Lii Michif Otipemisiwak
Family and Community Services

KWAAYESH NI KAANAWAYMIKAWIN

Being Taken Care of in a Good Way

CONNECTION AND BELONGING PLAN

Face Sheet

This is to be completed within the first 30 days of a child coming into care and then reviewed at 6 months after a child is placed in care, and then again annually or following a change in placement

1. CHILD/YOUTH'S INFORMATION:

Child's Full Name (first and last):

Birthday:

Gender Identity:

Child's Birthplace:

Legal Status:

Permanency Goal:

Date of Plan:

Annual Review Date:

2. SOCIAL WORKER'S VISITS (In-person dates and type of contact each month):

3. LA PARAANTII CONTACT (Birth Family, Kinship Family and Significant Others):

Name	Relationship	How Often	Type of Contact

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4. CARE TEAM MEMBERS INVOLVED:

Names: Relationship to the child/youth:

5. **WIICHIHITOYAAHK** (Placement Information):

- Current Placement/Caregivers:
- Address:
- Phone number:
- Most Recent Date Child/Youth Entered into Care:
- Are they placed with their Siblings (if no reason):
- Number of Placements since being in care:

6. **NISTWAYR** (Child/Youth's Story)**:**

- Words & Pics to explain why they are in care, documented & explained to child/youth: Y/N
  Date: _____

- Describe the key worries for the child/youth's care?

- What does the social worker need to see happen to address the worries?

- Describe how this will be monitored?

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7. Aen Michif Niiya

- Metis Citizenship ID Number_____ or status of Metis Citizenship application:

- Métis Sash Received: Y / N
- Elder involvement: Y/N Type of contact:
- Other Cultural Connections:

8. MIYOOAYAAN (Health & Wellness):

- Has a formal assessment been completed (name of assessment and physician)?

  If yes, date or in progress type of assessment:

- Diagnosis:
- CLBC Eligibility Y/N:
- Name of Medication and doses:
- Name of doctor and last appointment:
- Name of dentist and last appointment:
- Name of Optometrist and last appointment:
- Speech Language: Y/N Last appointment:
- Occupational Therapist: Y/N Last appointment:
- Physiotherapist: Y/N Last appointment:
- Type of counselling: Last appointment:

9. LII BONN ZAAFAYR DI VII (Education, Daycare, Programs, Sports Activities):

- Child/Youth School Name:
- Grade:
- Type of school program or Daycare:
- Name of activities/sports/events involved:

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10. CFCS SECTION 70 RIGHTS OF CHILDREN IN CARE

- To be informed about their Connection & Belonging Plan.
- To be consulted and to express their views according to their abilities, about significant decisions affecting them.
- To privacy during discussions with a lawyer, the representative or a person employed or retained by the representative under the Representative for Children and Youth Act, the Ombudsperson, a member of the Legislative Assembly or a member of Parliament.
- To be informed about and to be assisted in contacting the representative under the Representative for Children and Youth Act, or the Ombudsperson.
- To be informed of their rights, and the procedures available for enforcing their rights.

*Social Worker Confirmation: I have reviewed the **CFCSA Section 70 Rights of Children In Care** and the complaints process, with the child/youth: Y/N*

In the event the child/youth does not have the capacity to understand rights due to age or special needs, I have reviewed the Section 70 Rights with a relative or other adult (not the current caregiver) who knows the child/youth and has the capacity to act in best interests. Identify the adult and their relationship to the child/youth below, if applicable.

Name (first and last):

Relationship/Role:

Date Reviewed:

11. The child/youth's Caregiver has reviewed the plan and been given a copy Y/N or N/A

12. Approvals:

- Social Worker's Name: Date:
- ICM case plan tab updated: Y/N
- Team Leader's Name: Date: