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File Name **File Name**

Worker Info



SERVICE AGREEMENT [51F]

- VSA
 SSA
 ESA
 POC
 APPR/TEMP
 SUPERVISION
 TW
 PW

Parties

Children & Youth			
First Name	Last Name	DOB (D:M:Y)	
		Date of birth...	+

Parents/Legal Guardians			
First Name	Last Name	Relationship to Child	
			+

Additional Agreement Member(s)			
First Name	Last Name	Relationship to Child	
First name...	Last name...	Relationship...	+

Agreement

Agreement
1. This is a service agreement contract between the above listed parties and the Director of Child & Family Services
2. The agreement shall cover a period of six (6) months.
3. The agreement shall start on and shall end on .
4. For the duration of the agreement, all aspects of planning and assessment shall be guided by and reflective of Inuit societal values.

Care & Custody

Care & Custody
5. In circumstances involving <u>CFSA court orders</u> , the Order sets out which parties have lawful custody of dependants, and may also set out who has care and control.
6. In circumstances involving <u>voluntary agreements</u> (Voluntary Services Agreements, Support Services Agreements, or Plans of Care) legal guardians maintain lawful custody of dependents, but may elect to place a child or youth in the care and control of the Director or other persons.

Placements

Persons Placed Outside the Home
7. <input checked="" type="checkbox"/> There are <u>no</u> children or youth placed outside of the home at this time.
<input type="checkbox"/> There are children or youth placed outside the home and the details of the placements are as follows:

Client Name	Placement Type	Reason for Placement	Person(s) with Care & Control
Name of Child/Youth...	Placement Type...	Reason for Placement...	Select or Write... +

Issues

Issues
8. A service agreement has been created in order to address the following issues:
a.
+



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Plan

Family Responsibilities

1. The family members agree to do the following:

a. _____

+

Worker Responsibilities

2. The assigned worker agrees to do the following:

a. _____

+

Assessment

Assessment

3. The assigned worker and signed parties shall formally review this Service Agreement at a midway point and during the final two weeks of the Agreement.

4. The scheduled review dates are as follows:

Midway Review Date: Nov. 21, 2017

Location: Iqaluit office

Final Review Date: _____

Location: Iqaluit office

Confidentiality

Confidentiality

5. I am aware that I have a duty to report to a Child Protection Worker any information I become aware of which leads to me to believe that a child age 0-16 is being - or is at risk of being - physically, sexually, or emotionally abused and/or neglected.

6. I am aware that any and all other information that become aware of regarding the parties of this agreement must be kept strictly confidential and cannot be shared in whole or in part without prior written permission.

Signatures

Children/Youth (where age 12 and older)

Printed Name: _____

Consent to Agreement

Do Not Consent to Agreement

Signature: X _____

Date Signed: __/__/____

+

Parent/Guardian

Printed Name: _____

Consent to Agreement

Do Not Consent to Agreement

Signature: X _____

Date Signed: __/__/____

+

Printed Name: _____

Consent to Agreement

Do Not Consent to Agreement

Signature: X _____

Date Signed: __/__/____

+

Additional Agreement Member(s)

Printed Name: _____

Consent to Agreement

Do Not Consent to Agreement

Signature: X ᐃᑏᑦᑏᑦᑏᑦ ᐋᑏᑦᑏᑦᑏᑦ:

Date Signed: _____

+

Community Social Service Worker (CSSW)

CSSW: Administrator

Signature: X _____

Supervisor

Printed Name: _____

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Signature: X _____