



**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\*

<b>Name:</b>	<b>Gender:</b>
<b>Date of Birth/Age:</b>	<b>Birthplace:</b>
<b>CFS Status:</b>	<b>Home Community:</b>
<b>Ethnic Identity:</b>	<b>MatrixNT#:</b>
<b>Health Care #:</b>	<b>Language(s):</b>
<b>Indigenous Organization Membership(s) , if applicable:</b>	<b>First Nation Status Card:</b> <b>Nunavut Inuit Enrolment Card (NTI):</b> <b>Inuvialuit Enrollment Card:</b> <b>Métis Citizenship Card:</b> <b>*If applicable</b>
<b>Parent(s)/Care Provider(s)/Caregiver(s) Name:</b> <b>Address:</b> <b>Telephone Number:</b> <b>Indigenous Organization Membership(s) , if applicable:</b>  <b>*Add more rows as required*</b>	
<b>Placement Name (if applicable):</b> <b>Address:</b> <b>Telephone Number:</b>	
<b>Sibling(s) Name:</b> <b>Age(s):</b> <b>Placement(s), if not together:</b>  <b>*Add more rows as required*</b>	

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:

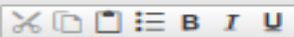
Interviewed

Private/Not In Private:

Select

Add

Note:



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

Spell Check

Cancel

Save

Save and Continue



**Form 6.1.1**

Select

1. Client Contact
2. General - No Client Contact
3. Supervisory Consultation
4. Legal Consultation
5. Case Transfer

		
--	---	---

Select 

Interviewed 

Select

**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



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:**  

**B** *I* U

**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





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)

## 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)



## Section 9-Concurrent and Long-Term Planning

## Form 9.1.2

# Cultural Support Plan



The Cultural Plan will support any child or youth in connecting with their identified community or organizations and facilitate cultural supports. Furthermore, the Cultural Support Plan should contain the young person's details, kinship circles, cultural links and significant family information.

### Child/Youth's Information

Name:	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:

### Significant Person(s)/Connections and Relationship to Child/Youth:

#### HISTORY OF BIOLOGICAL MOTHER'S HOME COMMUNITY:

1. What is biological mother's family name?



## Section 9-Concurrent and Long-Term Planning

## Form 9.1.2

2. If Indigenous, what organization does the biological mother belong to? If Non-Indigenous, what ethnic groups does the biological mother identify with?

3. What cultural practices (values, beliefs, traditions, etc.) are important in the biological mother's family?

4. Are there any extended family members and/or community Elders or local supportive persons able to collaborate in maintaining and strengthening the child or youth's connections to their community and culture?

### **HISTORY OF BIOLOGICAL FATHER'S HOME COMMUNITY:**

1. What is biological father's family name?

2. If Indigenous, what organization does the biological father belong to? If Non-Indigenous, what ethnic groups does the biological father identify with?

3. What cultural practices (values, beliefs, traditions, etc.) are important in the biological father's family?

4. Are there any extended family members and/or community Elders or local supportive persons able to collaborate in maintaining and strengthening the child or youth's connections to their community and culture?

### **HISTORY OF COMMUNITY WHERE THE CHILD/YOUTH WAS BORN:**

1. Discuss with the parent/care provider/caregiver(s) the history of the child or youth's community of origin.

### **ETHNIC GROUP HISTORY (founding persons, lineage, contributions, etc.):**

1. Discuss with the parent/care provider/caregiver(s) and/or significant other(s) aspects they believe are important to their ethnic group's history.





## Section 9-Concurrent and Long-Term Planning

## Form 9.1.2

### INDIVIDUAL CULTURAL JOURNEY:

1. What does the child/youth know about their family's religion, ancestry, history, story-telling, culture, heritage, and spiritual beliefs?
2. If appropriate, what "cultural" activities does the child/youth personally identify with and enjoy? What do they value and what is the "way of life" for them and their family/community? (i.e., being on the land, beading, drumming, sewing, local ceremonies, cooking etc.)
3. What types of activities would the child/youth like to learn more about or participate in and how often? *\*The worker should encourage the child/youth to reflect on this and seek input from others involved in the Concurrent or Long-Term Plan.*
4. Who will support these activities (Child Protection Worker, biological parent(s),/care provider, extended family, foster caregiver(s), teacher, etc.)? How will support be provided to participate in these activities?
5. Is there anyone that the child/youth respects and would like to spend time within their community (i.e., Elder, cousins, aunt, uncle etc.)? In what ways are these individuals able to provide support to the child or youth?
6. If applicable, how will the applicable Aboriginal organization and/or Indigenous Governing Body (IGB) and/or or other cultural organization support the child/youth in maintaining a connection their culture and their cultural identity?

### COMMENTS:



## Section 9-Concurrent and Long-Term Planning

## Form 9.1.2

### 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)

\_\_\_\_\_  
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 9.1.3

## 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)



Section #9 Concurrent and Long-Term Planning

Form 9.2.1

## Transition Plan

*Complete the Transition Plan for all youth who are PCO status at least six (6) months before a youth reaches the age of 16 years old (and does not require supports and services after the age of 16 years old) OR six (6) months before a young adult reaches the age majority (19 years old).*

### Youth or Young Adult's Information

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

Current Placement:  
Address:  
Telephone Number:

Parent(s)/Care Provider(s)/Caregiver(s) Name:  
Address:  
Telephone Number:  
Indigenous Organization Membership, if applicable:  
  
\*add more rows as required\*

Sibling(s) Name:  
Age(s):  
Placement, if not together:  
Indigenous Organization Membership, if applicable:  
  
\*add more rows as required\*

Child Protection Worker/Designate:

### WHO ARE THE MEMBERS OF THE TRANSITION PLAN?



Section #9 Concurrent and Long-Term Planning

Form 9.2.1

WHAT DOES THE YOUTH/YOUNG ADULT IDENTIFY AS THEIR LONG-TERM GOAL(S) AND AMBITION(S)?

WHAT DOES THE YOUTH/YOUNG ADULT IDENTIFY AS THEIR EDUCATION AND/OR EMPLOYMENT NEEDS?

WHAT DOES THE YOUTH/YOUNG ADULT IDENTIFY AS THEIR FINANCIAL PLAN (consider how youth/young adult will earn income, application for income support, obtain bank card, etc.)?

WHAT DOES THE YOUTH/YOUNG ADULT IDENTIFY AS THEIR PLACEMENT AND ACCOMMODATION PLAN?

HOW DOES THE YOUTH/YOUNG ADULT PLAN TO MAINTAIN THEIR FAMILIAL RELATIONSHIPS AND/OR CULTURAL CONNECTIONS?



**Section #9 Concurrent and Long-Term Planning**

**Form 9.2.1**

**WHO DOES THE YOUTH/YOUNG ADULT IDENTIFY AS THEIR SUPPORT NETWORK (who can the youth/young adult contact for assistance or support when needed)?**

**WHAT LIFE SKILL(S) DOES THE YOUTH/YOUNG ADULT IDENTIFY AS NEEDING SUPPORT WITH (cooking, household maintenance, financial responsibility, job applications, parenting, etc.)?**

**IDENTIFY THE INDIVIDUALS, SERVICES, AND PROGRAMS AVAILABLE TO SUPPORT THE YOUTH/YOUNG ADULT IN ACHIEVING THEIR GOAL(S)**

**HOW WILL CHILD AND FAMILY SERVICES SUPPORT THE YOUTH/YOUNG ADULT IN ACHIEVING THEIR GOALS?**

**HOW WILL THE APPLICABLE ABORIGINAL ORGANIZATION(S), INDIGENOUS GOVERNING BODY(S) OR CULTURAL ORGANIZATION(S) SUPPORT THE YOUTH OR YOUNG ADULT IN ACHIEVING THEIR GOALS?**





**Section #9 Concurrent and Long-Term Planning**

**Form 9.2.1**

**DESCRIBE/DEFINE ANY LEGAL CONSIDERATIONS INCLUDING A PLAN FOR RESOLUTION OF ANY OUTSTANDING LEGAL REQUIREMENT.**

**SUMMARIZE THE OUTSTANDING STEPS REQUIRED TO IMPLEMENT THE TRANSITION PLAN (making reference to specific timelines, include outstanding referrals/services needed, contact information for other key formal and informal supports and upcoming planning meetings required between them, the Youth and the Child Protection Worker/Designate, financial accountability expectations, etc.)**

**Date Transition Plan Created(mm-dd-yyyy):**

**Date Transition Plan will be reviewed (mm-dd-yyyy):**

**Signatures reflect agreement with the information contained with this Transition Plan (if a signature is unavailable, state why).**

\_\_\_\_\_  
Youth/Young Adult Name

\_\_\_\_\_  
Youth/Young Adult Signature

\_\_\_\_\_  
(day/month/year)

\_\_\_\_\_  
Child Protection Worker/Designate

\_\_\_\_\_  
Child Protection Worker/Designate Signature

\_\_\_\_\_  
(day/month/year)

\_\_\_\_\_  
Supervisor/Manager

\_\_\_\_\_  
Supervisor/Manager Signature

\_\_\_\_\_  
(day/month/year)



## Section 9 - Concurrent and Permanency Planning

## Form 9.5.1

# Long-Term Plan

Use for a child/youth with a Permanent Custody Status

### Child /Youth's Information

Name:	Gender:
Date of Birth/Age:	Birth Place:
CFS Status:	Home Community:
Ethnic Identity:	MatrixNT#:
Health Care #:	Language(s):
Indigenous Organization Membership, 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(s)/Care Provider(s)/Caregiver(s) Name:  
Address:  
Telephone Number:  
Indigenous Organization Membership, if applicable:

\*Add more rows as required\*

Sibling(s) Name:  
Age(s):  
Placement, if not together:  
Indigenous Organization Membership, if applicable:

\*Add more rows as required\*

Date Long-Term Plan was created (mm-dd-yyyy):

Child Protection Worker/Designate:

### Long-Term Placement Plan

- ☐ Placement with Extended Family or Significant Other(s)
- ☐ Departmental Adoption
- ☐ Custom Adoption
- ☐ Continuing Placement with Foster Care provider(s)
- ☐ Guardianship Agreement or Order
- ☐ Transition to Independence

\*\*\* Out of Territory Treatment Placements are not to be considered as a Permanency Plan\*\*\*

### NEEDS AND GOALS



## Section 9 - Concurrent and Permanency Planning

## Form 9.5.1

*What does the child or youth identify as their immediate needs, and where do they see themselves in the future (ie. graduating high school, continuing education, living on the land, becoming involved in their community, working in a particular career, etc)?*

*What hopes does the parent(s)/care provider(s)/caregiver(s) identify for their child's future (ie. graduating high school, continuing education, living on the land, becoming involved in their community, working in a particular career, etc)if applicable?*

*If the child/youth is not placed with a family member, what is the plan for ongoing reassessment of potential family reunification OR placement with extended family?*

### TASK(S)

*What are the steps the child/youth will take to meet their goals of their long term plan?*

*What are the steps the parent/care provider/caregiver(s) will take to support their child/youth in meeting the goals of their long term plan (if appropriate).*

*How will the Child Protection Worker/Designate support the implementation of the child/youth's long term plan?*

*How will the applicable Aboriginal organization or Indigenous Governing Body (IGB) or other cultural organization support the implementation of the child/ youth's long term plan?*



## Section 9 - Concurrent and Permanency Planning

## Form 9.5.1

### MEASURES OF ACHIEVEMENT

DATE COMPLETED (mm-dd-yyyy):

DATE THE LONG TERM PLAN WILL BE REVIEWED (mm-dd-yyyy):

Signatures reflect agreement to the goals and tasks within this Long-Term Plan (if a signature is unavailable, state why).

\_\_\_\_\_  
Parent/Care provider/Caregiver

\_\_\_\_\_  
Parent/Care provider/Caregiver(s) 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)

\_\_\_\_\_  
Child Protection Worker/Designate

\_\_\_\_\_  
Child Protection Worker/Designate Signature

\_\_\_\_\_  
(mm-dd-yyyy)

\_\_\_\_\_  
Supervisor/Manager

\_\_\_\_\_  
Supervisor/Manager Signature

\_\_\_\_\_  
(mm-dd-yyyy)

**Adoption Placement Plan**

Name of Child:	Date of Birth:	Gender:
Name of Adoptive Family:		
Pre-Placement Visits Required: (indicate frequency, locations, whether overnight or day visit, etc.)		
Date Agreed Upon for Placement of the Child:		
Foster Family Information to Assist with Placement:		
Date Child Protection Worker or Adoption Worker advised Foster Family of Adoptive Placement Plans:		

## Approval of the Director of Child and Family Services

**CHILD:**

**DATE OF BIRTH:**

I, \_\_\_\_\_, the Director of Child and Family Services for the Northwest Territories:

STATE THAT the above-named child is considered available for an adoption placement as all the information and documentation required by the *NWT Child and Family Services Act, Adoption Act and Adoption Regulations*, and Adoption Practice Standards has been provided.

Dated this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

---

Signature of the Director of Child  
and Family Services

cc: Child Protection Worker  
Health and Social Services Authority

## Child Assessment for Adoption Placement Update

Name:	Date of Birth:	Gender:
Date of Permanent Custody Order:	Conditions of Permanent Custody Order:	
Child Protection Worker's Name:	Current Placement:	
Name of Proposed Adoptive Family:		

### A. Best Interest Criteria

Provide a Narrative for each of the following factors:

#### 1. Physical, Mental and Emotional Needs

- a. Medical, dental, mental health concerns and diagnoses
- b. Education, progress or problems
- c. The child's sense of self, family and community
- d. The child's cultural identity
- e. Issues or concerns expressed by the child
- f. Significant social or emotional attachments (family, caregiver, birth parents, siblings)
- g. Information about behaviour and personal characteristics
- h. Life Skills

**2. Child's Development and Security as a Member of a Family**

- a. Will contact with siblings/birth family continue after adoption placement? If not, please explain?
- b. What are the child's perceptions of his or her previous foster parent(s) and/or other significant individuals?
- c. Describe the nature of any adoptive parenting difficulties or barriers.

**3. Birth Family Relationship(s)**

- a. Explain how any grief and/or loss issues were addressed and/or resolved if the child will have no further contact with his or her birth family.



**4. Maintaining the Child's Cultural, Linguistic and Spiritual Ties**

- a. What are the child's cultural, linguistic or spiritual ties?
- b. How has the adoptive family respected and maintained the traditions and heritage of the child?

**5. Birth Child's Views Regarding the Adoption by the Potential Adoptive Parent(s)**

- a. Describe the child's feelings about being adopted by the proposed adoptive family.
- b. Assess the child's attachment to the proposed family.
- c. Describe the child's readiness for his or her adoption.

**6. Parents views and preferences**

- a. Describe the birth parent(s) views on the adoption of their child to the proposed adoptive family if contact will continue after their parental rights have been terminated.

**Check off the appropriate box below and then provide the reasons given by the adoptive parent(s) (or child protection worker) to waive, reduce or extend the adoption probation period.**

- ☐ **WAIVING**
- ☐ **REDUCING**
- ☐ **EXTENDING**

**This update must include the reasons why the recommended action is considered to be in the child's best interest;**

\_\_\_\_\_  
**Approval of Director of Child & Family  
Services**

\_\_\_\_\_  
**Date**

Both the Child Protection Worker and the Supervisor must sign the Child Assessment for Adoption Placement Update.

\_\_\_\_\_  
Signature of Child Protection Worker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

**Forward to:**  
**Adoption Practice Specialist/Registrar**  
**Department of Health and Social Services**  
**Government of the Northwest Territories**  
**P.O. Box 1320 CST-6**  
**Yellowknife NT, X1A 2L9**

## Child Assessment for Adoption Placement

*The personal information requested on this form is collected under the authority of the NWT Adoption Act. This information is protected by the confidentiality provisions of the NWT Adoption Act. If you have any questions about the collection or use of the information, please contact the Adoptions Registrar, Department of Health and Social Services.*

### SECTION I – Identifying Information

*(This information is for the Adoptions Registry and is not for release)*

Name:	Date of Birth:	Gender
Date of Permanent Custody Order:	Ancestry/Ethnicity:	
Child Protection Worker's Name:	Date this form was completed:	

#### Birth Family Information:

##### Birth Mother:

Name:	Last Known Address:
Maiden Name (if applicable):	
Date of Birth:	

##### Birth Father:

Name:	Last Known Address:
Date of Birth:	

**Siblings:**

Name:	Legal Status:	Date of Birth:	Name Person Living With/ Relationship (Identify Foster Home):

**Placement History**

Date of Placement:	Date of Removal	Type of Placement:	Name:	Address:	Reason for Removal

(Place in order of present to past.)

**SECTION II – Non-Identifying Information**

Child's First Name:	Date of Birth:
Ancestry/Ethnicity:	Gender:
Place of Birth:	

*Note: This material will be shared with prospective adoptive parents. Do not include identifying information about the parents (use only the child's first name and family association in relationship to the child) in this section.*

**Events Leading to Permanent Custody**

**Birth Parent's History**

- Mother
- Father

**Child's History**

**Placement History**

**Best Interest Criteria**

1. Physical, mental and emotional needs
2. The importance of the child's development and security as a member of a family
3. Placement With family or extended family
4. Maintaining the child's cultural, linguistic and spiritual ties
5. Child's views and preferences regarding adoption characteristics of potential adoptive family
6. Parent's views and preferences  
*\*If birth parents' access exists in the Permanent Order, assess whether this should change.*

7. Progress toward adoption
8. Recommendations regarding adoptive placement
9. Attachments as required by section 41 (1) of the *NWT Adoption Act*

**Regulations:**

- ☐ Certified copy of Permanent Custody Order
- ☐ Certified copies of Registration of Live Birth (2)
- ☐ Child's Birth Family Medical and Social history
- ☐ Medical information, assessments or psychological reports
- ☐ Photographs
- ☐ Notice to an Aboriginal organization on intention to place a child for adoption (if applicable)
- ☐ Documents pertaining to the child's Aboriginal status (if applicable)
- ☐ Rationale for Subsidy Based on Child's Special Needs
- ☐ Copy of Health Care Card
- ☐ Genogram

Both the Child Protection Worker and Supervisor must sign the Child Assessment for Adoption Placement.

\_\_\_\_\_  
Signature of Child Protection Worker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

**Forward to:**

**Adoption Practice Specialist/Registrar  
Department of Health and Social Services  
Government of the Northwest Territories  
P.O. Box 1320 CST-6  
Yellowknife NT, X1A 2L9**

## Child's Birth Family Medical and Social History

*The personal information requested on this form is collected and protected under the authority of the Adoption Act. If you have any questions about the collection or use of the information, please contact the Director of Adoptions, Department of Health and Social Services.*

### Part 1 – Background Identifying Information

The identifying information in PART 1 will not be given to the prospective adoptive parents. It will be retained by the Department of Health and Social Services. The Adoption Worker will remove this page before providing the document to the prospective adoptive parents.

Birth Mother		
Last Name	Given Names	Maiden Name (if different)
Date of Birth	Birth Place	
Present Address		
Permanent Address	Telephone	Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Mother's Parents	Last Name	Given Name
	Last Name	Given Name

Birth Father	
Last Name	Given Names
Date of Birth	Birth Place



--	--

Present Address		
Permanent Address	Telephone	Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Father's Parents	Last Name	Given Name
Last Name		Given Name

Other Children born to Either Birth Parent				
Last Name	Given Name	Birth Date	Gender	With whom does the child live?

Have any of the above children been placed for adoption? ☐ Yes ☐ No

If yes, which Child(ren)?
---------------------------

## Part 2 – Birth Parent Social History

Completed by

- ☐ Birth Mother
 ☐ Child Protection Worker/Adoption Worker  
☐ Birth Father
 ☐ Other \_\_\_\_\_

Information on:

- ☐ Birth Mother
 ☐ Birth Father

Birth Mother's Age at the time of child's birth	Birth Father's Age at the time of child's birth
---	---

If Aboriginal, Specify:

- ☐ First Nation
 ☐ Metis
 ☐ Inuit
 ☐ Inuvialuit
 ☐ Gwich'in
 ☐ Uncertain
- Band Name: \_\_\_\_\_  
 Band Number: \_\_\_\_\_  
 Registered  
☐ Yes
 ☐ No

<b>Ancestral History</b>
What is your ancestry? Include all that describes your heritage.
Languages spoken

**Relationship Status Between Birth Parents:**

- ☐ Single
 ☐ Married
 ☐ Divorced  
☐ Common Law
 ☐ Separated
 ☐ Widowed

<b>Physical Description</b>		
Height	Weight	Hair Colour
Eye Colour	Complexion	Left/Right Handed
Distinguishing Marks (birthmarks, tattoos, etc)		

### Personality

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Shy          | <input type="checkbox"/> Good-Natured   | <input type="checkbox"/> Strong-Willed     |
| <input type="checkbox"/> Outgoing     | <input type="checkbox"/> Friendly       | <input type="checkbox"/> Organized         |
| <input type="checkbox"/> Considerate  | <input type="checkbox"/> Quick-Tempered | <input type="checkbox"/> Creative          |
| <input type="checkbox"/> Capable      | <input type="checkbox"/> Even-Tempered  | <input type="checkbox"/> Dreamer           |
| <input type="checkbox"/> Hard-Working | <input type="checkbox"/> Easily Bored   | <input type="checkbox"/> Fun-Loving        |
| <input type="checkbox"/> Appreciated  | <input type="checkbox"/> Discouraged    | <input type="checkbox"/> Down-to-Earth     |
| <input type="checkbox"/> Self-Assured | <input type="checkbox"/> Outspoken\     | <input type="checkbox"/> Easily Influenced |
| <input type="checkbox"/> Loyal        | <input type="checkbox"/> Honest         | <input type="checkbox"/> Other             |

How would you describe yourself?

Give three qualities that others like about you?

What would you like to change about yourself?

### Interests

What do you like to do for fun?

If you enjoy music, what types of music do you like? Do you play an instrument or sing?

If you like sports, what sports do you like and which sports do you play?

If you like art, what types of art (e.g.: painting, drawing, crafts) do you enjoy doing?

If you like reading, what types of books do you like?

If you like movies or TV, what types of shows or movies do you enjoy?

What activities do you feel you are good at? What do you do well? Does this run in your family?

### Religious/Spiritual Values/Beliefs

How would you describe your religious/spiritual/practices, values or beliefs?

What have been the important events in your religious/spiritual life that you would want your child to know about?

### Education

What was your last grade completed in school?

Year Completed

Are you Currently Attending school?

☐ Yes

What Grade? \_\_\_\_\_

☐ No

College/University level \_\_\_\_\_

Area of Study \_\_\_\_\_

Where did you go to school?

What was your age when you left school?

What are your future educational plans?

Did you have any problem areas in school that required extra help?

What are/were the school subjects you did best?

What are/were your favourite school subjects?
What are/were the extracurricular school activities you enjoyed or participated in?
How would you describe your school experiences?
Please describe any other education or training you have.

<b>Work</b>
What is your current job?
What other jobs have you worked at?
What are your future job plans?

<b>Family Background</b> (include the names of your family members in this part).  Please give information about your mother and father. If you are adopted, give the same information about your birth mother and birth father, if it is known to you in the chart following this one.		
	Your Mother  <input type="checkbox"/> By Birth <input type="checkbox"/> By Adoption <input type="checkbox"/> Other: <i>(specify)</i>	Your Father  <input type="checkbox"/> By Birth <input type="checkbox"/> By Adoption <input type="checkbox"/> Other: <i>(specify)</i>
Birth date or age		
Birth Place		
Ancestry		
Hair Colour		
Eye Colour		
Personality		

Interests		
Education		
Work		
Health		

Birth Family Information if known by Adopted child	Your Mother	Your Father
Birth date or age		
Birth Place		
Ancestry		
Hair Colour		
Eye Colour		
Personality		
Interests		
Education		
Work		
Health		

Please give information about your brothers and sisters. If you are adopted, please give the same information about your birth brothers and sisters if it is known to you, in the chart following this one.			
	1. Brother <input type="checkbox"/> By Birth <input type="checkbox"/> By Adoption <input type="checkbox"/> Other: <i>(specify)</i>		1. Sister <input type="checkbox"/> By Birth <input type="checkbox"/> By Adoption <input type="checkbox"/> Other <i>(specify)</i>
Birth date or age			
Birth Place			
Ancestry			
Hair Colour			
Eye Colour			

Personality		
Interests		
Education		
Work		
Health		
	2. Brother <input type="checkbox"/> By Birth <input type="checkbox"/> By Adoption <input type="checkbox"/> Other: (specify)	2. Sister <input type="checkbox"/> By Birth <input type="checkbox"/> By Adoption <input type="checkbox"/> Other (specify)
Birth date or age		
Birth Place		
Ancestry		
Hair Colour		
Eye Colour		
Personality		
Interests		
Education		
Work		
Health		
	3. Brother <input type="checkbox"/> By Birth <input type="checkbox"/> By Adoption <input type="checkbox"/> Other: (specify)	3. Sister <input type="checkbox"/> By Birth <input type="checkbox"/> By Adoption <input type="checkbox"/> Other (specify)
Birth date or age		
Birth Place		
Ancestry		
Hair Colour		
Eye Colour		
Personality		

Interests		
Education		
Work		
Health		
	<b>4. Brother</b> <input type="checkbox"/> By Birth <input type="checkbox"/> By Adoption <input type="checkbox"/> Other: <i>(specify)</i>	<b>4. Sister</b> <input type="checkbox"/> By Birth <input type="checkbox"/> By Adoption <input type="checkbox"/> Other: <i>(specify)</i>
Birth date or age		
Birth Place		
Ancestry		
Hair Colour		
Eye Colour		
Personality		
Interests		
Education		
Work		
Health		

<b>Birth Sibling Information if known by Adopted child</b> <i>(please add more room as needed)</i>	Your Brother	Your Sister
Birth date or age		
Birth Place		
Ancestry		
Hair Colour		
Eye Colour		
Personality		
Interests		
Education		
Work		



Health		
--------	--	--

What have been important family experiences for you?
What are your family traditions and customs?
What languages do you or your family speak fluently?

Other Children	
Do you have other children	
<input type="checkbox"/> Yes Please complete the questions below for each child	<input type="checkbox"/> No

	<input type="checkbox"/> Daughter	<input type="checkbox"/> Son
Birthdate		
Birth Place		
Ancestry		
Hair Colour		
Eye Colour		
Personality/Behaviour		
Interests/Activities		
Education		
Work		
Health		

	<input type="checkbox"/> Daughter	<input type="checkbox"/> Son
Birthdate		
Birth Place		

Ancestry		
Hair Colour		
Eye Colour		
Personality/Behaviour		
Interests/Activities		
Education		
Work		
Health		

	<input type="checkbox"/> Daughter	<input type="checkbox"/> Son
Birthdate		
Birth Place		
Ancestry		
Hair Colour		
Eye Colour		
Personality/Behaviour		
Interests/Activities		
Education		
Work		
Health		

<b>Explain your perception of the other birth parent</b>
How would you describe the other birth parent's physical appearance?
How would you describe the other birth parent's personality?
How would you describe your relationship?
What are your future plans together?

How is the other birth parent participating in planning for your child?

### Part 3 – Medical History

A medical history is extremely important to your child. The checklist below may seem very complicated. Some of the medical terms may be new to you, but if a condition exists in your family, it is very important that your child and the adoptive parents be aware of it. You may want to get help in gathering the information from your parents, other family members and your family doctor.

Do not hesitate to ask your adoption worker for help.

Please indicate by checking YES or NO in the “self” column if you ever had the medical condition listed. If you check YES, please give further information in the description column. If any birth relatives ever had the medical condition, please complete the last column indicating which relatives were affected. DO NOT name the relative, but only their relationship to you (your birth mother, birth father, sister, brother, grandmother, grandfather, aunt, uncle, or any of your other children). If you are unaware write unknown.

Medical History				
Medical History	Self		Description (type, age of onset, treatment)	Other Birth Relatives (your mother, father, sister, brother, grandmother, father, aunt, uncle, or any of your other children)
	Yes	No		
Allergies				
Asthma				
Bronchitis				
Emphysema				
Skin Problems				
Congenital Heart Defect				
Stroke				

Medical History				
Medical History	Self		Description (type, age of onset, treatment)	Other Birth Relatives (your mother, father, sister, brother, grandmother, father, aunt, uncle, or any of your other children)
	Yes	No		
Heart Attack				
High Blood Pressure				
Haemophilia or other bleeding tendency				
Inherited Sickle Cell Anaemia				
Eye Problems				
Blindness				
Hearing Impairment				
Speech problems or delay in learning to speak				
Learning Disability such as dyslexia				
Mental Disability				
Hyperactivity				
Fetal Alcohol Syndrome, Fetal Alcohol Effect				
Seizures, Epilepsy or Convulsions				
Diabetes				
Rheumatoid Arthritis				
Osteoarthritis				
Muscular Dystrophy				
Multiple Sclerosis				
Cerebral Palsy				
Thyroid Disorder				
Schizophrenia				
Depression				

Medical History				
Medical History	Self		Description (type, age of onset, treatment)	Other Birth Relatives (your mother, father, sister, brother, grandmother, father, aunt, uncle, or any of your other children)
	Yes	No		
Bi-polar (Manic Depressive) Disorder				
Other Mental Health Problems				
Alzheimer's Disease				
Hepatitis A, B, or C				
Tuberculosis				
Cancer				
Cystic Fibrosis				
Huntington's Disease				
Kidney Problems				
Liver Problems				
Genetic Conditions: What Kind?				
Other Medical Conditions: What Kind?				

If your mother, father, siblings, any of your grandparents or extended family are deceased, please indicate how old they were when they died and the cause of death.

Relative	Age	Cause of Death

Lifestyle		
1. Tobacco Use		
a. Did you smoke:	i. Within a year prior to the Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ii. During this pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If yes, how many cigarettes per day and when during this pregnancy?		
2. Alcohol Use		
a. Did you use alcohol:	iii. Within a year prior to the Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
	iv. During this pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If yes, how many drinks per day and when during this pregnancy?		
3. Drug Use		
a. Did you use drugs:	v. Within a year prior to the Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
	vi. During this pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If yes, what and how much during this pregnancy?		<input type="checkbox"/> Methamphetamine <input type="checkbox"/> Hash <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin <input type="checkbox"/> Crack <input type="checkbox"/> Marijuana <input type="checkbox"/> Solvents <input type="checkbox"/> Other ( <i>specify</i> )
4. Prescription Drug Use		
c. Did you use prescription drugs:	vii. Within a year prior to the Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
	viii. During this pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. If yes, what and how much during this pregnancy?		

--

**Prenatal Information (to be completed by birth mother)**

When did you begin seeing a doctor/nurse/midwife about your pregnancy?

How often did you see the doctor/nurse/midwife during your pregnancy?

Did you take prenatal classes?

☐ Yes

☐ No

Please describe any illness, accidents and/or treatment you had during pregnancy (e.g.: German measles, x-rays).

Please name any prescriptions drugs you took during your pregnancy.

Please comment on your eating, sleeping and physical fitness during pregnancy.

Completed by:

☐ Birth Mother

☐ Birth Father

☐ Child Protection Worker/Adoption Worker

☐ Other (specify)

Date: \_\_\_\_\_

*A copy of this completed social history will be shared with the adoptive parent(s) of your child. As well a copy will be kept on the file with the Department of Health and Social Services to ensure that it will always be available for your child.*

**Part 4 – Adoption Planning**

--

**Part 5 – Child Protection Worker/Adoption Worker Comments**

I have read the Child Protection Worker/Adoption Worker's comments and I understand this information will be shared with the prospective adoptive parent(s) for my child along with the non-identifying social and medical history which I have completed and may be shared with my child when they become 19 years of age. The Adoption Worker will remove Part I – Background Identifying Information before providing the document to the prospective adoptive parent(s).

\_\_\_\_\_  
Birth Parent Name (*please print*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Birth Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Birth Parent Name (*please print*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Birth Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Protection Worker/Adoption Worker

\_\_\_\_\_  
Date

Forward to:



Director of Child and Family Services  
Department of Health and Social Services  
Government of the Northwest Territories  
P.O. Box 1320, CST-6  
Yellowknife NT, X1A 2L9

## Child's Medical Examination

Date: \_\_\_\_\_

<b>Name</b>			<b>Date of Birth</b> (day/month/year)		
<b>Address:</b>					
Street: _____			Apartment Number: _____		
City: _____			Territory/Province: _____		
Postal Code: _____			Phone Number ( ) - _____		
<b>Health History</b>					
NO	YES	SPECIAL SENSE DISEASE (Hearing Loss Vertigo Visual Defects, etc.)	NO	YES	SKELETAL DISEASE
		CARDIO VASCULAR DISEASE (Angina, Infraction Heart Failure Arrhythmia Stroke, etc.)			GASTRO-INTESTINE DISEASE
		RESPIRATORY DISEASE (Asthma, Chronic Bronchitis, Emphysema, etc.)			METABOLIC DISEASE (Diabetes, Thyroid Disease, etc.)
		NEUROLOGIC DISEASE (Epilepsy, Parkinson Disease, Multiple Sclerosis, etc.)			PSYCHIATRIC ILLNESS
		MEDICATION BEING TAKEN (If Yes, specify details below)			ADDICTIONS (Alcohol, Sedatives, Tranquillisers, Narcotics, etc.)
		OTHER DISEASES (If yes, specify details below)			
Details (explain "yes" answers fully)					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><b>NWT Childhood Immunization Schedule</b> Check and Provide Dates of When Immunized</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 Month Hepatitis B</li> <li><input type="checkbox"/> 4 Months Pentacle</li> <li><input type="checkbox"/> 12 Months MMR</li> <li><input type="checkbox"/> 18 Months Pentacle</li> <li><input type="checkbox"/> MMR</li> <li><input type="checkbox"/> 14 Years Mantoux</li> </ul> </div> <div style="width: 48%;"> <p>Birth BCG (if from community or at risk of TB) Hepatitis B</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2 Months Pentacle (DPTP-HIB)</li> <li><input type="checkbox"/> 6 Months Hepatitis B</li> <li><input type="checkbox"/> Pentacle</li> <li><input type="checkbox"/> 4-5 Years Uadracel (DPTP)</li> <li><input type="checkbox"/> 9-10 Years Hepatitis B</li> </ul> <p style="text-align: right;">Serious if not previously given</p> </div> </div>					

Physical Examination											
HEIGHT	WEIGHT	BLOOD PRESSURE	SYSTOLIC	DIAGNOSTIC	LABORATORY TESTS	URINE					
						NORMAL	ABNORMAL (SPECIFY)				
Other Tests (Specify tests and findings)											
Vision (w/o glasses)		Right	Left	W/ Glasses	Right	Left	Peripheral	Right	Left	Colour Vision	Right Left
NO	YES				NO		YES				
		Eye Disease						Gastro-intestinal disease			
		Ear Disease						Neurologic Disease			
		Respiratory Disease						Skeletal Disease			
		Cardiovascular Disease						Psychiatric Disease			
		Medication Prescribed Specify:						Impetigo, Scabies, Lice, or other Skin Infection			
		Allergies						Communicable Diseases			
Medical Practitioner Notes											
<p>General Physical Condition:</p> <p> <input type="checkbox"/> Excellent           <input type="checkbox"/> Good           <input type="checkbox"/> Fair           <input type="checkbox"/> Poor         </p> <p>Recommendations:</p>											
<p>MEDICAL PRACTITIONER'S SIGNATURE: _____</p> <p>ADDRESS:</p>											

## Guardianship Checklist

Child's Information	
Name :	DOB:
MatrixNT #:	
Guardian(s) :	Phone #:
Address:	
<p>___ 1) The Child Protection Worker consulted with <b>Supervisor/ Manager</b> regarding the appropriateness of Guardianship Agreement or Guardianship Order for a child and/or youth who has a protection status (investigation, plan of care agreement or court order) as an alternative permanency option.</p> <p>___ 2) The Child Protection Worker consulted with <b>Deputy Director of Practice</b> when a Guardianship Agreement or Guardianship Order is in the best interests of the child and/or youth.</p> <p>___ 3) The Child Protection Worker consulted with <b>Legal Counsel</b> to determine if Guardianship Agreement or Guardianship Order is in the best interests of the child and/or youth.</p> <p>___ 4) The Child Protection Worker consulted with the <b>child and/or youth ages 12 years</b> or older about their views on the potential guardianship placement and arrangement.</p> <p>___ 5) The Child Protection Worker advised the <b>parent(s)/legal guardian(s) and proposed guardian(s)</b> of their right to seek legal counsel.</p> <p>___ 6) The Child Protection Worker consulted with the <b>Supervisor</b> to determine whether the child and/ or youth (12 years of age or older) who is subject to the Guardianship Agreement or Guardianship Order, needs legal counsel to represent their best interests.</p> <p>___ 7) If necessary, the Child Protection Worker has connected the <b>child and/or youth</b> with legal counsel to represent their best interests.</p> <p>___ 8) The Child Protection Worker informed the <b>proposed guardian(s)</b> of the supports and services available to them such as a VSA, Parental Contribution, Children's Special Allowance, etc.</p> <p>___ 9) The Child Protection Worker explained to the <b>proposed guardian(s)</b> that should</p>	

the placement begin to breakdown, they are to notify the Child and Family Services office prior to moving the child and/or youth or returning the child and/or youth to their biological parent(s).

\_\_ 10) The Child Protection Worker notified the **Director of Child and Family Services** at [CFS\\_Director@gov.nt.ca](mailto:CFS_Director@gov.nt.ca) upon obtaining the signed Consent for Release/Receipt of Information Form, to inform them of the potential guardianship arrangement of the child and/or youth.

\_\_ 11) The Child Protection Worker completed an Extended Family/Provisional Foster Home Study.

\_\_ 12) The Child Protection Worker consulted with the **Supervisor/Manager** and the **Director's Legal Counsel** to determine if the child and/youth's child protection status should be amended, extended or terminated.

\_\_ 13) The Child Protection Worker provided a copy of the Guardianship Agreement or Guardianship Order to the **Director of Child and Family Services**.

\_\_ 14) The Guardianship Checklist has been completed and signed by the **Child Protection Worker**.

\_\_ 15) The Guardianship Checklist has been reviewed and signed off by the **Supervisor/Manager**.

\_\_ 16) The Guardianship Checklist has been reviewed and signed off by the **Assistant Director**.

\_\_ 17) The Guardianship Checklist has been reviewed and signed off by the **Deputy Director of Practice**.

---

**Child Protection Worker**

---

**Date**

---

**Supervisor/ Manager**

---

**Date**

---

**Assistant Director**

---

**Date**

---

**Deputy Director of Practice**

---

**Date**

## Profile of a Child Available for Adoption

Birth Date (mm/dd/yy):	Gender:
Ethnicity/Ancestry:	
Interests:	
Medical/ Educational Needs:	
Adoption Conditions (i.e.: access, to be adopted with siblings, allergies):	
Type of Family Required:	

**Rationale for Subsidy Based on Needs**

Date: \_\_\_\_\_

**Part I – Basic Information****Child Information:**

Name (from birth certificate):	Date of Birth:
Date of Permanent Custody Order:	

**Applicant/Adoptive Parent (If Known)**

Name of Parent #1	Mailing Address:
Name of Parent #2:	

**Part II – Criteria****A child may be eligible for adoption when:**

1. The child is under 19 years of age;
2. The child is in the permanent custody of the Director of Child and Family Services; and
3. The permanency plan for the child is adoption.

**Complete the categories below which support designating the child for adoption subsidy:**

The child:

- ☐ Is part of a sibling group
- ☐ Requires medical, mental health or rehabilitative care
- ☐ Has experienced previous adoption disruption or multiple placements
- ☐ Is at risk of acquiring medical, physical, developmental or emotional disorder

1. Provide a brief explanation of needs.
2. Provide a brief description of services or supports required to meet the child's special needs.
3. Provide a brief explanation why the child may be at risk and require an adoption subsidy in future.

**Part III – Foster Care Rate**

Foster care per diem rate (Basic)	\$
Foster care per diem rate (Special Needs)	\$
Total Daily Foster care per diem rate	\$

**Part V – Recommendation**

- ☐ Child Protection Worker recommends approval of subsidy.
- ☐ Child Protection Worker **does not** recommend approval of a subsidy.

Reasons for Approval or Non-Approval:

**Signature:**

\_\_\_\_\_  
Child Protection Worker (print name and sign)

\_\_\_\_\_  
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 for each category)

Category of Need	Level 1	Level 2	Level 3	Level 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		
Sub-Total				

**STEP 1 – calculate total specialized needs rate (Total points minus 30 multiplied by \$0.63)**

Level 1 Points \_\_\_\_\_

Level 2 Points \_\_\_\_\_

Level 3 Points \_\_\_\_\_

Level 4 Points \_\_\_\_\_

TOTAL POINTS \_\_\_\_\_

Subtract 30 - 30

Multiply by 0.63 x \$0.63

TOTAL Specialized Needs Rate (daily) = \_\_\_\_\_

**STEP 2 – calculate Age rate**

0-5 years =\$5/day; 6-12 years= \$4/day; 13-18 years= \$6/day

Age \_\_\_\_\_

Age Rate \_\_\_\_\_

Step 3 – calculate total daily per diem (specialized needs rate + age rate + basic maintenance rate)

TOTAL Specialized Needs Rate (daily) \_\_\_\_\_

Age Rate \_\_\_\_\_

Basic Maintenance Rate \_\_\_\_\_

Total Daily Per Diem \_\_\_\_\_

\_\_\_\_\_  
Child Protection Worker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor – Child and Family Services

\_\_\_\_\_  
Date

## Needs Assessment Checklist - Child or Youth In Care

**Name of Child:** [Click here to enter text.](#)

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

**Completed by:** [Click here to enter text.](#)

### 1. Physical

The child 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.	The child requires <u>active, intermittent monitoring and supervision</u> and is dependent on some technical care.	The child requires <u>ongoing, monitoring, supervision, care and assessment</u> , often requiring judgement at any time for possible medical intervention. A change in health status would result in an immediate life threatening situation.
<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 10
<b>Comments:</b> <a href="#">Click here to enter text.</a>		

### 2. Communication

The child experiences some difficulty understanding instructions or expectations and may not express him/herself appropriately due to disabilities or lack of learning opportunities. Or, the child may have verbal and comprehension skills but refuses to use them.	The child is verbal but has extreme comprehension and memory difficulties. The child may have functional impairment of hearing or sight and may require adaptive equipment/aids or modification of the environment (use of Braille, use of a hearing aid).	The child communicates only through body language, facial expressions and vocalizations due to a developmental delay, physical or emotional problem. The child may communicate with the use of augmented language (sign language, pictures).
<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 8
<b>Comments:</b> <a href="#">Click here to enter text.</a>		

### 3. Eating

The child requires <u>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.	The child requires <u>total physical assistance</u> due to a disability.	The child 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.
<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
<b>Comments:</b> <a href="#">Click here to enter text.</a>		

### 4. Developmental

The child has a developmental delay and	The child has a developmental delay and	The child has severe developmental delays and <u>requires constant and</u>
---	---	--

requires <u>formal interventions (weekly)</u> to be implemented in order to improve development or diminish developmental delays.	<u>requires formal interventions (several times a week)</u> to be implemented in order to improve development or diminish severe developmental delays.	<u>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.
<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
<b>Comments:</b> <a href="#">Click here to enter text.</a>		

**5. Behaviour Management**

The child requires <u>more than age appropriate supervision</u> and assistance in order to learn routines and reduce inappropriate behaviour.	The child requires <u>ongoing supervision and a formal program</u> in the home, school and community due to demonstrated patterns of behaviour that places him/her or other at risk.	The child requires constant supervision and a formal program as the child's behaviours/conditions places him/her or others in life threatening situations. The behaviours might be obsessive/compulsive and may cause tissue damage.
<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14
<b>Comments:</b> <a href="#">Click here to enter text.</a>		

**6. Socialization**

The child 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.	The child requires <u>active demonstration, teaching and supervision</u> of explicit socialization skills to them while engaged with others.	The child 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.
<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 12
<b>Comments:</b> <a href="#">Click here to enter text.</a>		

**7. Personal Care**

The child requires <u>partial</u> assistance; teaching, monitoring and <u>regular</u> supervision in the completion of personal care tasks beyond what is age appropriate.	The child requires <u>total assistance and close supervision</u> in the completion of personal care tasks.	The child requires <u>formal intensive intervention</u> in the completion of personal care tasks.
<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 8
<b>Comments:</b> <a href="#">Click here to enter text.</a>		

**8. Sexuality**

The child requires <u>firm</u> .	The child requires <u>firm, planned, consistent</u>	The child
----------------------------------	---	-----------

<u>consistent guidelines and teaching</u> due to a pattern of risk behaviour.	<u>teaching, guidelines and increased supervision</u> because he/she displays or has experienced a pattern of sexual behaviour that places him/her or others at risk.	requires <u>constant supervision</u> .
<input type="checkbox"/> 4	<input type="checkbox"/> 10	<input type="checkbox"/> 14
<b>Comments:</b> <a href="#">Click here to enter text.</a>		

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

The child requires teaching, support and monitoring beyond what is age appropriate to learn/accomplish life skills.	The child requires <u>active assistance</u> beyond what is age appropriate to learn/accomplish life skills.	The child requires <u>total assistance and ongoing program development</u> to enhance or maintain life skills.
<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 8
<b>Comments:</b> <a href="#">Click here to enter text.</a>		

### 10. School/Educational Program/Employment

The child 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.	The child requires <u>daily</u> support to maximize the benefits of a school/education or employment program, due to learning delays, behavioural problems or truancy problems that interfere with success.	The child requires <u>one-to-one</u> support to attend school, or an employment program due to learning delays, behavioural or physical problems or probable truancy.
<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 11
<b>Comments:</b> <a href="#">Click here to enter text.</a>		

### 11. Emotional/Psychiatric/Psychological

The child requires <u>additional support or attention</u> after six (6) months in the same placement and he/she is continuing to experience prolonged separation and loss trauma that could be displayed through anger, low self-esteem, weeping, anxiety, irregular sleep patterns, etc.	The child requires <u>clinical intervention</u> due to some psychological or emotional difficulties.	The child 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 medications, individual or group therapy.
<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 12
<b>Comments:</b> <a href="#">Click here to enter text.</a>		

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

The child requires <u>regular active</u> assistance or support	The child requires <u>frequent active</u> assistance or support	The child requires <u>daily active</u> assistance or support
--	---	--

to strengthen family relationships.	to strengthen family relationships.	to strengthen family relationships.
<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
<b>Comments:</b> <a href="#">Click here to enter text.</a>		

**13. Cultural Improvement**

The child requires assistance to develop an awareness of his/her culture.  The routine and culture of the placement resources is similar to the child's.	The child requires assistance to develop an awareness of his/her culture.  The routine and culture of the placement resource is different from the child's.
<input type="checkbox"/> 1	<input type="checkbox"/> 3
<b>Comments:</b> <a href="#">Click here to enter text.</a>	

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

Name of Child/Youth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

CFIS Number: \_\_\_\_\_

**1. Physical**

The child requires <u>routine</u> medical attention, monitoring and treatment of temporary, situational health needs. For example, the child may:	The child 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 may:	The child requires <u>active, intermittent monitoring and supervision</u> and is dependent on some technical care. For example, the child may:	The child 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 may:
<b>1</b>	<b>5</b>	<b>8</b>	<b>10</b>

COMMENTS



2. Developmental

The child is developmentally typical but may require consistent routines or exercises in order to develop and/or maintain skills within a normal range. The child may:	The child 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 may:	The child 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 may:	The child 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 may:
<b>1</b>	<b>3</b>	<b>5</b>	<b>7</b>
COMMENTS			

3. Eating

The child's eating habit is within the normal range and age appropriate. For example, the child may:	<u>The child 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 may:	The child requires <u>total physical assistance</u> due to a disability. For example the child may:	The child 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.
<b>1</b>	<b>3</b>	<b>5</b>	<b>7</b>
COMMENTS			

--

**4. Personal Care**

The child requires some prompting, suggestions, supervision and monitoring that is age appropriate in the completion of personal care tasks. For example, child may:	The child 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 may:	The child requires <u>total assistance and close supervision</u> in the completion of personal care tasks. For example, child may:	The child 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.
<b>2</b>	<b>4</b>	<b>6</b>	<b>8</b>
COMMENTS			

**5. Communication**

The child is able to verbalize and comprehend. He/she may have a mild hearing loss or speech impairment that does not significantly interfere with communication	The child experiences some difficulty understanding instructions or expectations and may not express him/herself appropriately due to disabilities or	The child is verbal but has extreme comprehension and memory difficulties. The child may have functional impairment of hearing or sight and may require adaptive equipment/aids or modification of the environment (use of	The child communicates only through body language, facial expressions and vocalizations due to a developmental delay, physical or emotional problem. The child may communicate with the use of augmented
--	---	--	--

	lack of learning opportunities. Or, the child may have verbal and comprehension skills but refuses to use them. For example, the child may:	Braille, use of a hearing aid)	language (sign language, pictures).
<b>1</b>	<b>3</b>	<b>5</b>	<b>8</b>
COMMENTS			

**6. Socialization**

The child 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 may:	The child 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 may:	The child requires <u>active demonstration, teaching and supervision</u> of explicit socialization skills to them while engaged with others. For example, the child may,	The child 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 may:
<b>2</b>	<b>6</b>	<b>10</b>	<b>12</b>
COMMENTS			

**7. Behaviour Management**

The child requires structure with clear, consistent expectations and consequences in order to learn routines and reduce unacceptable behaviours. For example, the child may:	The child requires <u>more than age appropriate supervision</u> and assistance in order to learn routines and reduce inappropriate behavior. For example, the child may:	The child 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 may:	The child 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 may:
<b>4</b>	<b>6</b>	<b>10</b>	<b>14</b>
COMMENTS			

**8. Sexuality**

The child requires age appropriate guidance, protection and direction. For example, the child may:	The child requires <u>firm, consistent guidelines and teaching</u> due to a pattern of risk behavior but attempts to assist. For example, the child may:	The child 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 may:	The child 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 may:
<b>1</b>	<b>4</b>	<b>10</b>	<b>14</b>
COMMENTS			

--

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

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

**10. School/Educational Program/Employment**

<p>The child requires support in the school and at home to maximize the benefits of a school/education</p>	<p>The child requires <u>extra</u> support, direct assistance and teaching several times a week to complete</p>	<p>The child requires <u>daily</u> support to maximize the benefits of a school/education or employment program, due to learning delays,</p>	<p>The child requires <u>one to</u> support to attend school or an employment program due to learning delays, behavioral or physical</p>
--	---	--	--

<p>program. For example, the child requires a supporting person to:</p> <p>OR, the child requires assistance from a supporting person to find and maintain employment such as:</p>	<p>assignments, or to seek and maintain employment, due to identified learning problems or disabilities or developmental delays. For example the child may require a supporting person to:</p>	<p>behavioral problems or truancy problems that interfere with success. For example the child may require a supporting person to:</p>	<p>problems or probable truancy. The child may:</p>
<b>2</b>	<b>5</b>	<b>9</b>	<b>11</b>
<p>COMMENTS</p>			

**11. Emotional/Psychiatric/Psychological**

<p>At the time of entry into care and up to six months immediately thereafter the child requires support and attention as he/she is experiencing separation and loss trauma that could be evidenced through anger, low self-esteem, weeping, anxiety, irregular sleep patterns, etc.</p> <p>OR, the child has</p>	<p>The child 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 trauma that could be displayed through anger, low self esteem, weeping, anxiety, irregular sleep patterns, etc.</p>	<p>The child requires <u>clinical intervention</u> due to some psychological or emotional difficulties.</p>	<p>The child 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 behavior/responses maybe irrational and unpredictable.</p>
---	--	---	--

been in care for longer than six months and experiences periodic separation and loss trauma which requires support and attention			
<b>2</b>	<b>4</b>	<b>6</b>	<b>12</b>
COMMENTS			

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

The child requires <u>regular</u> assistance or support to maintain family relationships. The child may: -have regular or occasional contact with the family through visits, letters or telephone (may need to be supervised)	The child requires <u>regular active</u> assistance or support to strengthen family relationships. For example, the child may:	The child requires <u>frequent active</u> assistance or support to strengthen family relationships. For example, the child may:	The child requires <u>daily active</u> assistance or support to strengthen family relationships.
<b>1</b>	<b>3</b>	<b>5</b>	<b>7</b>
COMMENTS			

--

**13. Cultural Improvement**

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

\_\_\_\_\_  
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
<b>Note:</b> 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):
<i>Date to Respond to the Notice of Significant Measure (yyyy-mm-dd):</i>

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: