



The personal information collected on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act for the purpose of administering services under the Child, Family and Community Act (CFCS Act) . The Freedom of Information and Protection of Privacy Act protects the personal information collected from unauthorized use and disclosure. If you have any questions about the collection, use or disclosure of this information, please call Enquiry BC at 1 800 663-7867 and ask for the listing for the Child Welfare Policy Office or discuss with your Resource Worker.

Instructions for completing this information sheet:

- This template may be used by the child's worker, the resource worker, or by the caregiver (when providing information to a relief care provider).
When placing the child with a caregiver, the information sheet is completed with as much information as is available and an updated information sheet is provided to the caregiver when significant new information about the child is received.
A copy of the signed information sheet is kept on the caregiver's file.
Caregivers provide a copy of the information sheet to their relief care provider, have the relief care provider sign the document and forward a signed copy of the information sheet to their resource worker.

CONTACT INFORMATION

CARE GIVER'S NAME (First, Last and Middle Initial) PHONE ALTERNATE PHONE remove contact

add another caregiver

ADDRESS CITY/TOWN POSTAL CODE

CHILD IN CARE/RESPIRE'S NAME (Full Legal Name) DATE OF BIRTH Child is Aboriginal? LEGAL STATUS

OVERALL GOAL & PLAN FOR THE CHILD

RESOURCE WORKER and/or SOCIAL WORKER NAME PHONE NUMBER

NAME OF LEGAL GUARDIAN PHONE NUMBER

SCHEDULED UPCOMING APPOINTMENTS FOR CHLD

CHILD'S MEDICAL INFORMATION

DOCTOR'S NAME MSP NUMBER ABORIGINAL MSP NUMBER

DOCTOR OFFICE / CLINIC ADDRESS PHONE

Does the child take any medications? Yes No

ALLERGIES (including food, medications etc.)

CHILD'S KEY CONTACT INFORMATION (e.g. family, extended family, friends, community members)

Table with 4 columns: NAME, RELATIONSHIP, ADDRESS, PHONE. Rows 1) and 2) with remove row links.

add another contact

ACCESS VISIT INFORMATION (if applicable)

Is there a No Contact Order for anyone regarding this child?  Yes  No

Have there been allegations of abuse or neglect to the child in previous placements?  Yes  No

Are there any known safety risks to the child?  Yes  No

Does the child present any known safety risks to caregivers, their children, belonging or homes?  Yes  No

### CONTACT IN CASE OF AN EMERGENCY OR AWOL

	NAME OF WHO TO CONTACT	PHONE	UNDER WHAT CIRCUMSTANCES	
1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">remove row</a>
2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">remove row</a>
3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">remove row</a>

[add another contact](#)

### CHILD'S PERSONAL INFORMATION

#### STRENGTHS

#### SPECIAL NEEDS

#### DEVELOPMENTAL LEVEL/DEVELOPMENTAL DELAY

#### BEHAVIOUR CONCERNS

#### LIKES

Comfort Information continued

COMFORT INFORMATION

NUTRITIONAL INFORMATION

CHILD'S CULTURAL/ETHNIC HERITAGE

CHILD'S SPIRITUAL BELIEFS

CHILD'S PARTICIPATION IN SPORTS/RECREATIONAL ACTIVITIES/CLUBS

SCHOOL NAME & LOCATION

PHONE

TEACHER NAME

Has the care arrangement been explained to the child?  Yes  No

What is the child's understanding of the plan for care?

Other information to Assist Caregiver in caring for the child:

Is the child receiving relief care?  Yes  No

**SIGNATURES**

SIGNATURE OF CAREGIVER	DATE SIGNED (YYYY/MM/DD)
SIGNATURE OF SOCIAL WORKER	DATE SIGNED (YYYY/MM/DD)

## CONTACT NUMBERS

MCFD After Hours	604-660-4927
Foster Parent Support Line	1-888-495-4440
BC Nurse Line	1-866-215-4700
BCFFPA	1-800-663-9999
Federation of Aboriginal Foster Parents	1-866-291-7091