Lii Michif Otipemisiwak
Family and Community Services

CONNECTION AND BELONGING PLAN

Face Sheet

This is to be completed 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

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 when this occurred:

Who is going to help the child if they have any follow up questions?:

7. Aen Michif Niiya

Metis Citizenship ID 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 or n/a:

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:

10. CFCS SECTION 70 RIGHTS OF CHILDREN IN CARE

*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 Words and Pics and/or reviewed the sec 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 how you have helped the child understand their Sec 70 Rights (Words and pics and/or another caring 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: