Ministry of Social Services
Child Protection Services Manual
Forms
Table of Contents
June 2024

Government of Saskatchewan
Ministry of Social Services

Service Authorization/Internal Invoice Form

Outcome Plan #: **Start Date:** Click here to enter a date.

Client/Person Name: **Reference#**

Service Name: Select Manual

Units: **Authorized Rate (per unit):**

Specify a Payee (Nominee) (1. **For SA:** Refer to Business Catalogue for requirements 2. **For Internal Invoice**: Mandatory)

Provider: **OR** **Person (Youth):**

Provider #: **Person #:**

Reason (Mandatory)
Include these details: Why are you approving this service, date or Supervisor or Manager consultation, community resources explored (if applicable)

Internal Invoice: ☐ (Select for Bring Forward Payments)

Manual Cheque: ☐(Select for payment within 24 hours)

Print Location: Choose an item.

Print Date: Click here to enter a date. For Pick up ☐ or Mail Out

☐

Admin Support Reminder: Forward to Admin Financial As an Internal Invoice

SA Entry(Initial &Date) **Invoice Entry (Intial & Date)** **Invoice Approval (Intial & Date)**

Confidential

Government of Saskatchewan
Ministry of Social Services

Agreement for Residential Services

An Agreement with the Minister of Social Services to provide Services pursuant to Section 9 of *The Child and Family Services Act*.

1. I, _____ and _____
(Name of Father) (Name of Mother)

residing at _____ in _____
(Address) (City/Town)

Saskatchewan, request the Minister of Social Services to provide residential services to my child(ren):

_____ born _____ (YYYY/MMM/DD)
_____ born _____ (YYYY/MMM/DD)
_____ born _____ (YYYY/MMM/DD)
_____ born _____ (YYYY/MMM/DD)
_____ born _____ (YYYY/MMM/DD)
_____ born _____ (YYYY/MMM/DD)
_____ born _____ (YYYY/MMM/DD)
_____ born _____ (YYYY/MMM/DD)
_____ born _____ (YYYY/MMM/DD)
_____ born _____ (YYYY/MMM/DD)

in accordance with Section 9 of *The Child and Family Services Act.*

2. I understand that I retain the right to guardianship of my child(ren) and therefore I must provide consent to any decisions on behalf of my child(ren) pertaining to health and medical treatment, education, religious and/or cultural practices.

3. I understand that I may seek advice from an independent third party prior to entering into this Agreement.

4. It is agreed that:

   (a) The Minister will provide residential services to the child:

   From to

   (b) During the period of this Agreement:

      (i) <u>Responsibilities of Minister</u>

      The Minister shall do all such things as may be necessary in respect of the day to day care of the child.

      (ii) <u>Responsibilities of Parent</u>

The parent shall _____

_____

(c) The Ministry of Social Services will apply for federal child benefits on behalf of the child after 30 days, resulting in termination of parental benefits.

(d) Neither the Minister nor any employee of his or any other provincial government Ministry shall be liable in any way with regard to things done or omitted by him or them in the capacity of a person standing in the place of the parent and it is also agreed that this same release from liability shall apply to and for the benefit of any person or persons with whom any child covered by this Agreement is placed for the provision of residential services.

(e) This Agreement may be terminated at any time by either party giving two days notice in writing, and this Agreement shall terminate upon the expiration of the two day period. Notice to the parent may be given by an officer appointed pursuant to *The Child and Family Services Act* on behalf of the Minister. The parent may give notice to an officer appointed pursuant to *The Child and Family Services Act* in lieu of the Minister.

Dated at _____, Saskatchewan, this _____ day of _____, _____
(City/Town) (Day) (Month) (Year)

_____ _____
Witness Signature of Parent

_____ _____
Witness Signature of Parent

Dated at _____, Saskatchewan, this _____ day of _____, _____
(City/Town) (Day) (Month) (Year)

_____ _____
Witness Child, if 12 years or over (Optional)

Dated at _____, Saskatchewan, this _____ day of _____, _____
(City/Town) (Day) (Month) (Year)

_____ _____
Witness Director on Behalf of Minister of Social Services

Confidential

Saskatchewan

Province of Saskatchewan

FORM H [Subsection 8(2)]

☐ **Notice of Protection Hearing**
☐ **Notice of Pretrial**
☐ **Notice of Adjournment**

In the Court of King's Bench (Family Law Division)
Judicial Centre of Judicial Centre (or)
The Provincial Court of Saskatchewan at Location

Re:

(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)

To: _____
(Name of Parent, Chief, Chief's designate, agency or Band Being Served)

Take notice that an application for a protection hearing pursuant to:

☐ subsection 14(4) (no agreement for family services);
☐ subsection 15(3) (no agreement for family services after mediation);
☐ subsection 17(4)(b) (child is apprehended);
☐ subsection 18(2) (apprehension of 16 or 17-year-old);
or
☐ subsection 38(2) (extension of order dated _____);
of *The Child and Family Services Act* will be held because: _____.

The Hearing will be held at: _____
(Place, Street Address, City/Town)

on: _____ _____
(YYYY/MMM/DD) (Time)

Dated at _____, Saskatchewan, this _____ day of _____, _____.
(City/Town)

_____
(Officer)

Officer's Name: _____
Office Address: _____
Office Telephone Number: _____

EX-PARTE NOTICE: Please be advised that the protection hearing may proceed whether or not you and/or your legal counsel are present.

RECOMMENDATION OF THE MINISTRY: _____

I, _____
agree to waive the requirement of 3 business days' notice of the Protection Hearing.
Dated at _____, Saskatchewan, this _____ day of _____, _____.
(City/Town)

_____ _____
(Signature) (Signature)

Confidential

Saskatchewan

Province of Saskatchewan

FORM H [Subsection 8(2)]

☐ **Notice of Protection Hearing**
☐ **Notice of Pretrial**
☐ **Notice of Adjournment**

In the Court of King's Bench (Family Law Division)
Judicial Centre of Judicial Centre (or)
The Provincial Court of Saskatchewan at Location

Re:

(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)

To: _____
(Name of Parent, Chief, Chief's designate, agency or Band Being Served)

Take notice that an application for a protection hearing pursuant to:

☐ subsection 14(4) (no agreement for family services);
☐ subsection 15(3) (no agreement for family services after mediation);
☐ subsection 17(4)(b) (child is apprehended);
☐ subsection 18(2) (apprehension of 16 or 17 year old);
or
☐ subsection 38(2) (extension of order dated _____);
of *The Child and Family Services Act* will be held because: _____.

The Hearing will be held at: _____
(Place, Street Address, City/Town)

on: _____ _____
(YYYY/MMM/DD) (Time)

Dated at _____, Saskatchewan, this _____ day of _____, _____.
(City/Town)

_____
(Officer)

Officer's Name: _____
Office Address: _____
Office Telephone Number: _____

EX-PARTE NOTICE: Please be advised that the protection hearing may proceed whether or not you and/or your legal counsel are present.

RECOMMENDATION OF THE MINISTRY: _____

I, _____

agree to waive the requirement of 3 business days' notice of the Protection Hearing.

Dated at _____, Saskatchewan, this _____ day of _____ , _____ .
(City/Town)

_____ _____
(Signature) (Signature)

Saskatchewan

Government of Saskatchewan
Ministry of Social Services

Safety Plan

An agreement between _____ and _____
Caregiver(s) Ministry/Agency

What has occurred and what impact did this have on the children?

_____

_____

_____

_____

_____

_____

What worries do we have concerning the children's immediate safety?

_____

_____

_____

_____

_____

_____

_____

What will be done to ensure safety and who will do it?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

What is the plan to ensure the plan is working and who is responsible?

_____

_____

_____

This agreement shall be in effect:	From:	To:	
Caregiver:	Date:	Caregiver:	Date:
Caseworker:		Date:	
Supervisor:		Date:	

8.6 Family Services Agreement

This is an agreement between you, the parent(s)/caregiver(s) and the Ministry of Social Services for services designed to strengthen and support your family.

Names of Parents/Caregivers		
Caseworker	**In effect from (date)**	**to (date)**

Reason for Involvement – What has happened, impact on the children and worries we have for the child/children now and in the future?

Goal Statement – What will be different and demonstrated over time to ensure the child/children's immediate and future safety? (The desired "end state" that will be present when case plan objectives are achieved)

Case Plan Action Steps – Specific caregiver actions/behaviors AND services and supports that assist the caregiver in meeting case plan objectives.

Caregiver Actions	Services/Supports

I/We, the parents/caregivers named above, agree to participate in this agreement

_____ _____

Parent/Caregiver Signature ***Date***

_____ _____

Parent/Caregiver Signature ***Date***

_____ _____

Caseworker Signature ***Date***

Government of Saskatchewan
Ministry of Social Services

FORM F [Section 7]
Notice of Apprehension

To: _____
(Parent)

I, _____,
(Officer)

an officer under *The Child and Family Services Act* state that:

1. The child(ren):

Re: _____ _____
(Name of Child) Birthdate (YYYY/MMM/DD)

_____ _____
(Name of Child) Birthdate (YYYY/MMM/DD)

_____ _____
(Name of Child) Birthdate (YYYY/MMM/DD)

_____ _____
(Name of Child) Birthdate (YYYY/MMM/DD)

_____ _____
(Name of Child) Birthdate (YYYY/MMM/DD)

was/were apprehended on _____
(YYYY/MMM/DD)

2. There are reasonable grounds to believe that the child is in need of protection pursuant to Section 11 of *The Child and Family Services Act* and is at risk of incurring serious harm because:

3. You are advised to consult a lawyer.

4. The Ministry of Social Services will apply for federal child benefits on behalf of the child after 30 days, resulting in termination of parental benefits.

Dated at _____, Saskatchewan, this _____ day of _____, 20____.
(City/Town)

_____
(Officer's Signature)

Office Address: _____

Office Telephone Number: _____

Confidential

Saskatchewan

Government of Saskatchewan
Ministry of Social Services

FORM G [Subsection 8(1)]

Application for a Protection Hearing

In the Court of King's Bench (Family Law Division)
Judicial Centre of Judicial Centre (or)
The Provincial Court of Saskatchewan at Location

Re:

_____ _____
(Name of Child) Birthdate (YYYY/MMM/DD)

_____ _____
(Name of Child) Birthdate (YYYY/MMM/DD)

_____ _____
(Name of Child) Birthdate (YYYY/MMM/DD)

_____ _____
(Name of Child) Birthdate (YYYY/MMM/DD)

_____ _____
(Name of Child) Birthdate (YYYY/MMM/DD)

_____
(Name of Parents/Band)

_____
(Date of Apprehension)

_____ _____
(Date of Previous Orders) (Description of Previous Orders)

I, _____ ;

☐ an officer appointed under *The Child and Family Services Act;*

or ☐ a party to the original protection hearing;

apply to the court for a protection hearing pursuant to:

☐ subsection 14(4) (no agreement for family services);
☐ subsection 15(3) (no agreement for family services after mediation);
☐ subsection 17(4)(b) (child is apprehended);
☐ subsection 38(2) (extension of order dated _____);

or ☐ subsection 39(1) (variation of order dated _____);
(only a party to the original order may make an application pursuant to subsection 39(1) of the Act);

of *The Child and Family Services Act*.

(Reasons for application and applicable section of *The Child and Family Services Act*)

Dated at _____, Saskatchewan, this _____ day of _____, _____.

(City/Town)

_____

(Signature of Party Applying)

Name:

Address: _____ Telephone No: _____

Received on _____ A protection hearing is set for _____ at _____

(YYYY/MMM/DD) (YYYY/MMM/DD) Time

at

_____

(Place, Street Address, City/Town)

_____

(Clerk of the Court/Local Registrar)

8.13 Child and Family Programs Service Provider Agreement

Saskatchewan

Child and Family Programs Service Provider Agreement

I/We _____ _____
Ministry of Social Services and/ or Parents *Parent person #(s)*

agree to services provided by:

_____ _____
Service Provider Name and Address *Provider #*

for the children named below:

Last Name, First Name	DOB (MM/DD/YY)	Address	Linkin Reference #

Reason: *Include details describing why the service(s) is required*

Outcome	Tasks

Start Date: _____ End Date: _____

_____ _____ _____ _____
Date *Signature of Parent/Guardian (When required)* *Date* *Signature of Parent/Guardian*

_____ _____
Date *Signature of MSS Caseworker*

OFFICE USE ONLY

Service Name	**Outcome Plan #**	**Units:**	**Rate:** *(For block funded services enter $0)*

Are any of these services **BLOCK FUNDED**? ☐ Yes ☐ No

Note: The Service Provider may submit expenses such as meals and mileage if not included in block funding to agency.

Expectations of Service Provider (choose as many as applicable):

☐ **Assessment Report** (Content/Findings/Recommendations)	☐ **Monthly Progress Reports**

☐ **Recording of Activities/Visits** (Type, Description/Outcome)	☐ **Attendance Reports**

☐ **Detailed Billing/Invoice** (Always choose if not block funded)	☐ **Other:**

The Service Provider agrees to allow the Ministry to review the services being provided and associated recordings. The MSS case worker and the Service provider may agree to vary the service taking into account the needs of the family. The total time shall not exceed the maximum units noted above. The Service Provider is NOT an employee or agent of the Ministry and the Ministry shall not be liable for acts or omissions of the Service Provider or the parent/guardian/individual under this Agreement. The Service Provider shall maintain current liability insurance. This Agreement terminates immediately upon notice by any party to the other parties.

_____	_____	_____	_____
Date	*Signature of Service Provider*	*Date*	*Signature of MSS Supervisor*

_____	_____	_____	_____
Date	*Signature of MSS Manager (if required)*	*Date*	*Signature of MSS Director or designate (if required)*

Government of Saskatchewan
Ministry of Social Services

Parent Aide Monthly Report

Client _____ Case Worker _____

Service Began _____/_____/____ Reporting Period _____
Year Month Day

Hours of Service _____ Contract Expires ___/____/ _____
Year Month Day

Parent Aide _____

Areas of Service: (goals to be accomplished)

Home Management _____ Health and Hygiene _____ Nutrition _____

Budgeting _____ Parenting Skills _____ Other (specify)_____

Community resources involved: _____

_____

Progress to date: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Summary of month _____

_____

_____

_____

_____

_____

_____

Parent Aide's signature _____ ____/____/____
Year Month Day

cc report to: Parent Aide Co-ordinator _____

Social Worker_____ Other _____

2026 Rev 01/09

8.16 Letter of Notification of Child in Need of Protection

Child and Family Programs
Address
Fax: (306)
Phones: (306)

Date

Name
Address
CITY PROVINCE POSTAL CODE

Dear _____,
(names of parents/legal guardians, separate letters for more than one household)

As an officer designated by the Minister of Social Services, I have had recent contact with your family regarding your child/children:
_____
_____
_____
_____
(names of all children under 16 who are subject to the investigation and found to be in need of protection)

You are receiving this letter because I have concluded that your child/children are "in need of protection" as defined by section 11 of ***The Child and Family Services Act*** for the following reasons:
_____
_____
_____
_____
(reason for involvement should be clear, concise harm and/or worry statements written in plain language and understandable to the reader)

If you agree to the need for family services, the director may enter into an agreement with you to provide those services. If an agreement has not been reached within 30 days from the date of this letter, an application to a court for a protection hearing will be made or the matter may be referred for mediation.

This letter constitutes notice pursuant to section 14(1)(a) of ***The Child and Family Services Act*** and section 5 of ***The Child and Family Services Regulations*.**

If you have any questions or concerns, please contact me at _____.

Sincerely,

_____
(Caseworker Name, Title, Office address)

Province of Saskatchewan

Canada

FORM B [Subsection 6(1)]

Application for Protective Intervention Order

8.17A Application for Protective Intervention Order

In the Court of King's Bench (Family Law Division)
Judicial Centre of Judicial Centre (or)
The Provincial Court of Saskatchewan at Location

Re:

(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)

- and -

(Name of parent or person)

I, _____,

- ☐ an officer pursuant to *The Child and Family Services Act*; or
- ☐ a person named in the Protective Intervention Order

Apply to the Court pursuant to *The Child and Family Services Act* to set a date, time and place:

- ☐ for a protective intervention order (application may only be made by an officer);
- ☐ to make changes in or addition to the terms and conditions contained in the order dated _____ (YYYY/MMM/DD);
- ☐ to decrease the period for which the order dated _____ (YYYY/MMM/DD) is to remain in force;
- ☐ to terminate the order dated _____ (YYYY/MMM/DD); or
- ☐ to extend the order dated _____ (YYYY/MMM/DD).

(application may only be made by an officer)

Dated at _____ (City/Town), Saskatchewan, this _____ day of _____, 20____.

_____
(Signature)

Address: _____ Telephone Number: _____

A hearing for a Protective Intervention Order is set for: _____ (YYYY/MMM/DD) _____ (Time)

at _____
(Place, Street Address, City/Town)

_____
(Clerk of the Court/Local Registrar)

Province of Saskatchewan

Canada

FORM B [Subsection 6(1)]

Application for Protective Intervention Order

8.17B Application for Protective Intervention Order

In the Court of King's Bench (Family Law Division)
Judicial Centre of Judicial Centre (or)
The Provincial Court of Saskatchewan at Location

Re:

(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)

- and -

(Name of parent or person)

I, _____,

☐ an officer pursuant to *The Child and Family Services Act*; or

☐ a person named in the Protective Intervention Order

Apply to the Court pursuant to *The Child and Family Services Act* to set a date, time and place:

☐ for a protective intervention order
(application may only be made by an officer);

☐ to make changes in or addition to the terms and conditions contained in the order dated _____;
(YYYY/MMM/DD)

☐ to decrease the period for which the order dated _____ is to remain in force;
(YYYY/MMM/DD)

☐ to terminate the order dated _____; or
(YYYY/MMM/DD)

☐ to extend the order dated _____.
(YYYY/MMM/DD)
(application may only be made by an officer)

Dated at _____, Saskatchewan, this _____ day of _____, 20____ .
(City/Town)

_____
(Signature)

Address: _____ Telephone Number: _____

A hearing for a Protective Intervention Order is set for: _____ _____
(YYYY/MMM/DD) (Time)

at _____
(Place, Street Address, City/Town)

_____
(Clerk of the Court/Local Registrar)

Province of Saskatchewan

Canada

FORM C [Subsection 6(2)(a)]

Notice for Protective Intervention Order

(Ministry Use Only)

8.17C Application for Protective Intervention Order

In the Court of King's Bench (Family Law Division)
Judicial Centre of Judicial Centre (or)
The Provincial Court of Saskatchewan at Location

Re: _____ _____
(Name of Child) Birthdate (YYYY/MMM/DD)

_____ _____
(Name of Child) Birthdate (YYYY/MMM/DD)

_____ _____
(Name of Child) Birthdate (YYYY/MMM/DD)

_____ _____
(Name of Child) Birthdate (YYYY/MMM/DD)

_____ _____
(Name of Child) Birthdate (YYYY/MMM/DD)

- and -

_____
(Name of Parent or Person)

To: _____
(Name of Parent or Person)

Take notice that a hearing:

☐ for a protective intervention order;

☐ to make changes in or addition to the terms and conditions contained in the order dated _____;
(YYYY/MMM/DD)

☐ to decrease the period for which the order dated _____ is to remain in force;
(YYYY/MMM/DD)

☐ to terminate the order dated _____; or
(YYYY/MMM/DD)

☐ to extend the order dated _____;
(YYYY/MMM/DD)

pursuant to *The Child and Family Services Act* will be held at:

_____
(Place, Street Address, City/Town)

on: _____ _____
(YYYY/MMM/DD) (Time)

Dated at _____, Saskatchewan, this _____ day of _____, _____.
(City/Town) (Year)

_____
(Officer)

Officer's Name: _____
Office Address: _____
Office Telephone Number: _____

Confidential

Saskatchewan

Government of Saskatchewan
Ministry of Social Services

Form M [Clause 12(a)]

Affidavit of Personal Service

I, _____, of _____,
(Name) (City/Town)

Saskatchewan _____, make oath and say:
(Occupation)

That on the _____ day of _____, 20____ I personally served

_____ .
(Name of Person to be Served)

with a true copy of this Notice, attached hereto and marked as Exhibit "A", by giving the same to and leaving it with:

_____
(Name of Person Receiving Notice)

at _____
(Address)

in _____, Saskatchewan.
(City/Town)

Sworn before me at _____,

Saskatchewan, this _____ day of _____, 20____

_____
(Signature)

_____
A Commissioner for Oaths for Saskatchewan

My commission expires: __Date_____, 20_Year_____

___Being a Government Official
___Being a Solicitor

Confidential **Saskatchewan**

Government of Saskatchewan
Ministry of Social Services

Form N [Clause 12(b)]
Affidavit of Service by Registered or Certified Mail

I, _____, of _____,
(Name) (City/Town)

Saskatchewan _____, make oath and say:
(Occupation)

1. That I served _____
(Name of Person to be Served)
with a true copy of this Notice, attached hereto and marked as Exhibit "A", by mailing the same by
☐ prepaid registered mail; or
☐ prepaid certified mail;
addressed as follows:

_____
_____
_____
_____

2. That attached hereto and marked as Exhibit "B" to this my affidavit is the acknowledgement of receipt or a delivery notice card was left on the _____day of _____, _____ .
(Year)

3. That the basis of my information and belief as to the postal address of the addressee is that:

_____
_____
_____

Sworn before me at _____,

Saskatchewan, this _____ day of _____, 20____

_____
(Signature)

_____
A Commissioner for Oaths for Saskatchewan
My commission expires: __Date_____, 20_Year_____

___Being a Government Official
___Being a Solicitor

Confidential

Saskatchewan

Government of Saskatchewan
Ministry of Social Services

Affidavit of Service by Facsimile Transmission

I, _____, of _____,
(Name) (City/Town)

Saskatchewan _____, make oath and say:
(Occupation)

1)That on the _____ day of _____, 20_____ I personally served

_____ .
(Name of Person to be Served)

with a true copy of this Notice, attached hereto and marked as Exhibit "A", by facsimile transmission.

2) Attached hereto and marked as Exhibt "B" to this my affidavit is the verification of successful transmission.

3) The basis of my information and belief as to the correct facsimile number is: Ministry Records

Sworn before me at _____,
Saskatchewan, this _____ day of _____, 20_____

_____
(Signature)

_____
A Commissioner for Oaths in and for the Province of Saskatchewan
My commission expires: __Date_____, 20_Year_____

____Being a Government Official
____Being a Solicitor

Government of Saskatchewan
Ministry of Social Services

Order for Substitutional Service

FORM 2 [*Section 6*]
[*Section 9 of The Emergency Protection for Victims of Child Sexual Abuse and Exploitation Act*]

In the matter of an application for substitutional service of an emergency protective intervention order pursuant to *The Emergency Protection for Victims of Child Sexual Abuse and Exploitation Act* against

_____ , respondent
[Name of respondent]

TO: _____ , respondent

1. On _____, 20____, at _____, Saskatchewan, an *ex parte*
[*Month, day*] [*Year*] [*City, town, etc.*]

application was made by _____,
[*Name of applicant*]

a peace officer within the meaning of *The Emergency Protection for Victims of Child Sexual Abuse and Exploitation Act* for an order for substitutional service of an emergency protective intervention order made pursuant to section 7 of that Act against you, as respondent.

2. Having heard the application and the evidence filed in support of the application, I order substitutional service of the attached order on the respondent by: [*Describe method of service*]

_____.

Dated at _____, Saskatchewan, this _____ day of _____, 20____.
[*city/town, etc.*]

[*Signature of Justice of the Peace*]

[*Justice of the Peace Number*]

Government of Saskatchewan
Ministry of Social Services

FORM J [Section 9]

Withdrawal of Application for a Protection Hearing

In the Court of King's Bench (Family Law Division)

Judicial Centre of Judicial Centre (or)

The Provincial Court of Saskatchewan at Location

Re:

(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)

I, _____, an officer under *The Child and Family Services Act*
(Officer)

state that a protection hearing pursuant to *The Child and Family Services Act* is scheduled to be held on _____, and,
(YYYY/MMM/DD)

1. ☐ The parents and director reached an agreement for the provision of family services.

or

☐ I am of the view that the child is no longer in need of protection pursuant to *The Child and Family Services Act*.

2. ☐ I withdraw the application for a protection hearing pursuant to *Section 25* of *The Child and Family Services Act*.

Dated at _____, Saskatchewan, this _____ day of _____, _____.
(City/Town)

_____
(Officer)

Officer's Name: _____

Office Address: _____

Office Telephone Number: _____

Received on: _____
(YYYY/MMM/DD)

_____
(Clerk of the Court/Local Registrar)

2083-A Rev 12/07 Original: Court Copies: Parent or Person Named

Confidential

Saskatchewan

Ministry of Social

FORM I [Subsection 8(3)]

Notice of Application to Vary or Terminate an Order

Pursuant to Section 39 of *The Child and Family Services Act*

In the Court of King's Bench (Family Law Division)
Judicial Centre of Judicial Centre (or)
The Provincial Court of Saskatchewan at Location

Re:

(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)

To: _____
(Parties to Original Protection Order)

Take notice that an application for a hearing pursuant to Section 39 of *The Child and Family Services Act* to vary or terminate the order dated _____ (YYYY/MMM/DD) will be held at: _____ (Place, Street Address, City/Town)

on: _____ (YYYY/MMM/DD) at: _____ (Time) as there has been a change in circumstances and it is in the best interests of the child to vary or terminate the order.

Dated at _____ (City/Town), Saskatchewan, this _____ day of _____, _____ (Year).

_____
(Signature of Party Applying)

Name of Party Applying: _____

Address: _____

Telephone Number: _____

I, _____ agree to waive the requirement of 15 days notice of the Hearing.

Dated at _____ (City/Town), Saskatchewan, this _____ day of _____, _____ (Year).

_____ (Parent) _____ (Director)

I accept service of this notice

Dated at _____ (City/Town), Saskatchewan, this _____ day of _____, _____ (Year).

_____ (Parent) _____ (Director)

Confidential **Saskatchewan**

Ministry of Social

FORM I [Subsection 8(3)]

Notice of Application to Vary or Terminate an Order

Pursuant to Section 39 of *The Child and Family Services Act*

In the Court of King's Bench (Family Law Division)
Judicial Centre of Judicial Centre (or)
The Provincial Court of Saskatchewan at Location

Re:

(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)
(Name of Child)	Birthdate (YYYY/MMM/DD)

To: _____
(Parties to Original Protection Order)

Take notice that an application for a hearing pursuant to Section 39 of *The Child and Family Services Act* to vary or terminate the order dated _____ (YYYY/MMM/DD) will be held at: _____ (Place, Street Address, City/Town)

on: _____ (YYYY/MMM/DD) at: _____ (Time) as there has been a change in circumstances and it is in the best interests of the child to vary or terminate the order.

Dated at _____ (City/Town), Saskatchewan, this _____ day of _____, _____ (Year).

_____
(Signature of Party Applying)

Name of Party Applying: _____

Address: _____

Telephone Number: _____

I, _____ agree to waive the requirement of 15 days notice of the Hearing.

Dated at _____, Saskatchewan, this _____ day of _____ , _____ .
(City/Town) (Year)

_____ _____
(Parent) (Director)

I accept service of this notice

Dated at _____, Saskatchewan, this _____ day of _____ , _____ .
(City/Town) (Year)

_____ _____
(Parent) (Director)

Government of Saskatchewan
Ministry of Social Services

Agreement for Services to 16 and 17 Year Olds

An Agreement with the Minister of Social Services to provide Services to 16 and 17 year olds, pursuant to Section 10 of *The Child and Family Services Act*.

1. I, , born / / ,
Name of Youth Year Month Day
residing at, ,

am a youth in need of care and supervision and request the Minister of Social Services to provide me with residential services and/or financial assistance pursuant to Section 10 of *The Child and Family Services Act* because:

☐ there is no parent willing/able to assume responsibility for me; or
☐ I cannot be re-established with my family.

I agree:
(a) to reside in a place that is prearranged or approved by my caseworker;
(b) to prepare myself for reintegration and/or independence by

(c) to regularly inform my caseworker of any change in my circumstances that may affect this agreement;
(d) to keep all appointments arranged for me by my caseworker.

2. I understand I may seek advice from an independent third party prior to entering in this agreement.

3. I understand as long as I comply with the terms of this agreement, the Minister of Social Services shall provide me with residential and/or financial services, including health coverage, pursuant to Section 10 of *The Child and Family Services Act.*

This agreement may be terminated at any time by either party giving two days' notice in writing. Notice to the youth may be given by an officer appointed pursuant to *The Child and Family Services Act* on behalf of the Minister. The youth may give notice to an officer appointed pursuant to *The Child and Family Services Act* in lieu of the Minister.

THIS AGREEMENT WILL BE IN EFFECT FROM / / to / /
Year Month Day Year Month Day

Dated at , Saskatchewan, this day of , 20
City/Town

Youth Caseworker

Parent/Guardian (*optional*) Supervisor

APPROVED
Date: / /
Director or Designate Year Month Day

Government of Saskatchewan
Ministry of Social Services

Description of Family System

GENOGRAM (Family Map)

COMPLETED WITH: (Family Members)

_____

_____

Date: _____

Government of Saskatchewan
Ministry of Social Services

Description of Family System

ECOMAP:

COMPLETED WITH: (Family Members)

_____

_____

Date: _____

8.26 Request for Personal Health Information

Saskatchewan Health Authority

Internal Reference MRN

MINISTRY OF SOCIAL SERVICES
REQUEST FOR ACCESS TO PERSONAL HEALTH INFORMATION
[For Child Protection Investigation or Provision of Child Protection Services]

- ❑ Request for personal health information for the purpose of conducting a child protection investigation pursuant to Section 13 of *The Child andFamily Services Act*
- ❑ Request for personal health information for the purpose of providing child protection services, investigation completed, pursuant to Section 14of *The Child and Family Services Act*

It is understood that as the trustee, you may release personal health information when you believe "on reasonable grounds, the disclosure will avoid or minimize a danger to the health or safety" of the individual as per Section 27(4)(a) of *The Health Information Protection Act*. Any personal health information disclosed to the Ministry of Social Services for the above purposes are subject to the confidentiality provisions of Section 74 of *The Childand Family Services Act*.

Child Information:		
First Name	Middle Name	Last Name
Date of Birth (dd-mmm-yyyy)	Health Services Number (if known)	Gender ❑ Male ❑ Female
Parent/Guardian Information (only required if requesting information about the child's parent(s) or guardian(s)**:**		
First Name	Last Name	Date of Birth (dd-mmm-yyyy)
First Name	Last Name	Date of Birth (dd-mmm-yyyy)
Health-care Facility/Practitioner (Trustee) Information (a facility name must be provided and associated health authority or town/city)**:**		
Name of Facility (i.e., hospital)		Date of Visit to Facility (if known) [dd-mmm-yyyy]
Health-care Practitioner Name (if known)	Health Authority or City/Town	
Briefly Describe the Risk/Harm to Child (include the nature of the allegation and the risk to the child)**:**		

Abuse and/or Neglect Allegation:

As an officer under *The Child and Family Services Act,* **I have reason to believe** (check all that apply):

- ❑ The child has or is likely to suffer physical harm.
- ❑ There is no adult willing or able to provide for the child's needs, and physical or emotional harm to the child has occurred or is likely to occur.
- ❑ The child has been exposed to domestic violence or severe domestic disharmony that is likely to result in physical or emotional harm to the child.
- ❑ The child has suffered or is likely to suffer a serious impairment of mental or emotional functioning.
- ❑ The child has been likely or is likely to be exposed to harmful interaction for a sexual purpose.
- ❑ The child's development is likely to be seriously impaired by failure to remedy a mental, emotional, or developmental condition.
- ❑ Medical, surgical, or other recognized remedial care or treatment that is considered essential by a duly qualified medical practitioner has not been or is not likely to be provided to the child.

As an officer under *The Child and Family Services Act,* **I require health information as follows** (check all that apply):

- ❑ Number and nature of medical/mental health visits in the last year **and** name of the primary physician listed (if applicable)
- ❑ The child's physical condition, medical diagnosis, treatment prescriber (i.e., including such things as presenting information, discharge notes, nurse/doctor notes, etc.)
- ❑ Related to injury or illness within the past 18 months
- ❑ Developmental delay, malnutrition, or other possible indicators of neglect
- ❑ Medical condition (mental or physical) of the child's parent(s) impacting on the parent's ability to care for his/her child (i.e., mental illness, addiction, etc.) where the child's safety and/or well-being may be at risk
- ❑ Other information deemed relevant as determined by your professional judgement
- ❑ Specific to the following _____

_____

_____

Saskatchewan
Health Authority

MINISTRY OF SOCIAL SERVICES
REQUEST FOR ACCESS TO PERSONAL HEALTH INFORMATION

Internal Reference MRN

Child Protection Case Worker (Officer under *The Child and Family Services Act*) **Contact Information:**

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Number: _____ After Hours/Emergency Contact Number: _____

Signature: _____ **Date:** _____

Saskatchewan Health Authority Administrative Action Taken:

❑ Information **provided** as requested

❑ By regular mail ❑ Courier ❑ Fax ❑ Other _____

❑ Information **not provided**

Explanation required _____

❑ Information **provided in part**

Explanation required _____

Saskatchewan Health Authority Health Professional Contact Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Number: _____ Fax Number: _____

Signature: _____ **Date:** _____

This request will become part of the permanent health record of the subject individual(s) who may obtain access to it pursuant to *The Health Information Protection Act* and of the child protection and/or child care file of the subject individual(s) pursuant to *The Child and Family Services Act*.Medical of other health reports/documents may also be used for court purposes.

THIS FORM HAS BEEN CREATED AND AGREED TO BY THE MINISTRIES OF HEALTH AND SOCIAL SERVICES, AND THE SASKATCHEWAN HEALTH AUTHORTY.

Government of Saskatchewan
Ministry of Social Services

Contact Record

Case name: _____ Case No. _____

Date: _____ Time: _____a.m. _____p.m. Birth Date: _____

Year/Month/Day Year/Month/Day

Contact with _____

Address _____ Phone: (306) _____

City, Town, Village _____ Postal Code _____

Type of Contact: ☐ Phone ☐ Office Interview ☐ Home Visit ☐ Collateral ☐ Other _____

Regarding: _____

Contact content/Summary of contact:

Government of Saskatchewan
Ministry of Social Services

Interprovincial Placement Agreement (IPPA Form)

8.28 Interprovincial Placement Agreement (IPPA Form)

The Interprovincial Placement Agreement (IPPA):

- **is negotiated prior to a child/youth moving to another jurisdiction: with a foster family; to a family member or other approved care provider; to a temporary treatment or residential facility where there is supervision and monitoring role for the receiving jurisdiction; to an out of care placement; or, a supervision and monitoring role is required with a young person who was a former ward and has entered into an agreement for post care or extended services;**
- **must be completed after the review and consideration of each jurisdiction's obligations as outlined in the *Provincial/Territorial Protocol on Children and Family Moving Between Provinces and Territories* (the Protocol); and**
- **must be reviewed every 12 months or earlier at the request of either jurisdiction.**

Part A - Instructions

Completion of this form involves the following steps:

1. Prior to placement the originating child welfare organization initiates contact with the appropriate receiving child welfare organization. The Interprovincial Coordinator in your jurisdiction may assist with identifying the appropriate contact.
2. The case worker/designate in the originating jurisdiction arranges a planning conference with the case worker/designate in the receiving jurisdiction to review and coordinate services and negotiate the IPPA pursuant to the Protocol.
3. Once plans are finalized between the originating and receiving case workers/designates, the originating case worker/designate completes the IPPA and sends two signed copies to the receiving case worker/designate.
4. The case worker/designate in the receiving jurisdiction has both copies of the form signed, returning one copy to the case worker/designate in the originating jurisdiction.
5. The case worker/designate in each jurisdiction sends copies of this form and related documentation to its Interprovincial Coordinator(s) and others as may be required.
6. The IPPA will be reviewed **annually** or earlier if circumstances change.

Part B – An Agreement Between:

Originating Jurisdiction (province/territory)

Originating Child Welfare Organization		**Contact Person (who can be contacted about this Agreement)**
Address		
Telephone	**Fax**	**Email**
Alternate Contact (name)	**Alternate Contact** (phone number and email address)	

Receiving Jurisdiction (province/territory)

Receiving Child Welfare Organization		**Contact Person**
Address		
Telephone	**Fax**	**Email**
Alternate Contact (name)	**Alternate Contact** (phone number and email address)	

Part C – Information on Child or Youth (you must complete a separate agreement for each child/youth)

Full Legal Name of Child/Youth		**Alternate Name of Child/Alias**
Date of Birth	**Gender** ☐ Male ☐ Female ☐ Transgender	**Aboriginal Status** ☐ Not Applicable ☐ Status Indian ☐ Non-Status Indian ☐ Inuit ☐ Métis
Indigenous Community/Band/IGB/FNCFS Agency (include applicable contact information and their level of involvement with the child/youth)		
Legal Status (indicate and attach a copy of order or Agreement)	**Expiration Date of Legal Status**	
The receiving jurisdiction agrees to support/enforce/defend the status of the child while monitoring and supervising the child/youth's care in the receiving jurisdiction. Any attempt to change this status will be redirected to the originating jurisdiction. **The originating jurisdiction agrees to not allow the order/agreement to lapse or terminate without notifying the receiving jurisdiction and the jurisdictions will review/ revise this Agreement in the event there is a significant change in circumstances or placement disruption.**		

Current Placement

Name(s)	**Type of Resource** (e.g. family, foster family, residential, out of care placement, etc.)
Address	
Telephone	**Email**

Receiving Placement

Name(s)	**Type of Resource** (e.g. family, foster family, residential, out of care placement, etc.)
Address	
Telephone	**Email**

Part D – Summary of Responsibilities

Notification & Negotiation

☐ Child/Youth Moving with Foster Family ☐ Child/Youth Moving to Family or Other Approved Provider
☐ Child/Youth Moving to Residential Facility ☐ Child/Youth Moving to Temporary Treatment Facility
☐ Youth Formerly in Care

Case Planning & Management (detail expectations of case workers or any service providers involved and identify schedule/timeframes)

In collaboration, the case plan will be developed according to the legislation and policy standards of the originating jurisdiction (e.g. case conferencing, contact standards, progress reports, case plan reviews, visitation, decisions and consents that may be authorized by the receiving jurisdiction etc.) The receiving jurisdiction agrees to immediately or as reasonably possible notify the originating jurisdiction of any serious occurrences/incidents as per the Protocol. Both jurisdictions will maintain a file record on the child/youth and will have a case worker assigned to the child/youth. Jurisdictions must notify the other of any change in the assignment of case workers.

Documentation- 8.4 of the Protocol Outlines information on the child to be shared. (list attachments)

☐ Certified copy of birth registration ☐ Legal Order/Agreement ☐ Copy of Life Book ☐ Social History
☐ Medical Assessments ☐ Psychological Assessments ☐ Educational Assessments ☐ Current Case Plan
☐ Other

i. **The originating jurisdiction agrees to provide the required documentation to the receiving jurisdiction pursuant to the Protocol.**

ii. **The receiving jurisdiction agrees to forward to the originating jurisdiction all reports on the progress of a child/youth completed according to the standards in the originating jurisdiction or as otherwise negotiated.**

Placement Disruption-8.5 of the Protocol outlines placement disruptions and placement decisions in the event of a disruption. **The receiving jurisdiction agrees to make all emergency and non-emergency placement changes wherever possible in consultation with the originating jurisdiction; following placement disruptions the jurisdictions agree to renegotiate a case plan that is in the best interests of the child.**

Financial Arrangements- Placement and Service Expenditures

As per the Protocol, the originating jurisdiction agrees to:

i. **make maintenance and service payments to the service provider; and**
ii. **provide any costs not covered by the receiving jurisdiction's medical plan.**

Any expenditure must be pre-approved by the originating jurisdiction.

☐ Other (indicate as negotiated):

Receiving Child/Youth Maintenance Amount	**Other**	**Approved Exceptional Funding**

Current Source of Funding

☐ Province/Territory ☐ Federal Government (Canada) ☐ Other (indicate):

Part E – Signatures

Local Child Welfare Organization in Originating Province

Name of Signing Authority (Print)	**Signature**	**Date**

Central Authority in Originating Province (complete only if required)

Name of Signing Authority (Print)	**Signature**	**Date**

Local Child Welfare Organization in Receiving Province

Name of Signing Authority (Print)	**Signature**	**Date**

Central Authority in Receiving Province (complete only if required)

Name of Signing Authority (Print)	**Signature**	**Date**

Distribute as follows:

☐ Copies of IPPA Agreement on files in both originating and receiving jurisdiction
☐ Copy Originating Jurisdiction Interprovincial Coordinator
☐ Copy Receiving Jurisdiction Interprovincial Coordinator

8.29 Interprovincial Request for Services

Confidential

Government of Saskatchewan
Ministry of Social Services

Interprovincial Request for Services

Originating Province/Territory: Saskatchewan Interprovincial.desk@gov.sk.ca

Child Welfare Organization	**Caseworker (contact person)**		**Date**
Phone Number	**Fax Number**	**Email Address**	

Receiving Province/Territory
(Interprovincial Coordinator will complete this information prior to forwarding to the regional designate if you do not know)

Child Welfare Organization	**Address**		**Postal Code**
Phone Number	**Fax Number**	**Email Address**	

Type of Request (check *all* that apply)

☐ Child Welfare Record Check	☐ Background History/Information
☐ Home Study (adoption, foster care, place of safety, etc.)	☐ Courtesy Supervision of a Visit
☐ Service of Court Documents	☐ Interview with alleged perpetrator(s) or victim(s) of abuse
☐ Other – describe:	

Child Information

Full Legal Name	**Date of Birth** (if known)	**Location/Address**

Parent/Caregiver

Full Legal Name	**Date of Birth** (if known)	**Relationship to Child or Caregiver**	**Location/Address**

Reason for Request or Details (briefly describe and attach a separate sheet if necessary)

Distribute copies as follows:
☐ Originating Interprovincial Coordinator Interprovincial.desk@gov.sk.ca
☐ Receiving Interprovincial Coordinator
☐ Receiving Child Welfare Organization

8.30 Interprovincial Child Protection Alert

Government of Saskatchewan
Ministry of Social Services

Interprovincial Child Protection Alert

Instructions to Sender
Completed forms are to be faxed (306-798-0038) or emailed to the Interprovincial Desk (interprovincial.desk@gov.sk.ca). The originating Interprovincial Desk will then forward to the relevant provinces/territories or Canada wide.

Issued By (province or territory) Saskatchewan

Child Welfare Organization			
Caseworker	**Telephone**	**Fax**	**Email Address**
Address		**Date of Alert**	**Alert End/ Expiry Date if less than 9 months**

Subject of Alert

Full Legal Name	**Date of Birth**	**Last Known Address**

Others Involved in Alert (children, legal partners, others in home, etc.)

Name	**Date of Birth** (if known)	**Relationship to Subject**	**Location/Address/Last Known Whereabouts**

Reason for Alert/Cause for Concern (check *all* that apply)

☐ Child protection investigation not concluded	☐ Child Sexual Exploitation/Trafficking	☐ 'Honour-Based' Violence	☐ Illegal Adoption
☐ Child in Care missing believed to have left jurisdiction	☐ Left jurisdiction prior to case closure	☐ Left jurisdiction without approval while under child welfare court-ordered supervision	☐ Child in Care taken from jurisdiction without approval

Known History or Risk of Violence

Additional Information

☐ **Possible Destinations** (where the subject might be going, if known) or ☐ **Canada Wide**

Include other relevant information that may assist in locating the subject, e.g. First Nations Band, Indigenous organization or community, known family/friend contact information

Action Required (e.g. alert local hospitals, investigation required, contact caseworker, etc.)

Distribute copies as follows:
☐ Originating Interprovincial Coordinator ☐ Receiving Interprovincial Coordinator ☐ Receiving Child Welfare Organizations, hospitals, etc.

Government of Saskatchewan
Ministry of Social Services

Transfer of Responsibilities Checklist
Child Protection/Child Care

Refer to Child Protection Services Manual Section 7.5 and the Children's Services Manual Section 11.17 for policies and procedures.

Indicate which files are being transferred:
☐ Child Protection ☐ Child Care (one form per child) ☐ Provider

Client Information:

Client's name	Birthdate	Legal status

Providers name (if child to be placed or has been placed)	Provider Service (alt care, PSI, foster care, etc.)	Provider Number

Office Information:

Referring Office Location	Supervisor name	Supervisor Phone
Receiving Office Location	**Supervisor name**	**Supervisor Phone**

Today's Date	Ongoing Case Number	Are there other users?
		☐ Yes ☐ No

Child Protection ☐ N/A

Checklist	Completed
1. Has consultation occurred with the receiving office including an agreed upon transfer date?	☐ Yes ☐ No
2. What is the current level of risk?	☐L ☐M ☐H ☐VH
3. Date of last contact with the family?	Date: _____
4. Was an ACP updated and approved (marked as sent)?	☐ Yes ☐ No
5. Were all required SDM® Assessments updated, completed, approved and closed (including rationale and supervisor approval in notes)?	☐ Yes ☐ No
6. If required, has the 18 month formal review been completed and approved?	☐ Yes ☐ No ☐ N/A
7. Have service providers been notified and contracts amended?	☐ Yes ☐ No
8. Has the First Nation Agency been notified of the case transfer?	☐ Yes ☐ No ☐ N/A
9. If applicable, have all legal documents, contracts and other written correspondence been placed on the paper file?	☐ Yes ☐ No
10. Has information been updated in Linkin?	
a. Primary Caregivers address (mailing address if required)?	☐ Yes ☐ No
b. Primary Caregiver's legal status?	☐ Yes ☐ No
c. Contact logs?	☐ Yes ☐ No
d. Restrictions?	☐ Yes ☐ No
e. Have Service Authorizations been created for all case related payments?	☐ Yes ☐ No
f. Has the case owner, other users, supervisor and if required, outcome plan been reassigned?	☐ Yes ☐ No
g. Reminder tasks forwarded to new caseworker (i.e. 18 month formal review)?	☐ Yes ☐ No
h. Has admin support been notified to update paper file location in Linkin?	☐ Yes ☐ No

Comments (if you responded "No" to any of the questions above, please explain):

Child *Care* ☐ **N/A**

Checklist		Completed
1. Date of last face-to-face contact with the child?		Date: _____
2. Date child was placed or is to be placed in the receiving office location?		Date: _____
3. Was a home study required or requested?		☐ Yes ☐ No ☐ N/A
4. Has the home study been approved (including fingerprints)?		☐ Yes ☐ No ☐ N/A
5. Is the caregiver being explored as a PSI?		☐ Yes ☐ No ☐ N/A
6. If required, has an email been forwarded to Out-of-Home Care advising of case transfer?		☐ Yes ☐ No ☐ N/A
7. What is the agreed upon case transfer date with the receiving office location?		Date: _____
8. What date did the case conference occur or the date it is to be facilitated?		Date: _____
9. Was the CADP updated and approved (marked as sent)?		☐ Yes ☐ No
10. Was the SDM® CSN Assessment updated, completed, approved and closed (including rationale and supervisor approval in notes)?		☐ Yes ☐ No
11.Has the cultural plan for the child been completed and/or updated?		☐ Yes ☐ No ☐ N/A
12. Have copies of legal documents, contracts and other written correspondence been placed on the paper file?		☐ Yes ☐ No
13. If required, has a copy of the family social history been completed and placed on the file?		☐ Yes ☐ No ☐ N/A
14. For LT/PW – date of most recent annual review?		Date: _____
15. If applicable, is the DLSA up to date?		☐ Yes ☐ No ☐ N/A
16. Has the school district, health region and service providers been notified of the child's move?		☐ Yes ☐ No
17. Has the First Nation Agency, Band or Indigenous Governing Body (IGB) been notified of the case transfer?		☐ Yes ☐ No ☐ N/A
18. Has information been updated in Linkin?		
	a. Child's mailing & primary address?	☐ Yes ☐ No
	b. Child's legal status, including removal narrative?	☐ Yes ☐ No
	c. Placement type?	☐ Yes ☐ No
	d. Contact logs?	☐ Yes ☐ No
	e. Reminder tasks forwarded to new caseworker (i.e. 18 month formal review)?	☐ Yes ☐ No
	f. Have Service Authorizations been created for all case related payments?	☐ Yes ☐ No
	g. Restrictions?	☐ Yes ☐ No
	h. Has the case owner, other users, supervisor and if required, outcome plan been reassigned?	☐ Yes ☐ No
	i. Has admin support been notified to update paper file location in Linkin?	☐ Yes ☐ No
Comments (if you responded "No" to any of the questions above, please explain):		

Provider ☐ **PSI** ☐ **Alternate Care** ☐ **Place of Safety** ☐ **N/A**

Checklist	Completed
1. Has POS been approved and a copy of the POS designation on file?	☐ Yes ☐ No ☐ N/A
2. Has the POS Caregiver agreement been completed and signed?	☐ Yes ☐ No ☐ N/A
3. Have POS extensions been completed and approved every 60 days?	☐ Yes ☐ No ☐ N/A
4. Has the Extended Family assessment been approved?	☐ Yes ☐ No
5. Have the Note to Files been completed, and if required, signed by the Executive Director?	☐ Yes ☐ No
6. Date of the Home Safety Check	Date: _____
7. Has the Extended Family - Alternate Care Agreement been signed and completed?	☐ Yes ☐ No ☐ N/A
8. Has the PSI (Extended Family Support) Agreement been signed and completed?	☐ Yes ☐ No ☐ N/A
9. When is the PSI/Alternate Care Annual Review due?	Date: _____
10. Has information been updated in Linkin?	
a. Provider's mailing and business address?	☐ Yes ☐ No
b. Have all placement services been updated to include Alt Care, PSI or POS start date?	☐ Yes ☐ No
c. Has placement been updated in Linkin?	☐ Yes ☐ No
d. If required, has legal status for child(ren) been updated (PSI only)	☐ Yes ☐ No ☐ N/A
e. Has POS **or** Alt Care been end dated?	☐ Yes ☐ No
f. Are provider contact logs up to date?	☐ Yes ☐ No
g. Has the case owner, other users and supervisors been updated?	☐ Yes ☐ No
h. Are there any ongoing service authorizations? If yes, what?	☐ Yes ☐ No
i. Are services to continue after case transfer? If yes, explain in comments.	☐ Yes ☐ No ☐ N/A
j. Has admin been notified to update the paper file location in Linkin?	☐ Yes ☐ No
Comments (if you responded "No" to any of the questions above, please explain):	

Signature:

_____ _____

Supervisor, Referring Office Date

8.32 MSS/FNCFS Transfer of Responsibility Agreement

MSS/FNCFS Transfer of Responsibility Agreement

Indicate which files are being transferred:

☐ Child Protection ☐ Child Care (one form per child) ☐ Provider

Client Information:

Client's name Mother: Father: Child/ren:	**Birthdate**	**Legal status**	**Treaty Number**	**Client #**
Providers name (if child to be placed or has been placed)	**Provider Service (alt care, PSI, foster care, etc.)**		**Provider Number**	

Following joint consultation between _____ (referring office) and _____ (receiving office) the Ministry of Social Services (MSS) **or** the First Nations Child and Family Services Agency FNCFS will transfer the responsibility of the above named family/child beginning the effective date below.

If for any reason the case is transferred to another service centre, agency or returned to parent, _____ (MSS or FNCFS Agency) will forward that information to the referring office.

Effective date of transfer: _____

_____ _____
Referring Office Supervisor Date

_____ _____
Referring Office Director or Designate Date

_____ _____
Receiving Office Supervisor Date

_____ _____
Receiving Office Director or Designate Date

Government of Saskatchewan
Ministry of Social Services

MSS/FNCFS Transfer of Responsibility Checklist

8.33 MSS/FNCFS Transfer of Responsibilities Checklist

Refer to CPSM Section 7.4: MSS and FNCFS Shared Planning for Children and Families

---

Indicate which files are being transferred:

☐ Child Protection ☐ Child Care (one form per child) ☐ Provider

Client Information:

Client's name	**Birthdate**	**Legal status**
Providers name (if child to be placed or has been placed)	**Provider Service (alt care, PSI, foster care, etc.)**	**Provider Number**

Office Information:

Referring Office Location	**Supervisor name**	**Supervisor Phone**
Receiving Office Location	**Supervisor name**	**Supervisor Phone**

Today's Date	**Ongoing Case Number**	**Are there other users?** ☐ Yes ☐ No

Child Protection ☐ N/A

Checklist	Completed
11. Has consultation occurred with the receiving office including an agreed upon transfer date?	☐ Yes ☐ No
12. What is the current level of risk?	☐L ☐M ☐H ☐VH
13. Date of last contact with the family?	Date: _____
14. Was an ACP updated and approved (marked as sent)?	☐ Yes ☐ No
15. Were all required SDM® Assessments updated, completed, approved and closed (including rationale and supervisor approval in notes)?	☐ Yes ☐ No
16. If required, has the 18 month formal review been completed and approved?	☐ Yes ☐ No ☐ N/A
17. Have service providers been notified and contracts amended?	☐ Yes ☐ No
18. If applicable, have all legal documents, contracts and other written correspondence been placed on the paper file?	☐ Yes ☐ No
19. Has information been updated in Linkin/ or applicable database?	
i. Primary Caregivers address (mailing address if required)?	☐ Yes ☐ No
j. Primary Caregiver's legal status?	☐ Yes ☐ No
k. Contact logs?	☐ Yes ☐ No
l. Restrictions?	☐ Yes ☐ No
m. Have Service Authorizations been created for all case related payments? (MSS)	☐ Yes ☐ No
n. Has the case owner, other users, supervisor and if required, outcome plan been reassigned? (MSS as per business process)	☐ Yes ☐ No
Comments (if you responded "No" to any of the questions above, please explain):	

Government of Saskatchewan
Ministry of Social Services

MSS/FNCFS Transfer of Responsibility Checklist

Child *Care* ☐ **N/A**

Checklist	Completed
1. Date of last face-to-face contact with the child?	Date: _____
2. Date child was placed or is to be placed in the receiving office location?	Date: _____
3. Was a home study required or requested?	☐ Yes ☐ No ☐ N/A
4. Has the home study been approved (including fingerprints)?	☐ Yes ☐ No ☐ N/A
5. Is the caregiver being explored as a PSI?	☐ Yes ☐ No ☐ N/A
6. If required, has an email been forwarded to Out-of-Home Care advising of case transfer?	☐ Yes ☐ No ☐ N/A
7. What is the agreed upon case transfer date with the receiving office location?	Date: _____
8. What date did the case conference occur or the date it is to be facilitated?	Date: _____
9. Was the CADP updated and approved (marked as sent)?	☐ Yes ☐ No
10. Was the SDM® CSN Assessment updated, completed, approved and closed (including rationale and supervisor approval in notes)?	☐ Yes ☐ No
11. Has the cultural plan for the child been completed and/or updated?	☐ Yes ☐ No ☐ N/A
12. Have copies of legal documents, contracts and other written correspondence been placed on the paper file?	☐ Yes ☐ No
13. If required, has a copy of the family social history been completed and placed on the file?	☐ Yes ☐ No ☐ N/A
14. For LT/PW – date of most recent annual review?	Date: _____
15. Has the school district, health region and service providers been notified of the child's move?	☐ Yes ☐ No
16. Has information been updated in Linkin?	
j. Child's mailing & primary address?	☐ Yes ☐ No
k. Child's legal status, including removal narrative?	☐ Yes ☐ No
l. Placement type?	☐ Yes ☐ No
m. Contact logs?	☐ Yes ☐ No
n.	
o. Have Service Authorizations been created for all case related payments? (MSS)	☐ Yes ☐ No
p. Has the case owner, other users, supervisor and if required been reassigned? (MSS)	☐ Yes ☐ No
q. Has admin support been notified to update paper file location in Linkin?	☐ Yes ☐ No
Comments (if you responded "No" to any of the questions above, please explain):	

Government of Saskatchewan
Ministry of Social Services

MSS/FNCFS Transfer of Responsibility Checklist

Provider ☐ **PSI** ☐ **Alternate Care** ☐ **Place of Safety** ☐ **N/A**

Checklist		Completed
1.	Has POS been approved and a copy of the POS designation on file?	☐ Yes ☐ No ☐ N/A
2.	Has the POS Caregiver agreement been completed and signed?	☐ Yes ☐ No ☐ N/A
3.	Have POS extensions been completed and approved every 60 days?	☐ Yes ☐ No ☐ N/A
4.	Has the Extended Family assessment been approved?	☐ Yes ☐ No
5.	Have the Note to Files been completed, and if required, signed by the Executive Director?	☐ Yes ☐ No
6.	Date of the Home Safety Check	Date: _____
7.	Has the Extended Family - Alternate Care Agreement been signed and completed?	☐ Yes ☐ No ☐ N/A
8.	Has the PSI (Extended Family Support) Agreement been signed and completed?	☐ Yes ☐ No ☐ N/A
9.	When is the PSI/Alternate Care Annual Review due?	Date: _____
10.	Has information been updated in Linkin?	
	k. Provider's mailing and business address?	☐ Yes ☐ No
	l. Have all placement services been updated to include Alt Care, PSI or POS start date?	☐ Yes ☐ No
	m. Has placement been updated in Linkin?	☐ Yes ☐ No
	n. If required, has legal status for child(ren) been updated (PSI only)	☐ Yes ☐ No ☐ N/A
	o. Has POS **or** Alt Care been end dated?	☐ Yes ☐ No
	p. Are provider contact logs up to date?	☐ Yes ☐ No
	q. Has the case owner, other users and supervisors been updated?	☐ Yes ☐ No
	r. Are there any ongoing service authorizations? If yes, what?	☐ Yes ☐ No

Comments (if you responded "No" to any of the questions above, please explain):

Signature:

_____ _____

Supervisor, Referring Office Date

8.34 Assessment and Case plan

Assessment and Case Plan

Case Name:

HISTORICAL CHILD PROTECTION INVOLVEMENT:

1. **Historical Child Protection/Child Care Involvement***: List prior case involvements from ACI and Linkin. If applicable, include involvements with FNCFS Agencies or other provinces.*

2. **Significant Historical Themes:** *Identify any significant themes in the historical involvement that have a substantial impact on the family's progress toward goal achievement of addressing safety and risk over time (positive and negative).*

CHILD PROTECTION CASE ANALYSIS: (Current review period)

1. **Reason for Current Involvement:**

2. **Progress toward goal achievement***: Describe the family's progress toward child safety, risk reduction, reunification and/or case closure (significant events, behavior and actions that impact safety and risk, safety planning, visitation evaluation, engagement in supports and services, effectiveness of supports and services, understanding of the child protection concerns, barriers to goal achievement).*

3. **Significant Case Decisions/Interventions:**
   (removals/reunifications/court applications/hearings/orders/investigations during this review period).

4. **Permanence:** *Describe the permanency plan for the child(ren).*

CASE CLOSURE*: Briefly summarize the rationale for case closure.*

CASE PLAN:

Goal Statement:

Need	Actions of Protection	Services/Activities	Timeline

SIGNATURES:

_____ _____

Caseworker Date

Supervisor Date

Manager (18 month formal review) Date

Consent to Disclose Information

Government of Saskatchewan
Ministry of Social Services

This form is to be used to consent to the disclosure of personal information which is protected and governed by the privacy provisions of *The Freedom of Information and Protection of Privacy Act*, and *The Child and Family Services Act*, or *The Emergency Protection for Victims of Child Sexual Abuse and Exploitation Act* and personal health information which is protected and governed by *The Health Information Protection Act*. Read Consent Fact Sheet before completing.

I _____
(print full name and date of birth or case number/identifier)

consent to release to _____
(print name, title of person receiving information)

_____
(print address and phone number of person receiving information)

_____
(relationship between third party and individual providing consent)

personal information and/or personal health information about me which the Minister of Social Services and/or his /her officials may need to release in order to respond to the following concern or issue:

Please check the (one) appropriate box and complete details

Access to my **entire** file and personal information. I consent to the Ministry releasing any information requested by the above named individual for the duration of this consent. I understand that this includes any and all personal information and personal health information on my file for specified Program (select one or more):

☐ Income Assistance Programs and Corporate Planning *(SAP, SAID, TEA, SES, etc.)*

☐ Housing Programs and Finance *(Housing Authority files, rental agreements, payment history)*

☐ Disability Programs *(Community Living)*

☐ Child and Family Programs (*Child protection files, child in care, family services)*

Information is **limited** to this specific subject:

☐ Administration of benefits

☐ Documentation concerns/questions (annual reviews, monthly requirements etc.)

☐ Personal information only (excluding personal health information)

☐ Personal health information only (excluding personal information)

☐ Eligibility ☐ Case management questions ☐ All information (no limitations)

☐ Other (please be specific): _____

_____

☐ One time consent ☐ On-going consent:

Consent period (MM/DD/YYYY): Click here to enter a date. to (MM/DD/YYYY): Click here to enter a date.

I understand the Ministry may have information about me related to one or more of the following:

- Information relating to: financial assistance, employment programs, training allowances and benefits, employment assistance for persons with disabilities, career and employment services, seniors' benefits, child care subsidy programs, child care inspections, investigations, licensing, funding or qualifications, intellectually challenged individuals and approved private-service home operators. (Protected under *The Freedom of Information and Protection of Privacy Act*)
- Information relating to me and/or my dependent children with respect to child protection concerns, services to families and foster care. (Protected under *The Child and Family Services Act*)
- Information relating to: medical reports, doctor's letters and medical assessments, medical professionals' letters or assessments. (Protected under *The Health Information Protection Act*)

I understand that the Ministry will only release as much information as is required in order to respond to my concern, and that some information may not be disclosed to either myself or the third party identified above, in accordance with restrictions contained in *The Freedom of Information and Protection of Privacy Act*, *The Child and Family Services Act* and/or *The Health Information Protection Act*. **This consent does not provide the authority for the named individual to make decisions on my behalf.**

I understand that in the course of disclosing information to the identified individual, the Ministry may collect and use information from this individual regarding my circumstances.

I understand that I can revoke my consent at any time but that it cannot be done retroactively.

DATE: ____/_____/_____ _____
MM/DD/YYYY Signature of Individual OR Legal Guardian
Consenting to Collection, Use & Disclosure

Unless a shorter time frame is noted, consent does not extend beyond 12 months from the date of signing. New consents are required after 12 months.

For MSS use only: Reviewer's Name: _____ Date: _____
Expiry date of consent (not to exceed 12 months):
Reasonable assurance consent is informed and voluntary: ___ Yes ___ No
Withdrawal of consent: Date received: _____ Reviewed by: _____ Details of withdrawal: (Provide date and details as to how consent was withdrawn. If withdrawn in writing, attach withdrawal to this document.)

In order to comply with privacy legislation, the ministry must have your permission (consent) to disclose your information to someone else. You have a right to your information and can consent for it to be released to anyone you choose (some legal exemptions may apply). Completing and signing the consent form verifies your permission. In all cases, the Ministry will only disclose as much information as is required in order to respond to the inquiry or your concern.

If you are a legal guardian or power of attorney providing consent, you must provide a copy of the legal documentation granting you the authority to make that decision on behalf of the client.

Records created under *The Child and Family Services Act* have additional confidentiality requirements. This may mean some information cannot be released, even with consent. The consent **does not apply** to records created under *The Adoption Act, 1998*.

Personal information
Personal information is defined in *The Freedom of Information and Protection of Privacy Act* and includes just about any personal information about you. For example, it may include information about: race, religion, family status, age, place of origin, employment or criminal history, financial information, address and telephone number, the views and opinions of someone about you, along with a host of other information.

Personal health information
Personal health information is defined in *The Health Information Protection Act* to include information about your health or health services received by you. Examples include: a patient record held by a hospital; registration information held by the Ministry of Health to register individuals for insured services; and, records of personal health information held by a government institution.

Clients wanting to access personal information
Every person has the right to access their own personal information. This is done by requesting access under *The Freedom of Information and Protection of Privacy Act* or *The Health Information Protection Act*. If you have questions about that process, please contact Ministry of Social Services' Access & Privacy unit at 306-787-0227 or by emailing Access-PrivacySS@gov.sk.ca.

Clients wanting access to Adoption records
For information about access to personal information under The Adoption Act (adoption services), contact Post Adoption Services at 1-800-667-7539 or write to them at 1920 Broad Street, Regina, SK S4P 3V6.

Confidential

Government of Saskatchewan
Ministry of Social Services

Group Home Final Investigation Report

Group Home Information

Group Home Name		
Address	**Postal Code**	**Phone**
Service Area Conducting the Investigation	**Service Area That Made the Placement**	

Nature of Allegation

☐ Sexual Abuse ☐ Physical Abuse ☐ Other (specify):

Allegation Reported to Whom

First & Last Name	Position/Organization	Relationship to Child
Date Allegation Reported	**Date Investigation Commenced**	

Information on Allegation/Staff Member Accused

Allegation Description		
Accused Staff Person's First & Last Name	**Gender** _____	**Employment Relationship with Group Home**
How does this person's position relate to the child who made the allegation?		

Alleged Victims – *list only children related to this incident*

First & Last Name	Date of Birth	Gender	CFSA Status	Service Area	Date of Placement to Group Home
		_____	_____		
		_____	_____		
		_____	_____		
		_____	_____		

Interviews

Who was interviewed? Provide first & last name.	Position/Relationship to Investigation	Date	Contents of Interview

Police Involvement – *indicate nature of police involvement and any information relevant to this investigation*

Medical Reports – *provide findings from medical assessment related to this incident*

Findings

Conclusion

☐ Allegations Substantiated (sufficient evidence to support allegation)

☐ Allegations Unsubstantiated (evidence was insufficient to support allegation)

☐ Allegations Unsubstantiated, Inappropriate Behaviour Substantiated (evidence of employee misconduct)

Report Prepared By – *sign underneath*

First & Last Name	Title	Date Report Prepared

_____

Signature

Supervisor Approval

_____ _____ _____ / _____ / _____

Print Name ***Signature*** ***Month*** ***Day*** ***Year***

Service Manager Approval

_____ _____ _____ / _____ / _____

Print Name ***Signature*** ***Month*** ***Day*** ***Year***

cc: Group Home Director,
, Manager, Standards Compliance, Child and Family Programs

Government of Saskatchewan
Ministry of Social Services

Final Investigation Report Foster Care

Foster Parent/Care Provider: _____

Client Number: _____

Name of Identified Client: _____

Name of Spouse: _____

Identified Client D.O.B.: _____
(YYYY/MMM/DD)

Spouse D.O.B.: _____
(YYYY/MMM/DD)

Applicant Const Status: _____

Spouse Const Status: _____

Marital Status of Foster Parents: _____

Address: _____

Home Phone: _____

Regional Office: _____

Classification: _____

# Natural Children	# Foster Children	# Years Fostering	# Previous Placements	# Previous Investigations	# Previous Investigated Allegations Substantiated

Nature of Allegations: (Check those that apply)

☐ Sexual Abuse ☐ Emotional Abuse ☐ Physical Abuse ☐ Physical Neglect

☐ Other Exploitation (Specify): _____

Allegation and Date Reported:

ALLEGED PERPETRATOR/ABUSER(S): List all with First and Last Name, Birth Date, Gender, Relationship within/to home and ALL ACTIVE INVOLVEMENT ON ACI with any comments that might be relevant.

ALLEGED VICTIMS: List all the children/youth that are related to this incident only. List by Name, Birth Date, Gender, CFSA Status and the Regional Office the child is from.

Start of Investigation Date:

INTERVIEWS:

VALIDITY OF CONCERNS:

POLICE INVOLVEMENT:			
Were the Police involved?	☐	If yes, were charges laid?	☐
If so, what Criminal Code?			
Is the Court in Process?	☐	Was there a conviction?	☐

OUTCOME:

STATUS OF FOSTER HOME:

CONDITIONS TO REMAIN OPEN:

SFFA Support (Yes or No)	**Counseling by Regional Worker (Name)**	**Counseling by Other Agency (Name)**
☐		

OTHER RECOMMENDATIONS:

Date Report Prepared: _____
(YYYY/MMM/DD)

Prepared By: _____
(Name)

Supervisor Approval: _____
(Supervisor's Name)

Director, Service Delivery or Designate Approval: _____
(Director, Service Delivery's Name)

Government of Saskatchewan

8.44 Screener Narrative

1. **Screener Narrative**

   What is the reporting party worried about? *(Caregiver's actions or inactions and the impact on the child)*

   What does the reporting party know about what is working well for the family? *(Caregiver actions that contribute to safety)*

   What does the reporting party think needs to happen next?

2. **Network Identification**

   What does the reporting party know about the family's support system?

   What does the reporting party know about the parent and child's constitutional status and eligibility for band or metis membership, if applicable? *(what bands are they register to or eligible to be registered to?)*

3. **Additional Screening Activity Information** *(A summary of collateral information that is gathered when information from the reporting party is not sufficient to reach a screening decision)*

4. **Additional Concerns for Follow up** *(Additional concerns that were not marked in the SDM® Intake Assessment but may require further follow up)*

5. **Historical Child Protection Services Involvement** *(Briefly summarize prior involvements from ACI and Linkin, including child protection and child care involvements. If applicable, include involvements with FNCFS Agencies or other provinces.)*

6. **Provisional Harm Statement** *(Clear and specific statements that describe the harm or maltreatment that is reported to have happened to the child and the impact on the child.)*

7. **Provisional Worry Statement** *(Clear and specific statements that describe the worries about what may happen to the child, now and in the future, if nothing about the child's situation changes.)*

8.45 Paper File Document Form

Government of Saskatchewan
Ministry of Social Services

Paper File and Documentation Request Form

Client Name: Click here to enter text.
Linkin Person or Provider Reference #: Click here to enter text.

TRANSER FILE

TO - Office: Click here to enter text. **Worker:** Click here to enter text.
Reason: ☐ Move ☐ Reopen ☐ Review (Paper Only)

☐ **CREATE NEW FILE** ☐ **RE-ACTIVATE FILE** ☐ **MAKE FILE INACTIVE**

☐ **Effective date** : Click here to enter a date.

☐ Protection – Orange – (PR)
☐ Child Care – Yellow – (CC)
☐ 16/17 Year Old – Salmon – (FY)
☐ Pregnancy Counseling – Grey – (PC)
☐ Provider – Blue – (PF)
☐ Resource Investigation – Green – (RI)
☐ Adoption – Purple – (AD)

CC & 16/17 YEAR OLD FILES: CREATE NEW/REACTIVATE FILE
ADDITIONAL DOCUMENTATION/ACTIONS REQUIRED

Enter Cumulative Days in Care: **Click here to enter text.**
*Applicable only when re-opening a CC file not previously in Linkin – (this information is available from SWIN)

☐ Apply for Children's Special Allowance (CTB)
☐ Request for Child's Immunization Record
☐ Notify Income Assistance Program
☐ Notification of an On-Reserve Indigenous Child Taken into Care

Health Coverage:
☐ Nominate for Supplementary Health ☐ Request for Saskatchewan Health Card

Apply Birth/Death Documents:
Birth Mother's name: Click here to enter text. **Birth Mother's DOB:** Click here to enter text.
Birth Father's name: Click here to enter text. **Birth Father's DOB:** Click here to enter text.

☐ Registration of Live Birth (Court) ☐ Birth Certificate Short Form (ID)
☐ Birth Certificate Long Form (SIN, Passport) ☐ Death Certificate

CC & 16/17 YEAR OLD FILES: MAKE FILE INACTIVE
ADDITIONAL DOCUMENTATION/ACTIONS REQUIRED

Effective Child Returned Date: Click here to enter a date.
☐ Cancel Health ☐ Notification of an Indigenous Child Returned
☐ Cancel Children's Special Allowance ☐ Notify Income Assistance Program
– Return Reason: Under Another's Care

Case Worker Name and Signature: Click here to enter text. _____
Date: Click here to enter a date.

Government of Saskatchewan
Ministry of Social Services

Referral to Mental Health and Addictions Services

Child & Family Programs

The Ministry caseworker must complete all sections of the Referral form as well as PART A of the Results form. Both the Referral and Results sections must be submitted at the time of the referral.

☐ Child/Youth
☐ Adult

☐ Mental Health ☐ Addictions ☐ Both

Referred By

Name	Position	Date of Referral

Phone Number	Address

Client Information

Name	Date of Birth	Sex	Phone
		☐ Male ☐ Female	

Address (Street Number/Name, City/Town)	Postal Code

Medications (attach list if available)

Referring concern related to suicide?	Is there a history of suicide attempts?
☐ Yes ☐ No	☐ Yes ☐ No

What is the safety plan?

Parent(s)/Legal Guardian and Relationship (parent, step-parent, foster parent)

Name	Relationship	Phone

Address (Street Number/Name, City/Town)	Postal Code

Other Agency/Professional Involvement with Family

Name	Phone	Involvement
		☐ Current ☐ Past
		☐ Current ☐ Past
		☐ Current ☐ Past

Ministry Involvement

Will MSS remain involved after referral? ☐ Yes ☐ No	Parental Services Agreement ☐ Yes ☐ No Expiry:
Child/Youth's Legal Status	

Reason for referral:

Include the concerns regarding social, emotional, behavioural and spiritual functioning:

What are the main contributing factors leading to the current challenges?

What information is required by Child and Family Programs (e.g. appointment confirmation, results, assessments etc.)?

I authorize the Ministry of Social Services and the Ministry of Health, Mental Health and/or Addictions Services to share and receive information about me and/or my child. This information may include past involvement with their programs, treatment options, assessments (both current and historical), prognosis, progress and my current circumstances.

Client/Parent/Guardian Signature	Date

Mental Health and Addictions Services
RESULTS

*The Ministry caseworker must complete **PART A** and include the "Results" page as part of the referral package to Mental Health and/or Addictions Services.*

*The Regional Health Authority caseworker will complete **PART B** and return the "Results" page to the Ministry caseworker.*

PART A

Name of MSS Caseworker	**Caseworker Phone Number**
MSS Service Centre Address	**Caseworker Fax Number**
Name of client	**Client Date of Birth**

PART B

Name of Health Authority	**Phone Number**
Name of RHA Caseworker	**Fax Number**
Services Provided ☐ **Mental Health** ☐ **Addictions** ☐ **Both**	**Date seen (if multiple, list all)**

Client was not seen because: ☐ Moved ☐ Could not make contact ☐ Did not show for appointment(s)

Outcome:

Next Steps (include future appointments):

Signature:

RHA Mental Health and/or Addiction Worker	**Date**

8.47 Letter of Notification to Agencies

Insert Branch/Region

Street Address
CITY PROVINCE POSTAL CODE

Phone: 306-
Fax: 306-

Date

Name
Address
CITY PROVINCE POSTAL CODE

Dear Salutation:

The Ministry of Social Services, Child and Family Programs, is currently providing child welfare services to the following family. The Ministry would like to invite you to be involved in planning for this family and their children. If you are interested in becoming involved please contact me at (306) .

Mother:	DOB:	Band #
Father:	DOB:	Band #
Children:	DOB:	Band #
	DOB:	Band #
	DOB:	Band #
	DOB:	Band #

☐ The children remain in parental care
☐ The children are in a private placement
☐ The children are in the care of the Ministry and placed in:

- ☐ Approved Extended Family Resource
- ☐ Foster home
- ☐ Residential Stabilization Programs/Group Home Care

☐ The children are placed with a Person of Sufficient Interest
☐ The Ministry has assessed that reunification to parental care is no longer viable and permanency planning options continue to be explored
☐ The Ministry is no longer providing child protection services and case was closed as of .

Sincerely,

cc: , FNCFS Consultant

8.48 Referral Letter to Agencies

Insert Branch/Region

Street Address
CITY PROVINCE POSTAL CODE

Phone: 306-
Fax: 306-

Date

Name
Address
CITY PROVINCE POSTAL CODE

Dear Salutation:

The Ministry of Social Services, Child and Family Programs, is currently providing child welfare services to the following family.

Mother:	DOB:	Treaty #
Father:	DOB:	Treaty #
Children:	DOB:	Treaty #
	DOB:	Treaty #
	DOB:	Treaty #
	DOB:	Treaty #

☐ The family has relocated to your agency service area.
☐ The caregiver has relocated to your agency service area.

Please find attached the following documents which provide relevant case information.

☐ SDM Assessments
☐ Assessment and Case Plan
☐ Mutual Family Assessment / Annual Review

We will be in contact with you to arrange a case conference in the near future to discuss planning for the family. Formal case transfer will occur following a 90-day period of residence and agreement of all parties.

Sincerely,

Supervisor

cc: , FNCFS Consultant

8.49 Acknowledgement Letter Section 35 Referral

Child and Family Programs

DATE:

Name
Address
CITY PROVINCE
POSTAL CODE

Dear Salutation:

In response to a referral pursuant to Section 35 of *The Youth Criminal Justice Act* for an assessment to determine if the youth named below is in need of protection pursuant to Section 11 of *The Child and Family Services Act,* please be advised:

Youth's Name Date of Birth:

☐ The referral has been assigned for investigation.

☐ We require further information in order to assess whether or not there is reason to believe the youth may be in need of protection pursuant to Section 11 of *The Child and Family Services Act* and an investigation is required. Please contact Child Protection Intake screening at 306-787-3760.

☐ The referral information does not indicate that a youth may be in need of protection pursuant to Section 11 of *The Child and Family Services Act* and the ministry will not be assigning for investigation.

☐ The ministry has active involvement with this youth as indicated below:

☐The youth lives at home and the ministry is currently providing child protection services to the family.

☐The youth is in out of home care and their placement is as follows:

Please contact the youth's caseworker at should further information be required.

Sincerely,

Supervisor,
Child and Family Programs
Ministry of Social Services

8.50 Response Letter Section 35 Referral

Child and Family Programs

DATE

Name
Address
CITY PROVINCE
POSTAL CODE

Dear Salutation:

The Ministry of Social Services, Child and Family Programs has completed an assessment as per the court's request pursuant to Section 35 of *The Youth Criminal Justice Act* pertaining to the following youth.

Name of Youth	DOB:
Mother:	DOB:
Father:	DOB:

It has been determined that:

☐ The youth is in need of protection pursuant to Section 11 of *The Child and Family Services Act (CFSA)* and the following services will be provided to the youth and his/her family:

(Include response to requests from the court which may include information regarding housing, addictions, education, etc.)

☐ The youth is in an out of home care placement:

(Indicate placement details if applicable, as well as supports to be provided).

☐ The youth is not in need of protection pursuant to Section 11 of the *CFSA.*

Sincerely,

Supervisor
Child and Family Programs
Ministry of Social Services

Confidential

Government of Saskatchewan
Ministry of Social Services

Child Welfare Record Search
First Nation CFS Agencies

TO BE COMPLETED BY AGENCY

Agency	Caseworker (contact person)	Date
Phone Number	Fax Number	Email Address

Gender: Male: ( ) Female: ( )
Date of Birth (DOB): Month: _____ Day: _____ Year: _____
Full Legal Name: First Name: _____
Middle Name: _____
Last Name (Surname): _____

Alias(s) Last Name: (1) _____ (2) _____
Alias(s) First Name: (1) _____ (2) _____
Alias(s) Middle Name: (1) _____ (2) _____

Relationship to child or caregiver: _____

List any additional information (i.e. child(ren) name(s)/ legal spouse/ common law) that will assist in identifying the client:

Reason for Request (briefly describe the information that is required)

Attach additional page if needed

TO BE COMPLETED BY MINSTRY

The following is the result of a search on SWIN/ACI and Linkin for any involvement that might have caused a child to be in need of protection based on the name(s) and DOB(s) supplied to the Ministry of Social Services:

SWIN/ACI
( ) NO - SWIN/ACI involvement
( ) YES - SWIN/ACI Involvement

LINKIN
( ) NO - LINKIN Involvement
( ) YES - LINKIN Involvement

DATE REQUEST RECEIVED: _____ DATE REQUEST COMPLETED: _____

COMPLETED BY: _____ COMPLETED BY (SIGNATURE): _____

CHILD WELFARE RECORD SEARCH – FIRST NATION CFS AGENCY GUIDE

The following process is used when Saskatchewan First Nation Child and Family Services (FNCFS) Agencies request historical child protection information from the ministry to complete a child protection assessment/investigation. The ministry may share information required to carry out the intent of *The Child and Family Services Act* without obtaining client consent.

- The Agency may contact the Child Protection Intake line or the courtesy desk in the area where the client last resided or had Child and Family Programs involvement (if known). If unknown, contact any of the three Intake lines or courtesy desks.
- The screener will review Linkin and SWIN to determine if any historical information exists.
- If historical information exists in Linkin, the screener may share the information verbally by phone. (Note: Information will only be provided when the Agency can be identified (i.e. caller ID). If the Agency is not identified, the Agency will send an email as verification before the request for information may be provided.)
- If historical information exists in SWIN, the Intake screener will advise the Agency worker which courtesy desk the Child Welfare Record Search form will be sent to. If the courtesy desk is contacted, the Agency will submit the form to the courtesy desk.
- The courtesy desk will assign the request as required.
- The worker responsible for the request will access the files (may need to request the file from storage) and complete the bottom portion of the Child Welfare Record Search form. Information may include a summary of information or it may only include dates and identification of the event. Requests for information should be specific to the purpose and information required.
- When the request has been completed, the worker responsible will return the completed form to the Agency by email.
- The courtesy desk will document in a spreadsheet or in the manner they keep records, the client's name, the office and worker who completed the request, the reason and date the request was completed and returned to the Agency.

Intake Lines:

North - 1-866-719-6164
Centre - 306-933-6077
South – 306-787-3760

Courtesy Desks:

North - courtesyrequestsnorth@gov.sk.ca
Centre - stoon.courtesyrequests@gov.sk.ca
South - courtesyrequestssouth@gov.sk.ca

Confidential

Saskatchewan
Intake Report

Government of Saskatchewan
Ministry of Social Services

DATE OF REPORT: _____ **TIME OF REPORT:** _____

REFERRAL SOURCE OF INFORMATION			
NAME	ADDRESS	POSTAL CODE	TELEPHONE
Relationship to Family:	Referral Type: Protection ☐ Foster Care ☐ Adoption ☐ Y.O. ☐ Other ☐		

CAREGIVER DATA				
	MOTHER ☐ GRMOTHER ☐ AUNT ☐ SISTER ☐	FATHER ☐ GRFATHER ☐ UNCLE ☐ BROTHER ☐	COMMON-LAW PARTNER (Female)	COMMON-LAW PARTNER (Male)
SURNAME				
GIVEN NAME				
STREET				
CITY				
POSTAL CODE				
TELEPHONE NUMBER				
BIRTHDATE				
DIRECTIONS TO HOME				
ETHNIC/CULTURAL/ RACIAL CONSIDERATION	YES ☐ NO ☐ Explain:	YES ☐ NO ☐ Explain:	YES ☐ NO ☐ Explain:	YES ☐ NO ☐ Explain:
BAND and/or BAND No.				

CHILDREN'S DATA							
SURNAME	GIVEN NAME	LOCATION (Current)	SEX	AGE	DOB (YYYY/MMM/DD)	SCHOOL	GR

ALLEGED ABUSER'S RELATIONSHIP TO CHILD INVOLVED

Mother	☐	Father	☐	C/L Partner (male)	☐	Step-Father	☐	Grandmother	☐	Grandfather	☐
Sister	☐	Brother	☐	C/L Partner (female)	☐	Step-Mother	☐	Aunt	☐	Uncle	☐
Babysitter	☐	Other	☐								

Did person witness incidents? YES ☐ NO ☐

Did person hear about incidents from others? YES ☐ NO ☐

Does family know of this report? YES ☐ NO ☐

OTHER RESOURCE/AGENCY INVOLVEMENT

Relatives:	Treatment Facility:
Police/Legal:	Other Agencies:

ACI – PRIOR INVOLVEMENT

File Location

Closed Type: _____ Location: _____ _____

Open Type: _____ Location: _____ _____

Alert Involvements: YES ☐ NO ☐ Security Concern (Staff) YES ☐ NO ☐ if YES, define:

INTAKE INFORMATION

Protection Cases: Indicate nature of abuse or neglect (e.g., **latest incident/frequency**, previous occurrences, present condition/behaviour of the children), where parents are now, who is involved, strengths/resources of family, why call at this time, information from collateral calls.

Other Services: Indicate information provided by caller regarding their request or required service.

Information Given by Intake Worker: Name

Signature of Intake Worker

Date

INTAKE DISPOSITION: No Investigation Required ☐ Investigation Required ☐ Immediate Response Required ☐

Other Services ☐ Joint Police Investigation ☐ Police Officer: Officer's Phone #:

Assigned to:

Date:

SUPERVISOR'S COMMENTS:

Signature

Date

8.2A Investigation Record

Confidential

Saskatchewan

Investigation Record

Parents Name(s) Mother (M): Father (F): **Alias:** (M): (F): **Address:** (M): (F): **Telephone:** (M): (F):	**Date of Birth:** (M): (F): **Constitutional Status/Band:** (M): (F): **Case Number:** **Date of Referral:** **Received for Investigation:** **Assigned by:**

CHILDREN'S DATA

Name	D.O.B. (YYYY/MMM/DD)	Constitutional Status/Band	Whereabouts	Legal Custodian

EXTENDED FAMILY AND/OR SIGNIFICANT OTHERS				
Name	**Address**	**Phone #**	**Relationship**	**Support Available**

AGENCIES (FIRST NATIONS AGENCY/BOARD OR OTHER SERVICE/AGENCY INVOLVEMENT)				
Agency/Band	**Address**	**Phone #**	**Provider's Name**	**Role/Involvement**

1. CRITERIA FOR INVESTIGATION (☐ immediate / ☐ non-immediate):

2. a) PERSONS CONTACTED DURING INVESTIGATION (name, role, and phone number):

b) CHRONOLOGICAL SUMMARY OF INVESTIGATION CONTACTS AND PURPOSE:

3. OTHER RELEVANT OBSERVATIONS/FACTS OR HISTORICAL INVOLVEMENTS NOT DESCRIBED IN #2 ABOVE:

4. a) FAMILY SYSTEMS INFORMATION IMPACTING ON SAFETY:

From use of assessment tools or other methods during investigation, describe:

Family response/understanding of the referral.

-

What works for safety? (family strengths/resources and supports)

-

What works against safety? (family dynamics and risks)

-

b) STATEMENT OF OVERALL SEVERITY/RISK:

c) INVESTIGATION CONCLUSION:

☐ **Child in Need of Protection**

[substantiated – Section 11-_____]

☐ **Information or evidence was present to substantiate that abuse or neglect has occurred, however an intervention or plan is present indicating the child is not in need of protection at the conclusion of the investigation and the case may be closed.**

☐ **Child Not in Need of Protection**

(unsubstantiated)

Date Conclusion Reached: _____

Program/Sub-program _____

(at conclusion of investigation will reflect case type, not FSIN)

d) SAFETY PLAN:

Outcomes	Tasks	Primary Person(s) Responsible	Timeline

5. ACTIONS AND DATES:

☐ Agencies referred to: _____

☐ Parental Services Agreement: _____

☐ Notice Served of Child in Need of Protection: _____

☐ Family Support Contract: _____

☐ Referral Source Advised: _____

☐ *Your Right to Appeal* booklet given to parent: _____

☐ Case Closed: _____

☐ Family Advised of Case Closure: _____

CHILD IN CARE: *If a child is place in out-of-home care during the investigation; the Child Assessment and Developmental Plan is completed within 30 days of placement.*

Actions and Dates (Child in Care):

☐ Placement:

☐ Residential Care Agreement (Section 9):

☐ Apprehension:

☐ Family Services Hearing:

☐ *Information for Youth in Care* given to child/youth:

SIGNATURES:

(Case Worker) Date (YYYY/MMM/DD)

(Supervisor) Date (YYYY/MMM/DD)

SUPERVISOR'S COMMENTS:

B.F. Due Date for Assessment and Case Plan

Government of Saskatchewan
Ministry of Social Services

Assessment and Case Plan For Child Protection Files

Time Frame Covered:

Date Completed:

Parents Name(s) Mother (M): Father (F): **Alias:** (M): (F): **Address:** (M): (F): **Telephone:** (M): (F):	**Date of Birth:** (M): (F): **Constitutional Status/Band:** (M): (F): **Case Number:** **Program/Sub-program:**

CHILDREN'S DATA				
Name	**D.O.B. (YYYY/MMM/DD)**	**Constitutional Status/Band**	**Whereabouts**	**Legal Custodian**

EXTENDED FAMILY AND/OR SIGNIFICANT OTHERS				
Name	**Address**	**Phone #**	**Relationship**	**Support Available**

AGENCIES (FIRST NATIONS AGENCY/BOARD OR OTHER SERVICE/AGENCY INVOLVEMENT)				
Agency/Band	**Address**	**Phone #**	**Provider's Name**	**Role/Involvement**

1. REASON FOR INVOLVEMENT:

- **State which subsection(s) of Section 11 mandate involvement:**
- **Provide a brief statement outlining reason for involvement:**
- **Parental Services Agreement**
  Dates:
- **Family Support Contracts**
  Dates:
- **Section 9 Agreement**
  Dates:
- **Family Services Hearing**
  Dates:
- **Court Orders**
  Dates:
- **Other**
  Dates:

2. a) SUMMARIZE CASE CONTACTS:

b) CASE REVIEW:

- ***Describe significant events such as criminal investigations/charges/decision to apprehend/not apprehend; marriage, marital separations, birth, death or other events.***
- ***Describe historical involvements, which may have been in other regions, provinces.***
- ***Other current factors affecting child/family.***

c) FORMAL REVIEW (for cases with over 18 months cumulative involvement):

- ***Length of past child protection services:***
- ***Length of time child has been in care:***
- ***New referrals, reports, investigations or concerns of child maltreatment since last ACP:***
- ***Any change in family circumstances that may increase or decrease risk for child abuse/neglect:***
- ***Effectiveness of current services and supports in meeting child's needs:***
- ***Possible affects of delay in permanency planning for the child:***
- ***Proposed permanency plan:***

Supervisor Comments:

_____ _____

Supervisor Signature ***Date***

Manager of Service Delivery Comments:

_____ _____

SM Signature ***Date***

3. FAMILY INVOLVEMENT – SUMMARIZE FAMILY'S DEFINITION OF:

- ***Exceptions (where they don't have the problems)***
- ***Solutions***
- ***Family Resources/Supports***
- ***Challenges***

4. FAMILY SYSTEMS INFORMATION IMPACTING ON SAFETY:

- *Identify which of the following tools were utilized, date completed and family members who participated.*
- *Genogram, Ecomap, Sequence of Behaviour, Hierarchy, Scaling, Stressors, Risk Assessment Tool*

5. CHILD IN CARE – CHILD DEVELOPMENT ASSESSMENT (CDA):

- *The Child Development Assessment is required for each child in care. The CDA becomes the record of a child's life while in out-of-home care in addition to case planning.*

6. ASSESSMENT OF RISK:

- ***Based on analysis of 3, 4, and 5 above; identify current overall severity/risk, i.e., low / medium / high:***
- *Justify with conclusions about:*
  - ⇨ *<u>Current Strengths</u>; Modifiers of Risk – working for safety*
  - ⇨ *<u>Current Risk Factors</u>; Working against safety*

7. a) PROGESS (done during re-assessment if case remains open; if case to be closed only do 7(c))

- *Change in level of risk that has occurred.*
- *What has worked/not worked from previous case plan?*

b) CURRENT CASE PLAN:

Outcomes	Tasks	Primary Person(s) Responsible	Timeline

c) CLOSURE:

- ***Change that has occurred demonstrating reduced risk.***
- ***Closing session with family; Date: _____***
- ***Resources in future***

Worker Name _____ Date _____

Supervisor's Name _____ Date _____

SUPERVISOR'S COMMENTS:

Government of Saskatchewan
Ministry of Social Services

Children's Services Assessment & Developmental Plan

Child's Full Name: _____

Date of Birth: _____

Time Frame: _____

Current Legal Status of Child: _____

Current Address/Placement: _____

Extended Family Friends - Other(s) involved:

Extended Family & Friends - Other(s)	Address	Phone Number	Relationship	Support Available

Circumstances Leading to Child Coming into Care: _____

CONTACTS: (Date, who was involved, location, purpose of meeting)

DEVELOPMENTAL DOMAINS:

- Each domain requires assessment and planning according to individual needs of the child.
- Please complete on #2-12 assessment or reassessment from guide questions (Ch. 12.9) which are relevant for this child

1. **Alerts:**

2. **Health:**

3. **Education:**

4. **Identity:**

5. **Family and Social Relationships:**

6. **Self Care Skills:**

7. **Permanent Placement Plan:**

8. **Shared Parenting Plan:**

9. **Family Reunification Plan:**

OVERALL PLAN FOR CHILD FOR NEXT 4 MONTHS:

Outcome	Task	Primary Person Responsible	Timeline

- Provide a brief overall statement about case progress or issues, noting any significant issues or events

SUMMARY:

SIGNATURES:

Worker's Signature (Name) _____ Date (YYYY/MMM/DD) _____

Supervisor's Signature (Supervisor's Name) _____ Date (YYYY/MMM/DD) _____

Confidential

Saskatchewan

Government of Saskatchewan
Ministry of Social Services

SDM® Assessment and Case Plan

Time Frame Covered:

Date Completed:

Guardian(s) Mother (M): Father (F): **Alias:** (M): (F): **Address:** (M): (F): **Telephone:** (M): (F):	**Date of Birth:** (F): **Constitutional Status/Band:** (M): (F): **Case Number:** **Legal Status:** (M) (F)

CHILDREN'S DATA

Name	D.O.B. (YYYY/MMM/DD)	Constitutional Status/Band	Whereabouts	Legal Custodian

EXTENDED FAMILY AND/OR SIGNIFICANT OTHERS

Name	Address	Phone #	Relationship	Support Available

AGENCIES (FIRST NATIONS AGENCY/BOARD OR OTHER SERVICE/AGENCY INVOLVEMENT)

Agency/Band	Address	Phone #	Provider's Name	Role/Involvement

Primary Caregiver (PC): Secondary Caregiver (SC): Add the following information only if PC or SC is not the mother or father Address:	Date of Birth: (PC): (SC):

(PC): (SC): Telephone: (PC): (SC):	

1. REASON FOR INVOLVEMENT
(Provide a brief description of the reason and subsection(s) of Section 11)

2. HISTORICAL CHILD PROTECTION INVOLVEMENT
(Provide a brief summary of past child protection involvements)

3. CONTACT LOGS
(See contact logs in Linkin)

4. CASE REVIEW

- Significant events in this reporting period – new referrals or concerns of maltreatment, investigations, marriage, deaths, births
- Any change in family circumstances that may increase or decrease the risk for child abuse/neglect
- Effectiveness of current services and supports in meeting the family and child's needs

5. FAMILY STRENGTHS AND NEEDS ASSESSMENT

a) Family Strengths and Needs

- The Family Strengths and Needs Assessment is the basis for the next case plan. See FSNA dated (MM/DD/YYYY) for rationale information regarding caregiver priority needs and strengths.
- Indicate the results of any other tools used to determine strengths and needs (genogram, ecomap, sequence of behavior etc.)

b) Child Strengths and Needs:

- See FSNA dated (MM/DD/YYYY) for rationale information regarding the child's priority needs and strengths.
- The child's strengths and needs are also documented on the child's Child Assessment and Development Plan

6. RISK REASSESSMENT FOR IN-HOME OR REUNIFICATION ASSESSMENT FOR PLACEMENT CASES

a) For In-Home Cases (Risk Reassessment):

- See Family Risk Reassessment date (MM/DD/YYYY) for the description of identified risk items.

b) For Placement Cases (Family Reunification Assessment):

- The Family Reunification Assessment consists of three tools to evaluate risk, visitation and safety. See the Family Reunification Assessment date (MM/DD/YYYY) for a description of the risk items, visitation evaluation, safety reassessment, if required and the permanency case plan recommendation.

7. PROGRESS AND PLAN

a) Progress - Completed during re-assessment if the case remains open; if the case is to be closed go to (6c)

- What has worked/not worked from the previous case plan?

b) Current Case Plan:

Caregiver's Priority Needs (P,S or B)	Tasks	Primary Person Responsible	Timeline

c) Closure:

- For in Home Cases
  ~ Final summary of the results of the risk reassessment and the reasons risk has been assessed as reduced.
  ~ State the safety decision, the reasons for identifying any safety threats as present and the resolution of any previously identified safety threats.
  - Closing session with family; Date: (MM/DD/YYYY)
  - Resources in future

8. FORMAL REVIEW

(for cases with over 18 months cumulative involvement, please see #4 above for other case review information):

- Cumulative length of past child protection services:
- Cumulative length of time child has been in care:
- Possible affects of delay in permanency planning for the child:
- Proposed permanency plan:

9. ACTIONS COMPLETED for this review period

- Safety Plan Dates: (MM/DD/YYYY)
- Parental Services Agreement Dates: (MM/DD/YYYY)
- Parent Aide and other Support Contracts:
- Section 9 Agreement: Dates: (MM/DD/YYYY)
- Notice of Child in Need of Protection served: Dates: (MM/DD/YYYY)
- Family Services Court Date: (MM/DD/YYYY)
- Notice of Hearing served: Dates: (MM/DD/YYYY)

Caseworker Name MM/DD/YYYY

Supervisor's Name MM/DD/YYYY

SUPERVISOR'S COMMENTS:

Manager, Service Delivery (for 18 month review)	MM/DD/YYYY

MANAGER, SERVICE DELIVERY

COMMENTS:

Confidential

Saskatchewan

Government of Saskatchewan
Ministry of Social Services

SDM® Child Assessment & Development Plan

Child's Full Name: _____

Date of Birth: _____

Time Frame: _____

Current Legal Status of Child: _____

Current Address/Placement: _____

Extended Family Friends - Other(s) involved:

Extended Family & Friends - Other(s)	Address	Phone Number	Relationship	Support Available

CIRCUMSTANCES LEADING TO CHILD COMING INTO CARE:

CONTACT LOGS:

See Contact Logs in Linkin

BACKGROUND:

1. **Alerts:**

Category	Condition	Other Medical

2. **Health:**

Medical Condition:

Category	Condition	Other Medical	Special Needs

Immunization:

Immunization Type	Immunization Date

Medication:

Medication	Dosage	Frequency	Start Date

3. Education:

Institution Name	Qualification	Type

4. Identity:

Height	Weight	Eye color

1. Summary – Information from Previous CADP:

2. Developmental Domain:

- Each domain requires assessment and planning according to the individual needs of the child using the child's strength and needs assessment in the **Family Strengths and Needs Assessment (FSNA)** and **Family Reunification Assessment (FRA).** The summary for strengths and needs must be completed in accordance with the item definitions provided in the SDM policy and Procedures Manual.
- Complete this assessment using information from the Child Assessment of Strengths and Needs.

CSN 1) Emotional/Behavioural

CSN 2) Family of Origin Relationships

CSN 3) Substance Use

CSN 4) Medical/Physical Health

CSN 5) Education/Employment

CSN 6) Physical and Cognitive Development

CSN 7) Social Relationships and skills

CSN 8) Cultural Identity

CSN 9) Other identified Child Need/Strength

CSN 10) Life Skills (for youth age 14 years and older)

CSN 11) Relationships with Caregiver Family

3. VISITATION PLAN

- See Visitation Plan in Linkin
- See Visitation Plan Evaluation in Section 2 of Family Reunification Assessment dated. (MM/DD/YYYY)

4. PERMANENCY CASE PLAN

- See Family Reunification Assessment, Section 5 dated (MM/DD/YYYY) for the Permanency Recommendation for each child.

5. PLAN FOR CHILD FOR NEXT 120 DAYS / PRIORITY NEEDS AND STRENGTHS

- Provide a description of the child's strength and priority needs and how they will be addressed.
-

Priority Need/Strength	Outcome	Task	Person Responsible	Timeline
1.				
2.				
3.				
4.				

6. SUMMARY:

- Provide a brief overall statement about case progress or issues, noting any significant issues or events. (Note any changes in the identified needs)
-

SIGNATURES:

Caseworker (Name)	(MM/DD/YYYY)
Supervisor (Name)	(MM/DD/YYYY)

Risk Assessment Tool

ASSESSMENT CODES: Z - NO RISK L - LOW RISK M - MODERATE RISK H - HIGH RISK X - UNABLE TO ASSESS

CASE NAME:	**CASE #:**					
A. CHILD FACTORS **NAME:**	**Child 1**	**Child 2**	**Child 3**	**Child 4**	**Child 5**	**HIGHEST RISK FACTOR**
AGE:	Age 1	Age 2	Age 3	Age 4	Age 5	
1. VULNERABILITY						
2. SEV/FREQ AND/OR RECENTNESS OF ABUSE/NEGLECT						
3. PRIOR ABUSE/NEGLECT						
4. EXTENT OF EMOTIONAL HARM						
B. CARETAKER, HOUSEHOLD MEMBER, PERPETRATOR **NAME:**	Household Member	Household Member	Perpetrator	Other Name	Additional	**HIGHEST RISK FACTOR**
AGE:	Age	Age	Age	Age	Age	Risk Factor
5. AGE, PHYSICAL, INTELLECTUAL OR EMOTIONAL STATUS						
6. CO-OPERATION						
7. PARENTING SKILLS/KNOWLEDGE						
8. ALCOHOL/SUBSTANCE ABUSE						
9. ACCESS TO CHILDREN						
10. PRIOR ABUSE /NEGLECT						
11. RELATIONSHIP WITH CHILDREN						
C. FAMILY ENVIRONMENT	**D. PLEASE USE BACK OF PAGE FOR NARRATIVE**					**RISK FACTOR**
12. FAMILY VIOLENCE						
13. CONDITION OF THE HOME						
14. FAMILY SUPPORTS						
15. STRESSORS						

WORKER **DATE**	**OVERALL SEVERITY Factors 2 & 4**	

SUPERVISOR	DATE	OVERALL RISK	

RISK ASSESSMENT TOOL

D. Note specific evidence supporting all High Risk and Moderate Risk conclusions and justify all "Unable to Access" ratings. You must provide conclusions regarding Overall Severity/Risk based on the interaction of all factors. Attach extra pages if needed.