----------|---|---|---|
| COMMENTS | | | |

13. Cultural Improvement

| | | |
|---|--|--|
| The child/youth requires assistance to develop an awareness of his/her culture. | <p>The child/youth requires assistance to develop an awareness of his/her culture.</p> <p>The routine and culture of the placement resource is different from the child's/youth's.</p> | |
| 1 | 3 | |
| COMMENTS | | |

Child Protection Worker

Date

Child and Family Services
Section 7 - Placement Services

Form

Supervisor – Child Protection

Date

SCORING CHART
SPECIALIZED NEEDS ASSESSMENT FOR A CHILD/YOUTH
RECEIVING FOSTER CARE SERVICES

The purpose of the Specialized Needs Assessment is to determine the level of care a child/youth requires in order to meet his/her needs and to determine the rate that will be paid to foster parents. The Specialized Needs Assessment must be completed by the Child Protection Worker who knows the child best.

Instructions

- Use the Specialized Needs Assessment for a Child/Youth Receiving Foster Care Services to determine the needs of the child/youth.
- There are 13 categories of needs. Under each category, choose one or more statements that best describe the child/youth's level of need, and write in some examples specific to the child.
- Select the statement with examples specific to the child/youth that has the highest point value and circle the points for that statement.
- Do not assign any points other than the points assigned for that statement. If the child/youth's level of need in an area is less than any of the statements, select the first statement.
- Circle the corresponding point value for each area of need in the Scoring Chart on page 2. Only one point value must be made for each area of need.
- Total all of the circled scores on the scoring chart.
- Use the Per Diem Chart on page 2, to determine the specialized needs rate for the child/youth's care.

Per Diem Chart

(Circle ONE in each category)

| LEVELS | 1 | 2 | 3 | 4 |
|---|---|---|----|----|
| 1. Physical | 1 | 5 | 8 | 10 |
| 2. Developmental | 1 | 3 | 5 | 7 |
| 3. Eating | 1 | 3 | 5 | 7 |
| 4. Personal Care | 2 | 4 | 6 | 8 |
| 5. Communication | 1 | 3 | 5 | 8 |
| 6. Socialization | 2 | 6 | 10 | 12 |
| 7. Behavior Management | 4 | 6 | 10 | 14 |
| 8. Sexuality | 1 | 4 | 10 | 14 |
| 9. Life Skills | 1 | 3 | 5 | 8 |
| 10. School/Education/Employment | 2 | 5 | 9 | 11 |
| 11. Emotional/Psychiatric/Psychological | 2 | 4 | 6 | 12 |
| 12. Family Involvement | 1 | 3 | 5 | 7 |
| 13. Cultural Involvement | 1 | 3 | | |
| TOTAL POINTS | | | | |

1. Add the total points for columns each column.
2. **Subtract 30** points from your **"TOTAL POINTS"** score.
3. Multiply the result by .63.

CALCULATION CHART

| | |
|-----------------|--|
| Level 1: | Basic Rate is \$_____ |
| Level 2, 3 & 4: | Basic Rate plus \$.63 for each additional point above 30 points |
| Basic Rate : | \$_____ + \$.63 x _____ (number of points above 30) + Age Rate: _____ |
| TOTAL: | \$_____ |

Child Protection Worker_____
Date_____
Supervisor – Child Protection_____
Date

AVIS DE MESURE IMPORTANTE AU PARENT, AU FOURNISSEUR DE SOINS ET AU CORPS DIRIGEANT AUTOCHTONE (FORMULAIRE 10.16.1)

Vous recevez cet avis, car les Services à l'enfance et à la famille pourraient prendre une mesure importante qui affectera un enfant ou un adolescent que vous pourriez connaître.

Votre opinion est importante. Selon nous, il en va de l'intérêt fondamental de l'enfant ou de l'adolescent que vous participiez à la prise de décisions et à la planification le concernant.

Ce formulaire contient l'information dont vous aurez besoin pour le faire. Nous vous invitons à poser des questions, à faire des suggestions et à nous faire part de vos inquiétudes. Nous tiendrons compte de tout ce que vous direz avant de prendre une mesure importante.

Il arrive qu'une mesure importante proposée ou une autre doive être prise immédiatement pour la sécurité de l'enfant ou de l'adolescent. Si c'est le cas, vous en serez informé dès que possible. Nous vous expliquerons pourquoi nous ne pouvons pas attendre. Votre opinion demeure importante et nous voulons en discuter avec vous dès que possible, afin de travailler ensemble à la poursuite de la planification pour l'enfant ou l'adolescent.

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 :

Avis de mesure importante au parent, au fournisseur de soins et au corps dirigeant autochtone

Remarque : Un formulaire séparé doit être rempli pour chaque enfant ou adolescent, même si plus d'un enfant résidant dans un même foyer est sujet à une mesure importante.

Nom de l'enfant ou de l'adolescent :

Date de naissance [aaaa-mm-jj] :

Nom du ou des parent(s) :

Nom du ou des fournisseurs de soins :

Nom du corps dirigeant autochtone :

Date de l'avis de mesure importante [aaaa-mm-jj] :

Date limite pour répondre à l'avis de mesure importante [aaaa-mm-jj] :

Comme autorisé par le directeur des Services à l'enfance et à la famille, en vertu de l'alinéa 51(3)c) de la *Loi sur les services à l'enfance et à la famille*, je **prévois prendre la mesure importante décrite ci-dessous** pour l'enfant ou l'adolescent susmentionné.

Si vous souhaitez donner votre avis à propos de la mesure importante proposée, veuillez communiquer avec moi ou mon superviseur ou gestionnaire aux coordonnées ci-dessous.

Mesure(s) importante(s) prévue(s)

Plan du Comité de prise en charge et accord de placement d'un enfant ou adolescent en famille d'accueil

- ☐ Un accord de prise en charge est en cours d'élaboration (alinéas 10(1)c), 11(3)c), ou article 14)
- ☐ Un accord de prise en charge est conclu en vertu de l'article 19
- ☐ Un accord de prise en charge est examiné en vertu du paragraphe 20(1)
- ☐ Un accord de prise en charge est en cours de prorogation en vertu du paragraphe 20(2)
- ☐ L'accord de prise en charge est résilié en vertu de l'alinéa 13(2)a)

Appréhension

- ☐ Appréhension d'un enfant (art. 10)
- ☐ Appréhension d'un enfant (art. 11)
- ☐ Appréhension d'un enfant (art. 31)

Procédure judiciaire

- ☐ Une requête de confirmation d'une appréhension (par. 12.1)
- ☐ Une ordonnance de protection de l'enfant (art. 28)
 - ☐ Ordonnance de surveillance
 - ☐ Ordonnance de garde temporaire
 - ☐ Ordonnance de garde permanente
- ☐ Une requête pour une ordonnance de protection de l'enfant (par. 29.2)
 - ☐ Ordonnance de garde temporaire
 - ☐ Ordonnance de garde permanente
- ☐ Une requête pour la prorogation d'une ordonnance de garde temporaire d'enfant ou d'adolescent [par. 47(3)]
- ☐ Une requête pour la prorogation d'une ordonnance de garde permanente d'enfant ou d'adolescent [par. 48(2)]
- ☐ Annulation de la garde temporaire [alinéa 28(9)c)]
- ☐ Annulation de la garde permanente (art. 49)

Retrait d'une procédure judiciaire ou retour de l'enfant au parent

- ☐ Retrait de la requête avant la tenue de l'audience portant sur l'appréhension [par. 12.6 ou alinéa 13(2)b)]
- ☐ Retour de l'enfant au parent après l'appréhension (moins de 72 heures) (art. 12)

Placement en famille d'accueil, nouveau placement ou changement de placement

- ☐ Un enfant ou un adolescent est placé dans une famille d'accueil, commence un nouveau placement ou change de placement

Adoption

- ☐ Le directeur des adoptions place un enfant ou un adolescent chez un demandeur approuvé pour une adoption administrative (par. 18(2) de la *Loi sur l'adoption*)
- ☐ Le directeur des Services à l'enfance et à la famille consent à une adoption administrative (art. 21 de la *Loi sur l'adoption*)

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 :

Numéro de téléphone d'urgence
en dehors des heures de bureau :

Courriel ou numéro de télécopieur :

Adresse :

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 :

NOTICE OF SIGNIFICANT MEASURE TO PARENT(S), CARE PROVIDER(S) AND INDIGENOUS GOVERNING BODY (FORM 10.16.1)

You are receiving this notice because child and family services might be taking a significant measure that will affect a child or youth who you might know.

Your views matter. We believe your involvement and participation is in the best interests of the child or youth.

This form includes the information you need to participate in decisions and planning for the child or youth. We invite you to ask questions, make suggestions, and let us know about your concerns. Everything you say will be considered before a significant measure is taken.

If it is in the child or youth’s best interests to take the proposed significant measure or another significant measure immediately, we will contact you about the significant measures taken as soon as possible. We will tell you why we could not wait. Your views are still important, and we want to discuss them with you as soon as possible to work together as we continue to plan for the child or youth.

The personal information on this form has been collected under the authority of the *Child and Family Services Act* and/or *Access to Information and Protection of Privacy Act*, and is used for the purpose of administering the *Child and Family Services 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:

| Notice Significant Measure to Parent(s), Care Provider(s), and Indigenous Governing Body |
|--|
| Note: A separate form is required for each child/youth, even if more than one child of the same household is subject to significant measure(s). |
| Name of child/youth: |
| Date of Birth (yyyy-mm-dd): |
| Name of Parent(s): |
| Name of Care Provider(s): |
| Name of Indigenous Governing Body: |
| Date of Notice of Significant Measure (yyyy-mm-dd): |
| Date to Respond to the Notice of Significant Measure (yyyy-mm-dd): |

As authorized by the Director of Child and Family Services, under s.51(3)(c) of the NWT’s *Child and Family Services Act*, **I intend to take the significant measure as outlined below** in relation to the above listed child/youth.

If you would like to provide your views about the proposed significant measure, please contact me or my Supervisor/Manager at the contact information listed below.

Intended Significant Measure(s)

Plan of Care Committee and Agreement placing a child/youth out of the home

- ☐ A Plan of Care Committee is being established (s.10(1)(c), 11(3)(c), or 14)
- ☐ A Plan of Care Agreement is being entered into under s.19
- ☐ A Plan of Care Agreement is being reviewed under s.20(1)
- ☐ A Plan of Care Agreement is being extended under s.20(2)
- ☐ Plan of Care Agreement is being terminated under s.13(2)(a)

Apprehension

- ☐ Apprehension of a child (s.10)
- ☐ Apprehension of a child (s. 11)
- ☐ Apprehension of a child (s.31)

Court Process

- ☐ An application to confirm an apprehension (s.12.1)
- ☐ An application for a child protection order (s.28)
 - ☐ Supervision order
 - ☐ Temporary custody order
 - ☐ Permanent custody order
- ☐ An application for a youth protection order (s.29.2)
 - ☐ Temporary custody order
 - ☐ Permanent custody order
- ☐ An application for an extension of a child or youth temporary custody order (s.47(3))
- ☐ An application for an extension of a child or youth permanent custody under (s.48(2))
- ☐ Discharging temporary custody (s.28(9)(c))
- ☐ Discharging permanent custody (s.49)

Withdraw from a court proceeding or returning child to parent

- ☐ Withdrawal of application before apprehension hearing (s.12.6 or 13(2)(b))
- ☐ Return of child to parent after apprehension (less than 72 hours) (s.12)

Out-of-home living arrangement, new placement, or change in placement

- ☐ A child/youth is being placed in an out-of-home living arrangement, is starting a new placement, or is changing placement

Adoption

- ☐ The Director of Adoptions is placing a child or youth with an approved applicant for a departmental adoption (s.18(2) of the *Adoption Act*)
- ☐ The Director of Child and Family Services is consenting to a departmental adoption (s.21 of the *Adoption Act*)

Child and Family Services Contact Information

Name of Child Protection Worker or Authorized Person
(acting on behalf of the Statutory Director):

Business Phone Number:

After-Hours Emergency Phone Number:

Email / Fax Number:

Business Address:

Name of Manager / Supervisor:

Manager / Supervisor Phone Number:

Signature of Child Protection Worker or Authorized Person: