



Plan of Care Agreement & Case Plan

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

Apprehended on, if applicable: month, day, year

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



Section 3 – Plan of Care Committees

Form 3.3.1

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

Ensure the following is up to date:

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

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

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



Section 3 – Plan of Care Committees

Form 3.3.1

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

MEMBERS OF THE PLAN OF CARE COMMITTEE

DATES THE COMMITTEE MET (dd/mm/yyyy)

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

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

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

CIRCUMSTANCES LEADING TO THE PLAN OF CARE AGREEMENT

RISK ASSESSMENT RISK LEVEL

- Low
- Moderate
- High
- Very High

FINAL SAFETY ASSESSMENT DECISION

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



Section 3 – Plan of Care Committees

Form 3.3.1

Unsafe

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

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

(Add additional rows as required)

STRENGTHS

Priority Areas of Strength	Strength Applies to

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

NEEDS

Priority Areas of Need	Need Applies to



Section 3 – Plan of Care Committees

Form 3.3.1

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

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

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

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

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

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

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

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



Section 3 – Plan of Care Committees

Form 3.3.1

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

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

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

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

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

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

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

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



Section 3 – Plan of Care Committees

Form 3.3.1

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

CASE PLAN

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

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

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

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



Section 3 – Plan of Care Committees

Form 3.3.1

CONSENT AND SIGNATURES

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

We, the members listed below, understand that:

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

I, _____
(Parent/Care Provider/Caregiver)

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

(mm-dd-yyyy)

I, _____
(Parent/Care Provider/Caregiver)

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

(mm-dd-yyyy)

I, _____
(Child Protection Worker/Designate)

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

(mm-dd-yyyy)

I, _____
(Supervisor/Manager)

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

(mm-dd-yyyy)

Modification of a Plan of Care Agreement

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

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

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

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

Signatures of Plan of Care Committee members opposed and date:

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

Interpreter(s) and date:

_____ (Interpreter)	_____ (day/month/year)
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Section 5 – Court Procedures

Form 5.3.1

Case Plan Report

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

Apprehended on: month, day, year

(Presented in Court after a child(ren)/youth is declared to be in need of protection.)

Respectfully Submitted By:

(Name of Worker)

Child Protection Worker

(Appointment Number)

(Date that the Report is written)



Section 5 – Court Procedures

Form 5.3.1

Child or Youth's Information *Please ensure you note answers for each child/youth involved in the Case Plan*

Name:	Gender:
Date of Birth/Age:	Birthplace:
CFS Status:	Home Community:
Ethnic Identity:	MatrixNT#:
Health Care #:	Language(s):
Indigenous Organization Membership(s) , if applicable:	First Nation Status Card: Nunavut Inuit Enrolment Card (NTI): Inuvialuit Enrollment Card: Métis Citizenship Card: *If applicable

Parent(s)/Care Provider(s)/Caregiver(s) Name:

Address:

Telephone Number:

Indigenous Organization Membership(s) , if applicable:

Add more rows as required

Placement Name (if applicable):

Address:

Telephone Number:

Sibling(s) Name:

Age(s):

Placement(s), if not together:

Add more rows as required

Ensure the following is up to date:

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

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

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



Section 5 – Court Procedures

Form 5.3.1

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

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

CURRENT CHILD/YOUTH PROTECTION CONCERNS

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

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

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

STRENGTHS

Priority Areas of Strength	Strength Applies to:



Section 5 – Court Procedures

Form 5.3.1

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

NEEDS

Priority Areas of Need	Need Applies to:

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

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



Section 5 – Court Procedures

Form 5.3.1

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

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

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

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

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

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

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

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



Section 5 – Court Procedures

Form 5.3.1

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

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

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

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

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

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

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



Section 5 – Court Procedures

Form 5.3.1

CASE PLAN

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

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

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

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

CONSENT AND SIGNATURES

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



Section 5 – Court Procedures

Form 5.3.1

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

We, the members listed below, understand that:

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

I, _____
(Parent/Care Provider/Caregiver)

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

(day/month/year)

I, _____
(Parent/Care Provider/Caregiver)

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

(day/month/year)

I, _____
(Child Protection Worker/Designate)

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

(day/month/year)

I, _____
(Supervisor/Manager)

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

(day/month/year)



Section 6 – 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)

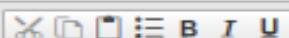
Interviewed or Observed:

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

- A
- B
- C
- D



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

Other:

Select

Interviewed

Observed

Private/Not In Private:

Select

Add

Note:

Text area with rich text editor toolbar (X, B, I, U, etc.)

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

Spell Check

Cancel

Save

Save and Continue



Section 6 – Case Management

Form

6.1.1

Case Note

Purpose:

1. Client Contact

Case Note Date/Time:



Method of Contact:

Select

Contact Location:

Select

Contact With: Other



Interviewed or Observed:

Interviewed

Private/Not In Private:

Select
In Private
Not In Private

Add

Note:

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

Spell Check

Cancel

Save

Save and Continue

After you select “Contact With”, “Interviewed or Observed” and “Private/Not in Private”, you will need to click on “ADD” to add the client to the case note. Also, all other types of case notes appear the same.



Section 6 – Case Management

Form

6.1.1

Case Note

Purpose:

2. General - No Client Contact

Case Note Date/Time:



Note:



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

Spell Check

Cancel

Save

Save and Continue



Section 6 – Placement Services

Form 6.12.1

Case Review (to be completed every 3 months)

Child/Youth's Information	
Name:	Gender:
Date of Birth/Age:	Birthplace:
CFS Status:	Home Community:
Ethnic Identity:	MatrixNT#:
Health Care #:	Language:
Indigenous or or Cultural Organization Membership(s), if applicable:	First Nation Status Card: Nunavut Inuit Enrolment Card (NTI): Inuvialuit Enrollment Card: Métis Citizenship Card: *If applicable
Parent(s)/Care Provider(s)/Caregiver(s) Name: Address: Telephone Number: *Add more rows as required*	
Placement Name (if applicable): Address: Telephone Number:	
Sibling(s) Name: Age(s): Placement, if not together: *Add more rows as required*	
Reporting Period (mm-dd-yyyy):	
Child Protection Worker/Designate:	
WHAT GOALS HAVE BEEN ACHIEVED SINCE SIGNING THE AGREEMENT (VSA, SSA, ESSA, POCA) OR CASE PLAN REPORT FROM THE LAST REVIEW?	



Section 6 – Placement Services

Form 6.12.1

WHAT GOALS ARE IN PROGRESS?

What steps have the child/youth and their parent(s)/care provider(s)/caregiver(s) taken to achieve their outstanding goals or needs?

What goals or needs have not been addressed?

What supports and services do the child/youth and their parent(s)/care provider(s)/caregiver(s) need to achieve their goals and/or address their needs?

WHAT IS THE CURRENT SITUATION WITH THE CHILD/YOUTH, THEIR PARENT(S)/CARE PROVIDER(S)/CAREGIVER(S), SIBLING(S), AND/OR EXTENDED FAMILY?

What is the current situation with the child/youth and their parent(s)/care provider(s)/caregiver(s)?

What has changed for the child/youth and their parent(s)/care provider(s)/caregiver(s), i.e., work, school, friends, housing, medical, dental, optical, counseling, treatment, recreational, family relationships, emotional and social development?

How is the child/youth adjusting to their placement, if applicable? What supports and services do the foster caregiver(s) need to help the child/youth adjust to their placement?



Section 6 – Placement Services

Form 6.12.1

How does the parent(s)/care provider(s)/caregiver(s) feel about the child/youth's out of home placement, if applicable?

How is the child/youth's relationship with their parent(s)/care provider(s)/caregiver(s), sibling(s) and/or extended family being maintained? What is the type and frequency of access, and how is it progressing?

What service providers are involved in joint service planning for the child/youth and their parent(s)/care provider(s)/cargiver(s), (i.e., IGB, cultural organization, Mental Health Counsellor, etc.)? How are they supporting the child/youth and their parent(s)/care provider(s)/caregiver(s) to achieve their goals?

WHAT IS THE REUNIFICATION PLAN? (If child/youth is placed out of the home)

What needs to occur for the safe return of the child/ youth to their parent(s)/care provider(s)/caregiver(s) care?

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

How can the applicable Aboriginal organization, Indigenous Government or cultural organization support the safe return of the child/youth to their parent(s)/care provider(s)/caregiver(s) care?



Section 6 – Placement Services

Form 6.12.1

WHAT IS THE ALTERNATIVE LONG-TERM PLACEMENT PLAN?

What is the alternative long-term placement plan for the child/youth if they cannot be safely returned to the care of their parent/care provider(s)/caregiver(s) within the timelines set out in their POCA out of the Home or Temporary Custody Order?

- Placement with another parent/care provider/caregiver (by consent or court order)
- Placement with Extended Family or Significant Other(s)
- Custom Adoption
- Continuing Placement with Foster Caregiver(s)
- Care Providership Agreement or Order

If the child/youth is not placed with the other parent/care provider/caregiver (by consent or court order), extended family, adults from the child/youth's Indigenous/cultural community or adults from another Indigenous community, what is the plan for ongoing reassessment for family reunification OR placement with the other parent/care provider/caregiver, extended family or adults significant to the child/youth?

What does the child/youth identify as their goals for the future?

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

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

What needs to occur for the child/youth to achieve their long-term plan, if applicable?



Section 6 – Placement Services

Form 6.12.1

Date Review Completed (mm-dd-yyyy):

Date for next Review (mm-dd-yyyy):

- The child/youth's needs have been re-assessed and the Specialized Needs Assessment has been updated as required.
- The SDM® Household Strengths and Needs Assessment (HSNA) has been re-assessed and updated as required.

Signatures reflect agreement with the information contained with this Case Review (if a signature is unavailable, state why).

Child Protection Worker/Designate

Child Protection Worker/Designate Signature

(mm-dd-yyyy)

Supervisor/Manager

Supervisor/Manager Signature

(mm-dd-yyyy)



Section 9-Concurrent and Long-Term Planning

Form 9.1.2

Cultural Support Plan



The Cultural Support Plan ensures cultural supports of every child/youth in the care of the Director of Child and Family Services are recognized, promoted, and preserved. It further recognizes the transmission of languages, cultures, practices, customs, traditions, ceremonies, and knowledge of Indigenous peoples as essential to the health and well-being of every Indigenous child/youth. The purpose is to ensure the child's/youth's connection to their family, culture, and community is maintained.

CHILD/YOUTH'S INFORMATION	
Name: Traditional Name (if applicable):	Gender:
Date of Birth/Age:	Birthplace:
CFS Status:	Home Community:
Ethnic Identity:	MatrixNT#:
Health Care #:	Language:
Indigenous or Cultural Organization Membership(s), if applicable:	*If applicable First Nation Status Card: Nunavut Inuit Enrolment Card (NTI): Inuvialuit Enrollment Card: Métis Citizenship Card:
Extended Family and/or Significant Person(s): Physical/Mailing Address:	Extended Family and/or Significant Person(s): Physical/Mailing Address:
Email: Telephone Number:	Email: Telephone Number:



Section 9-Concurrent and Long-Term Planning

Form 9.1.2

HISTORY OF BIOLOGICAL AND/OR ADOPTIVE MOTHER'S HOME COMMUNITY:

1. What is the biological and/or adoptive mother's family name?
2. If Indigenous, is the biological and/or adoptive mother registered or eligible to be registered with an applicable Aboriginal organization or Indigenous governing body?
3. If Non-Indigenous, what ethnic group does the biological and/or adoptive mother identify with?
4. What cultural practices (values, beliefs, traditions, etc.) are important in the biological and/or adoptive mother's family? *E.g., land-based activities, occasional family gatherings, ceremonies, traditional foods, traditional regalia, music etc.*
5. Are there any extended family members (*uncles, aunties, cousins*), community Elders or local supportive persons (*friends, neighbors*) able to collaborate in maintaining and strengthening the child/youth's connections to their family, community, and culture?

HISTORY OF BIOLOGICAL AND/OR ADOPTIVE FATHER'S HOME COMMUNITY:

1. What is the biological and/or adoptive father's family name?
2. If Indigenous, is the biological and/or adoptive father registered or eligible to be registered with an applicable Aboriginal organization or Indigenous governing body?
3. If Non-Indigenous, what ethnic group does the biological and/or adoptive father identify with?
4. What cultural practices (values, beliefs, traditions, etc.) are important in the biological and/or adoptive father's family? *E.g., land-based activities, occasional family gatherings, ceremonies, traditional foods, traditional regalia, music etc.*
5. Are there any extended family members (*uncles, aunties, cousins*), community Elders or local supportive persons (*friends, neighbors*) able to collaborate in maintaining and strengthening the child/youth's connections to their family, community, and culture?

CHILD/YOUTH BIRTH HISTORY AND HISTORY OF COMMUNITY WHERE THE CHILD/YOUTH WAS BORN:

1. Provide a brief history of the child/youth's birth (*where it happened, general health, who was present, season/time of year, naming etc.*)
2. Gather information on the history of the child/youth's birth community from the parent(s)/family members/Elders/care provider(s)/caregiver(s)/official community website (if applicable). Capture pre-colonial, colonial, and post-colonial history, if possible.



Section 9-Concurrent and Long-Term Planning

Form 9.1.2

ETHNIC GROUP HISTORY (origin, historical figures/local elders, spirituality, language, lineage, contributions, etc.):

1. Gather information on the history of the child/youth's ethnic group from the parent(s)/family members /Elders/care provider(s)/caregiver(s)/official Ethnic Group website (if applicable) on aspects they believe are important to their ethnic group's history.

INDIVIDUAL CULTURAL JOURNEY:

1. Is there anyone that the child/youth respects and would like to spend time within their community (i.e., Elder, cousins, aunt, uncle, neighbor etc.)? In what ways are these individuals able to provide support to the child/youth?
2. What does the child/youth know about their family's religion, ancestry, history, storytelling, culture, heritage, and spiritual beliefs?

CULTURAL PROGRAM/ACTIVITY	CHILD/YOUTH INTEREST Y/N	RESPONSIBILITY	ACTIONS (How will the activity be planned & accomplished?)	TIMEFRAME
<i>Example: Sewing Class</i>	Y	<i>Child Protection Worker & Youth</i>	<i>Step 1: Child Protection Worker & Youth will complete research. Step 2: Option (s) will be outlined. Step 3: Child Protection Worker will present options to Supervisor Result:</i>	<i>Within 6 months of the Cultural Support Plan</i>
Accessing cultural foods/meals				
Access to traditional clothing or other significant cultural regalia				
Elder/Aunty Connections				
On-the-land Program				
Language Class, incorporating language in everyday life, language mentor				
Traditional Activities: <i>(Examples can include, but not limited to)</i> <i>-Sewing, arts, carving, beading, cooking, dancing, drum dancing, sweat lodge ceremony, story-telling, traditional medicine, berry picking, Indigenous group history, arts,</i>				



Section 9-Concurrent and Long-Term Planning

Form 9.1.2

<i>Indigenous traditional games, traditional healing, fishing/hunting)</i>				
Seasonal harvesting of cultural foods: <i>(Examples can include, but not limited to)</i> <ul style="list-style-type: none">• <i>First wildlife (whale, caribou, rabbit etc.) harvest and processing</i>• <i>First time helping gut/fillet fish or prepare muktuk/dry fish</i>• <i>Berry picking/processing</i>• <i>Sharing of harvested foods to elders, community etc.</i>				
Attendance and participation in Indigenous ceremonial activities/traditional community gatherings, community events i.e., Canoe Days, Jamborees, Music Festivals, Cultural Gatherings				
Participation in cultural workshop				
Access to Indigenous newsletters, Youth Friendship Centre, Youth conference, Youth Camp				
Visit(s) to Home Community				
1. Apart from activities noted above, are there other activities the child/youth is interested in participating?				
2. Who will support these activities? (Child Protection Worker, biological/adoptive parent(s)/care provider, extended family, foster caregiver(s), teacher, etc.)?				
3. What are the potential barriers to accessing these activities and how will they be addressed?				
4. How will support be provided to participate in these activities?				



Section 9-Concurrent and Long-Term Planning

Form 9.1.2

CULTURAL SUPPORT RESOURCES:

Document the **supporting individuals** outlined by the **father, mother, and child/youth** who could collaborate with the child/youth in maintaining and strengthening their connection to their family, community, and culture?

SUPPORTING INDIVIDUALS (friends, cousins, etc.), AAO/IGB FOR THE CHILD/YOUTH	RELATIONSHIP TO THE CHILD/YOUTH	CONTACT INFORMATION /CONTACT DATES	HOW WILL THIS INDIVIDUAL/GROUP SUPPORT THE CHILD/YOUTH IN MAINTAINING A CONNECTION TO THEIR CULTURE AND IDENTITY?	RESOURCES NEEDED TO SUPPORT CHILD/YOUTH (financial, material, etc.)

SIGNATURES:

We, the members listed below, understand that by signing our name below, we are stating we have reviewed the Cultural Support Plan in its entirety and agree with it. (If a signature is unavailable, state why).

Parent/Care Provider/Caregiver

Parent/Care Provider/Caregiver Signature

(mm-dd-yyyy)

Parent/Care Provider/Caregiver

Parent/Care Provider/Caregiver Signature

(mm-dd-yyyy)

Child 12 years or older

Child 12 years or older Signature

(mm-dd-yyyy)

AAO or IGB Representative

AAO or IGB Representative Signature

(mm-dd-yyyy)

Child Protection Worker/Designate

CPW/Designate Signature

(mm-dd-yyyy)

Supervisor/Manager

Supervisor/Manager Signature

(mm-dd-yyyy)



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)



Invitation à participer au processus de planification des dossiers des enfants ou des adolescent (mesure non contraignante)

NOM :

GOUVERNEMENT :

COLLECTIVITÉ :

ADRESSE :

Madame,
Monsieur,

En vertu de la *Loi concernant les enfants, les jeunes et les familles des Premières Nations, des Inuits et des Métis* (fédéral), le directeur des Services à l'enfance et à la famille (SEF) s'est engagé à offrir des programmes et des services destinés aux enfants et aux adolescents en collaboration avec les corps dirigeants ou les organisations autochtones concernés. Cet engagement est conforme aux pratiques exemplaires visant à améliorer la satisfaction des patients et des collectivités, comme mentionné dans le document du ministère de la Santé et des Services sociaux *Votre bien-être, notre priorité : Plan d'action sur le respect de la culture de 2018 à 2020*, ainsi qu'aux principes de l'article 2 de la *Loi sur les services à l'enfance et à la famille* et des articles 9 et 10 de la loi fédérale.

Vous recevez cette lettre parce que les responsables des SEF travaillent avec un enfant ou un adolescent que vous connaissez peut-être, et que cet enfant ou adolescent, ses parents ou ses fournisseurs de soins ont consenti à ce que les SEF vous invitent à participer à son processus de planification des services de prévention ou à devenir membre du comité chargé de son projet de prise en charge.

Votre opinion est importante. L'enfant ou l'adolescent, ses parents ou ses fournisseurs de soins pensent qu'il bénéficierait de votre soutien, et nous sommes d'avis que votre implication et votre participation seraient dans son intérêt. Vous trouverez ci-joint les informations initiales dont vous avez besoin pour participer à la prise de décision et à la planification pour l'enfant ou l'adolescent. Si vous souhaitez participer et lui offrir votre soutien dans le processus de prise en charge, veuillez me contacter ou contacter mon superviseur ou mon gestionnaire à l'aide des coordonnées indiquées ci-dessous avant la réunion initiale de planification (identifié ci-dessous).

Les renseignements personnels contenus dans ce formulaire ont été recueillis en vertu de la *Loi sur les services à l'enfance et à la famille* ou de la *Loi sur l'accès à l'information et la protection des renseignements personnels* et sont utilisés aux fins de l'application de la *Loi sur les services à*



Section 10 - Administration

Formulaire 10.15.1

l'enfance et à la famille. Ces renseignements sont divulgués en vertu de la législation fédérale intitulée *Loi concernant les enfants, les jeunes et les familles des Premières Nations, des Inuits et des Métis*. Toute question concernant la collecte, l'utilisation ou la divulgation de renseignements doit être transmise à

Coordonnées de l'enfant ou de l'adolescent

Remarque : Un formulaire séparé doit être rempli pour chaque enfant ou adolescent.

Nom de l'enfant ou de l'adolescent :	
Date de naissance (AAAA-MM-JJ)	
Nom du ou des parent(s) (s'il y a lieu) :	
Nº de tél. du ou des parent(s) (s'il y a lieu) :	
Nom du ou des fournisseur(s) de soins (s'il y a lieu) :	
Nº de tél. du ou des fournisseur(s) de soins (s'il y a lieu) :	
Nom du corps dirigeant autochtone (s'il y a lieu) :	
Nom de l'organisation autochtone (s'il y a lieu) :	
Service proposé :	<input type="checkbox"/> Accord de services de soutien volontaires <input type="checkbox"/> Accord de services de soutien <input type="checkbox"/> Accord concernant le projet de prise en charge (à la maison) qui exige un comité chargé du projet de prise en charge <input type="checkbox"/> Accords de services de soutien prolongés
Date de la réunion initiale de planification de la gestion de cas (AAAA-MM-JJ) :	
Signature de l'adolescent, si âgé de plus de 16 ans :	



Section 10 - Administration

Formulaire 10.15.1

Signature du ou des parent(s) (s'il y a lieu) :	
Signature du ou des fournisseur(s) de soins (s'il y a lieu) :	
Coordonnées des Services à l'enfance et à la famille	
Nom du préposé à la protection de l'enfance ou de la personne autorisée (agissant au nom du directeur statutaire) :	
Téléphone :	
Adresse :	
Numéro de téléphone d'urgence en dehors des heures de bureau :	
Courriel ou numéro de télécopieur :	
Nom du gestionnaire ou superviseur :	
Numéro de téléphone professionnel du gestionnaire ou superviseur :	
Signature du préposé à la protection de l'enfance ou de la personne autorisée :	



Invitation to Participate in Case Planning Process for Children/Youth/Young Person (non-significant measure)

NAME:
GOVERNMENT:
COMMUNITY:
ADDRESS:

Dear:

Under the Federal Act, *An Act respecting First Nations, Inuit, and Métis children, youth and families*, the Director of Child and Family Services (CFS) is committed to collaborating and engaging with Indigenous governing bodies (IGB) and/or applicable Aboriginal organizations on programs and services for children/youth/young persons. This engagement and collaboration is in accordance with best practices to improve Client and Community Experience as referenced in the Department of Health and Social Services Caring for our People: Cultural Safety Action Plan 2018-2020 as well as upholds the principles in section 2 of the Child and Family Services Act and sections 9 and 10 of the Federal Act.

You are receiving this letter because CFS is working with a child/youth/young person you may know and they or their parent(s)/care provider(s) have consented to CFS extending an invitation to you to engage in their prevention service planning process or to become a member of their Plan of Care Committee.

Your views matter. The child/youth/young person and/or parent(s)/care provider(s) believe they would benefit from your support and we believe your involvement and participation is in their best interest. Please see the initial information you need to participate in decision-making and planning for the child/youth/young person attached. If you would like to participate and offer support to the child/youth/young person in the case planning process, please contact myself or my Supervisor/Manager at the contact information listed below prior to the initial case planning meeting (identified below).

The personal information on this form has been collected under the authority of the *Child and Family Services Act* (CFS Act) and/or *Access to Information and Protection of Privacy Act*, and is used for the purpose of administering the CFS Act. This information is being disclosed under the federal legislation *An Act respecting First Nations, Inuit, and Métis children, youth and families*. Any questions about the collection, use, or disclosure of information should be directed to:



Section 10 - Administration

Form 10.15.1

Identifying Information	
Note: A separate form is required for each child/youth/young person	
Name of child/youth/young person:	
Date of birth (yyyy-mm-dd):	
Name of Parent(s) (if applicable):	
Phone Number for Parent(s) (if applicable):	
Name of Care Provider(s) (if applicable):	
Phone Number for Care Provider(s) (if applicable):	
Name of Indigenous Governing Body (if applicable):	
Name of Aboriginal Organization (if applicable):	
Proposed Service:	<input type="checkbox"/> Voluntary Services Agreement (VSA) <input type="checkbox"/> Support Services Agreement (SSA) <input type="checkbox"/> Plan of Care Agreement (in-the-home) requiring a Plan of Care Committee <input type="checkbox"/> Extended Support Services Agreement (ESSA)
Date of Initial Case Planning Meeting (yyyy-mm-dd):	
Signature of youth/young person (16+ years) (if applicable):	
Signature of Parent (s) (if applicable):	
Signature of Care Provider (s) (if applicable):	



Section 10 - Administration

Form 10.15.1

Child and Family Services Contact Information	
Name of Child Protection Worker/Designate (acting on behalf of the Statutory Director):	
Business Phone Number:	
Business Address:	
After-Hours Emergency Phone Number:	
Email/Fax Number:	
Name of Supervisor/Manager:	
Business Phone Number of Supervisor/Manager:	
Signature of Child Protection Worker/Designate:	



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 pouvions 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 :
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Courriel ou numéro de télécopieur :

Adresse :	
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Nom du gestionnaire ou superviseur :	Numéro de téléphone professionnel du gestionnaire ou superviseur :
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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:	