



### INCLUSIVE FOSTER CARE PLAN

30 DAY  6 MONTHLY REVIEW

IFC MEETING DATE: \_\_\_\_\_

CHILD/YOUTH: \_\_\_\_\_

D.O.B. \_\_\_\_\_

List child/youth's SIBLINGS *if they are living with child/youth in the same foster home:*

\_\_\_\_\_

D.O.B. \_\_\_\_\_

\_\_\_\_\_

D.O.B. \_\_\_\_\_

\_\_\_\_\_

D.O.B. \_\_\_\_\_

NAME OF NATION(S)/BAND(S) \_\_\_\_\_

NAME OF PARENT(S): \_\_\_\_\_

CAREGIVER(S): \_\_\_\_\_

RE # \_\_\_\_\_

*Check box to indicate present at meeting*

CHILD/YOUTH'S SOCIAL WORKER: \_\_\_\_\_

OFFICE \_\_\_\_\_

RESOURCE WORKER: \_\_\_\_\_

OFFICE \_\_\_\_\_

ADDITIONAL MEETING PARTICIPANTS:

**PLEASE DISCUSS EACH SECTION BELOW DURING THE MEETING:**

1. How long is the child expected to be in this placement?
  
2. What is the permanency plan and alternate permanency plan for this child?
  
3. What is known about the child's Nation(s)/Band(s), including location, history and membership rules? What is known about the child's eligibility/registration for status? How will needs for further information/planning in this area be addressed?



4. CULTURAL PERMANENCY	Plan	What can the caregiver(s) do to facilitate the plan?	What support does the caregiver(s) need to achieve their tasks?
<b>Cultural engagement/activities in the home</b>			
<b>Cultural engagement/activities in the community</b>			
<b>Contact with home community</b> (incl. when do community hold ceremony/host events)			



5. RELATIONAL PERMANENCY with...	Plan <sup>1</sup>	What can the caregiver(s) do to facilitate this plan?	What support does the caregiver(s) need to achieve their tasks?
Parent(s)			
Sibling(s)			
Other important people			

<sup>1</sup> Remember there are more ways of keeping the child connected than just through visits...the value of having photos exchanged/up in the foster home, of text, email, webcam, family members joining for appointments etc. The goal is to move towards access that is as natural as possible (see VACFSS Access Practice Directive for more info).



6. It is easier to work together to support the child when the child's caregiver(s) and parent(s)/family understand each other's stories and appreciate each other's strengths. What additional steps or information can help with this?

7. Does the foster parent(s) have a copy of the Interim Care Plan/Care Plan? Yes  No

8. Is any additional support or discussion needed to help the caregivers meet needs related to the child's physical health, mental/emotional health, recreational/social activities or education/early childhood development? If yes, please outline:

9. Date for next IFC Meeting:

\_\_\_\_\_  
Resource Social Worker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caregiver(s) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Social Worker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other: NAME

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date