Lii Michif Otipemisiwak
Family and Community
Services

KWAAYESH NI KAANAWAYMIKAWIN

Being Taken Care of in a Good Way

PLACEMENT REQUEST & INTERIM CONNECTION & BELONGING PLAN (AKA CARE PLAN)

To be completed when requesting a placement for a child.

This document also serves as the Interim Care Plan to be completed within 30 days of a child coming into care.

CHILD'S INFORMATION

1. Date Child Came into Care:
2. Child's Name:
3. DOB:
4. Legal Status:
5. Personal Health Care Number:

LMO INTERNAL CARE TEAM INFORMATION

1. Name of Social Worker (Case Manager):
2. Social Workers Contact Information:
3. LMO Internal Care Team Members:

LA PARAANTII (NATURAL AND SIGNIFICANT SUPPORTS TO THE CHILD)

1. Name of Parents:
2. Contact Information:
3. Other Significant Relationships (Name & Phone):
4. Visits with La Paraantii (Schedule & type):
5. Any Restrictions/Special Requirements that would be helpful for the Caregiver to be aware of?

NIIKINAAHK (PLACEMENT)

1. Please indicate start-up needs (i.e., clothes, bedding, personal items, decorations, etc.). Reminder of the LMO Backpack Program for children coming into care.

2. Please describe the child's daily routine, preferences, schedule, and anything that would be helpful for the caregiver to know (i.e., sleep schedule, favourite foods, activities, toys, movies, etc.):

AEN MICHIF NIIYA (CONNECTION TO METIS CULTURAL IDENTITY & COMMUNITY)

1. Describes ways in which the child is engaged in their Métis cultural identity and community.

2. Is the child involved in any LMO or other cultural programming? If so, which ones? Which programs would you like the Caregiver to prioritize to support the child?

3. Has the Métis Commission for Children and Families of BC been notified of the child in care?
    a. Has a request for a cultural package from the Metis Commission been made? If not, this is to be completed.

4. Has a referral to an Elder been made? If so, which Elder and how will they be involved with the child? If not, a referral is to be completed.

5. What cultural resources has the Caregiver been provided with to nurture the child's sense of connection and belonging to their Métis-specific cultural identity and community?

6. Has the child been presented with a Métis Sash? If not, what is the plan to ensure the child receives this gift of cultural identity?

7. Does the child have Métis Citizenship through Métis Nation BC or any other Métis Community?
   - ☐ Yes
   - ☐ No
   - ☐ In Progress
   - ☐ Unknown

MIYOOAYAAN (Health & Wellness Needs)

1. Describe any behaviour or needs that the Caregiver should be aware of and what strategies have been most helpful in managing such behaviours or needs:

2. Diagnosis:

3. Medications & Purpose:

4. Allergies:

5. Consent for Routine Medical Provided to Caregivers:
   - ☐ Yes
   - ☐ No

6. Name of Doctor and Phone Number:

7. Pink Medical Form Provided:
   - ☐ Yes
   - ☐ No

8. Upcoming Appointments (i.e., SCAN Clinic, Big Bear, Parkview, Doctor, LMO ECS/CYMH, etc.):

9. School Notification Letter Completed:
   - ☐ Yes
   - ☐ No

Lii Bonn Zaafayr Di Vii (The Good Things in Life)

1. School/Daycare Name:
2. Teacher/Care Provider Name:
3. Church or other Spiritual Practices:
4. Favourite Activities:
5. Groups/Team child is involved with:
6. The child's hopes and dreams for their future:
7. Anything else unique about the child the Caregiver should be aware of:

Nistwayr (My Story)

Has a Words and Pictures been completed and shared with the child to explain why they are not living with their parent(s)? If not, what is the timeline for completing this? Please involve the child's care team for support.

- ☐ Yes (Date):
- ☐ No, Timeline to Complete and who is involved:

APPROVALS AND SIGNATURES:

Social Worker Name: Signature: Date:

Team Leader Name: Signature: Date:

- ☐ **Copy for Resource SW**
- ☐ **Copy for Community Caregiver**
- ☐ **Copy for CS Physical File: Profiled/scanned onto the CS case in ICM attachment and case plan tab updated**