

6. Did you receive a Case Plan from the CFS Agency? Yes No

Please explain.

7. What steps have you taken to get your children returned?

8. Please tell us about your experience with CFS so far?

9. Did you receive preventative supports to assist you with your children prior to your children being apprehended? Please explain.

10. Did CFS accurately explain the process that was to be followed?

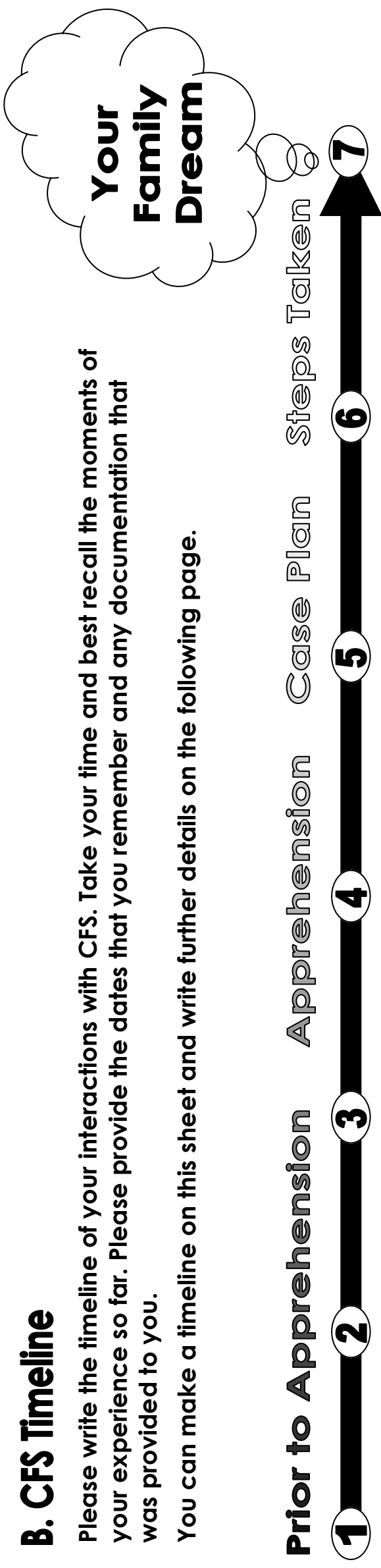
Yes No

Please explain the process that was explained/followed.

B. CFS Timeline

Please write the timeline of your interactions with CFS. Take your time and best recall the moments of your experience so far. Please provide the dates that you remember and any documentation that was provided to you.

You can make a timeline on this sheet and write further details on the following page.



B. CFS Timeline

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

C. Family Tree

Grandmother	Grandfather	Grandmother	Grandfather
Step Parent	Mother	Father	Step Parent

Children

If you have different fathers for your children, please write the fathers name below the box.

Child 1	Child 2	Child 3
Child 4	Child 5	Child 6

Grandchildren (if applicable)

--	--	--

Other Important Family Members/Friends

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Emergency Contact Person #1 _____

Emergency Contact Person #2 _____

Are your children placed with family? Yes No

If yes, who? _____

If no, please explain: _____

(our children are coming home)

D. Personal Details

The following questions are personal in nature as we would like to best support in whatever way necessary. The more information we have the better we can strive to meet your needs. If there are any questions that you feel are uncomfortable, please do not feel that you have to answer them.

The information that we are gathering is not to judge you, but rather to find the best way to support you.

1. Are you married Common Law Single

2. What is your highest level of education? Please circle.

Grade 1 2 3 4 5 6 7 8 9 10 11 12 College University

Please describe your educational experience.

3. Have you or a family member ever:

Attended Residential School	Yes	No
Been in CFS Care	Yes	No
Adopted in the 60's Scoop	Yes	No
Faced Trauma or Tragedy	Yes	No
Experienced Family Suicide	Yes	No

If you answered Yes to any of the above questions, please describe.

4. Do you currently have thoughts of self harm or thoughts of suicide?

Yes No If yes, please explain.

5. Do you have access to an Elder, Counsellor, or positive support person?

Yes No

6. Would you like us to connect you with a:

Elder Counsellor Priest/Minister Psychologist

D. Personal Details continued

7. Do you have any disabilities or health concerns? Yes No

If yes, please describe.

8. Have you ever been diagnosed with any of the following?

FASD

Mental Illness

Anxiety

Depression

Schizophrenia

Bipolar

If you have checked any of the above, please describe the support you are/have received to address the effects.

9. Age of first experience with:

_____ Alcohol _____ Drugs

10. Do you feel you have an issue with addiction Yes No

If you answered yes, please describe. (To what? How long?)

11. How has drugs or alcohol affected your life?

12. If you feel that you have an issue with drugs/alcohol, would you like to receive treatment, support or counselling?

Yes

No

If yes, what support would you like for yourself?

13. Are you currently or have you previously been employed?

Yes

No If yes, briefly describe.

E. Additional Information

Please write any additional information that you would like to share or attach any documentation that you feel may be important to your file.

(our children are coming home)