

The information you provide on this form is collected under the authority of the *Child, Youth and Family Enhancement Act*. The information will be used to ensure the appropriateness of continuing to place a foster child in your home and ensure that the needs of a child placed in your home are appropriately matched with your abilities. We will not release this information for any other purpose. If you have any questions about the collection of this information, you may contact your caseworker.

**Instructions to Foster Parent**

\_\_\_\_\_ date

Dear \_\_\_\_\_,

Please find enclosed the part of your Annual Assessment that you need to complete. Before beginning, read through the questions to familiarize yourself with what is required. If you need any additional space please attach an extra sheet.

I will be meeting with you on, to go over your Annual Assessment. If this is not a good time please contact me at to arrange a different time.

I will be contacting you to arrange a time to go over your Annual Assessment.

Please ensure you have answered the attached assessment as completely as possible before you meet with me. Once you have met with me and all paperwork is completed, I will send you a copy of the Assessment.

Sincerely,

\_\_\_\_\_  
Signature Foster Care Caseworker

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**▲ Foster Care Caseworker: Once you have completed the above information – tear here ▲  
and retain these instructions for your reference.**

**Instructions to Foster Care Caseworker**

Complete the top portion of this fly sheet. Remove the bottom portion for your reference.

Send Foster Parent the Instructions to Foster Parent and the first three pages of the Foster Home Annual Assessment **1 month prior to meeting with them.**

Send Evaluation by Child(ren)'s Caseworker to each caseworker with a child in the home.

Once you receive the reports back from the Child(ren)'s Caseworker complete your assessment using the same form (FC0172).

Meet with foster parents to review and discuss assessment. Ensure appropriate people have signed the document.

Send a copy of the Foster Care Annual Assessment to the Foster Parents.

Place a copy of the Foster Care Annual Assessment on the foster care home file.

The information you provide on this form is collected under the authority of the *Child, Youth and Family Enhancement Act* and is managed in compliance with the *Freedom of Information and Protection of Privacy Act*. The information will be used to process your licensing renewal. We will not release this information for any other purpose. If you have any questions about the collection of this information, you may contact your caseworker.

<b>I. Applicant's Information</b>				
Name of Foster Family	Type of Foster Home <i>(please check one)</i> <input type="checkbox"/> Authority/Delegated First Nation Agency <input type="checkbox"/> Agency			
Address of Foster Family	Date of Review <i>(yyyy/mm/dd)</i>	Date of Last Review <i>(yyyy/mm/dd)</i>	Date of Initial Approval <i>(yyyy/mm/dd)</i>	
	Current Classification <i>(please check one)</i> <input type="checkbox"/> Level One <input type="checkbox"/> Level Two <input type="checkbox"/> Specialized			
	License Expiry Date <i>(yyyy/mm/dd)</i>	# of Children in Home	First Aid Expiry Date <i>(yyyy/mm/dd)</i>	
Indicate all Foster Care placements and removals during the last year. Include current placements.				
Name	Date of Birth <i>(yyyy/mm/dd)</i>	Placement Date <i>(yyyy/mm/dd)</i>	Removal Date <i>(yyyy/mm/dd)</i>	Reason for Removal
Except for family members indicate all other people in your household, their ages, relationship to foster parent(s). Please include renters, boarders etc.				
Name	Age	Relationship to foster parent(s)	Role in relation to fostering	
Have you or any member of your household been charged or convicted of a criminal offence since your last annual assessment? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>				
Please provide details.				
If either foster parent is employed outside the home, indicate current employer and occupation, as well as usual hours of work.				
Name	Current Employer	Occupation	Usual Hours of Work	

## II. Family Dynamics

Please comment on significant changes in the area of finances, health, education, relationships or family stresses since your last annual assessment.

Describe the extent which you have been involved in working with natural families.

What are the spiritual and cultural practices in your home?

How have you assisted each child to develop his/her spiritual and cultural identity both within and outside your home?

Please describe how you have worked effectively with a child who has some serious, moderate or mild behavioral difficulties.

How do you encourage appropriate behavior?

What are the discipline practices in your home? Please give specific examples for each child.

## III. Home and Community

Please describe the sleeping arrangements of all foster children.

Name	Sleeping Arrangement

Please identify equipment on home adaptations (bar, ramps, etc.) which facilitate the management and care of a physically or mentally challenged child.

What types of recreation are your family and foster child involved in, with whom and how frequently? Please give specific examples for each child.

Comment on how you and your family use relief/respice services.

Have you completed the Environment Safety Assessment for Caregivers form (FC3606)?

Yes  No

Please summarize what you consider are the strengths and challenges for your foster family.

Describe how you represent Foster Care professionally in the community. Some examples may be: providing training, board positions, committee involvement, recruitment, public speaking, writing articles, talking with neighbours or friends about the merits of fostering.

Describe any problems encountered in the community with regards to fostering. (e.g. school, neighbours, police, health professionals) and how you have resolved these issues.

#### IV. Evaluation of Classification

Indicate all training taken during the last year by each caregiver. Include the title and length of each course.

Describe your role(s) in providing input to and implementing the

Concurrent Plan

Transition to Independence Plan

Secure Services Plan

during the past year (e.g. design, leadership, initiating service decisions, assessments, case conferences, court etc.).

Describe the format, content and frequency of your recording practices, and where your records are stored. Please be prepared to share them with your Foster Care Caseworker.

Please use this space to comment on a particular skill or technique you have developed, or any unusual situation you have had to deal with and wish to share.

Review Learning Plan/Goals

Establish Goals for Upcoming Year

\_\_\_\_\_  
Foster Parent Signature

\_\_\_\_\_  
Date (yyyy/mm/dd)

\_\_\_\_\_  
Foster Parent Signature

\_\_\_\_\_  
Date (yyyy/mm/dd)

\_\_\_\_\_  
Foster Care Caseworker  
Signature

\_\_\_\_\_  
Date (yyyy/mm/dd)

\_\_\_\_\_  
Foster Care Agency Signature  
(if applicable)

\_\_\_\_\_  
Date (yyyy/mm/dd)