



Intake Form

A. General Information

Name: _____

Your relationship to child: _____

Date: _____

Date of Birth (mm/dd/yy): _____

Address: _____

Phone number: _____

Email Address: _____

Are you a: (Please circle your answer)

Parent

Child-in-Care

Family Member

Foster parent

Grandparent

Guardian

Other

First Nation Membership (mother's status): _____

First Nation Membership (father's status): _____

Are your children in care? (Please circle your answer)

Yes No

CFS Agency: _____

Name of Social Worker (s): _____

Social Worker phone number: _____

Supervisor's Name & Number: _____

Lawyer name: _____

Lawyer Phone number: _____

Each day the sun rises, it offers you the opportunity to change your life.

-Ernest Daniels



Source of income: _____

If on EIA worker name and number: _____

Please list children: (List all children, children at home and if in care)

1. _____ DOB _____

2. _____ DOB _____

3. _____ DOB _____

4. _____ DOB _____

5. _____ DOB _____

6. _____ DOB _____

7. How many of your children are in CFS care?

8. How long have your children been in CFS care?

9. Reason provided for apprehension

10. Are your children placed with family (kinship care)? (Please circle your answer)

Yes No

Explain:

Each day the sun rises, it offers you the opportunity to change your life.

-Ernest Daniels



11. Do you know where your children are?

12. Why are you seeking advocacy? (how can we help)

13. Are there any parental concerns about the level of care your child(ren) are currently receiving?

Guardianship/Kinship Care

14. Do you have any family you can use for Kinship care? (friend of family) If so, please share names:

15. What is the current status of your CFS file(s)? (Please circle your answer)

Voluntary Placement Agreement

Temporary order

Voluntary Surrender of Guardianship

Permanent Ward

Independent Living

Extended Care

Birth Alert

Other _____

Each day the sun rises, it offers you the opportunity to change your life.

-Ernest Daniels



16. Did you receive a written Case Plan from the CFS Agency? (Please circle your answer)

Yes No

Please explain.

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

18. Did CFS accurately explain the process that was to be followed? (Please circle your answer)

Yes No

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

20. Have you had previous involvement with CFS? (If yes, please explain)

Each day the sun rises, it offers you the opportunity to change your life.

-Ernest Daniels



21. Would you be willing to attend programming directed by the office of the First Nations Family Advocate Office? Please Explain:

22. What is the visit schedule with your children?

Marital status

23. Are you married Common Law Single

Important Family Members

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

24. Have you or a family member ever: (Please circle your answer)

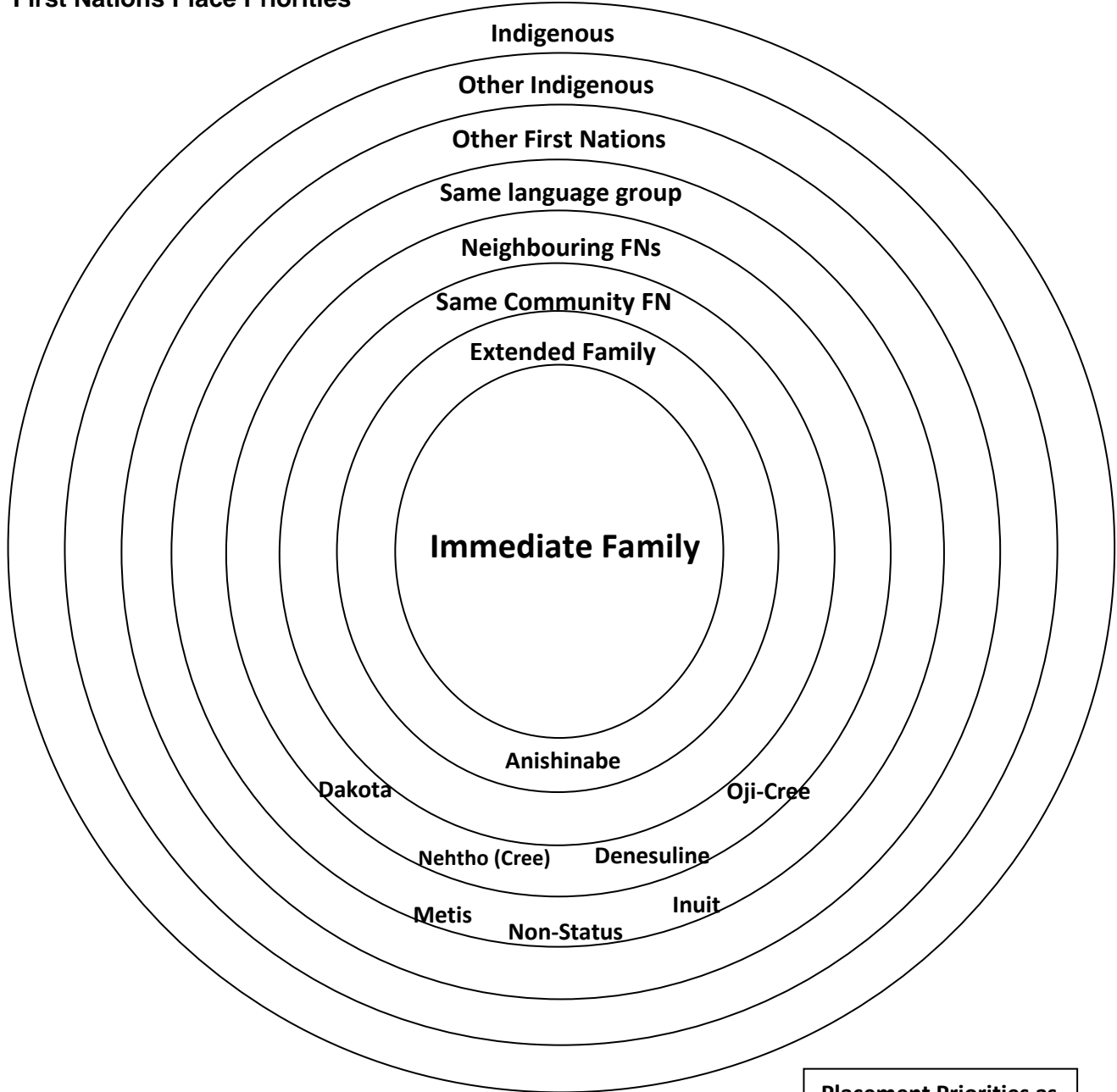
- | | | |
|-------------------------------------|------------|-----------|
| Attended Residential School | Yes | No |
| Been in CFS Care | Yes | No |
| Adopted in the 60's Scoop | Yes | No |
| Faced Trauma or Tragedy | Yes | No |
| Experienced Family Suicide | Yes | No |
| Do you connect with the MMIW | Yes | No |

Each day the sun rises, it offers you the opportunity to change your life.

-Ernest Daniels



First Nations Place Priorities



Placement Priorities as directed by the Elders at the time of the first Indian Child Welfare agencies in Manitoba, early 1980s

Each day the sun rises, it offers you the opportunity to change your life.

-Ernest Daniels



Please share your Family Tree

Grandparent Grandparent Grandparent Grandparent

Mother Father

Step-parent Step-parent

Children

Child 1 Child 4

Child 2 Child 5

Child 3 Child 6

Grandchildren

[] [] []

Each day the sun rises, it offers you the opportunity to change your life.

-Ernest Daniels



25. CFS Timeline

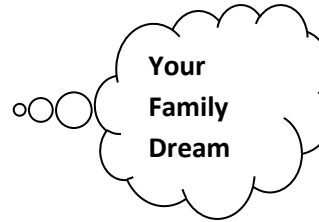
Please write the timeline of your interactions with CFS. Take your time and best recall the moments of your experience so far. Please provide the dates that you remember and any documentation that was provided to you.

Prior to apprehension

Apprehension

Case Plan

Steps Taken



Each day the sun rises, it offers you the opportunity to change your life.

-Ernest Daniels



26. What is your highest level of education? (Please circle your answer)

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

Please describe your educational experience.

27. Have you previously or currently have thoughts of self harm or thoughts of suicide? (Please circle your answer)

Yes No

If yes, please explain.

28. Do you have access to an Elder or counselor? (Please circle your answer)

Yes No

29. Would you like us to connect you with a

Elder Counselor

30. Do you have any disabilities or health concerns? (Please circle your answer)

Yes No

If yes, please describe.

31. Have you ever been diagnosed with any of the following? (Please circle your answer)

FASD

ADHD

Depression

Mental Illness

Each day the sun rises, it offers you the opportunity to change your life.

-Ernest Daniels



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

Coping skills are methods a person uses to deal with stressful situations.

32. Do you feel you have an issue with using negative coping skills? (Please circle your answer)

Yes No

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

33. If so, how have drugs or alcohol affected your life?

34. If you feel that you have an issue with drugs/alcohol, would you like to receive treatment, support, or counselling? (Please circle your answer)

Yes No

Have you ever attended treatment? (Please circle your answer)

Yes No

Explain if so.

Each day the sun rises, it offers you the opportunity to change your life.

-Ernest Daniels



35. At what age did you first experience with drugs and alcohol?

Drugs Alcohol

When was the last time you used drugs or alcohol?

36. Do you have a Criminal Record? (Please circle your answer)

Yes No

If so, please describe.

37. Have you ever been accused of Child Abuse? (Please circle your answer)

Yes No

If yes, please explain the circumstances.

38. Have you had a Parental Capacity Assessment (PCA) done?

39. What kind of support do you feel you need?

Each day the sun rises, it offers you the opportunity to change your life.

-Ernest Daniels



Abinoojiaq Bigilweewag
First Nations
Family Advocate Office
"Bringing Our Children Home"



40. If you could wake tomorrow and everything was just the way you want it to be, what would that look like for you?

Each day the sun rises, it offers you the opportunity to change your life.

-Ernest Daniels



The First Nations Family Advocate Office strives to provide the best possible services for First Nations families experiencing difficulty navigating Child and Family Services in Manitoba. In order for this to happen, we will need to gather information that will aid in our ability to reunify families and begin the healing process. We expect honest and accurate disclosure to the best of your ability.

I, _____, declare that the information provided in the intake form is accurate and truthful to the best of my knowledge, dated the _____.

Failure to disclose and information may hinder or prolong our ability to advocate effectively on your behalf.

Please be as forth coming as possible.

Each day the sun rises, it offers you the opportunity to change your life.

-Ernest Daniels