

# RELIEF CARE PROVIDER ASSESSMENT CHECKLIST

(This form is to be used for overnight in & out of foster home relief)

## CONTACT INFORMATION

FOSTER PARENT NAME (first, middle and last)		HOME PHONE ( )	
FOSTER PARENT NAME (first, middle and last)		ALTERNATE PHONE (work/cell) ( )	
RELIEF CARE PROVIDER'S NAME (first, middle and last)	LEVEL (if applicable)	PHONE ( )	
RELIEF CARE PROVIDER'S NAME (first, middle and last)	LEVEL (if applicable)	PHONE ( )	
ADDRESS	CITY/TOWN	POSTAL CODE	ALTERNATE PHONE (work/cell)

## POLICY & PROCEDURES

Relief Care Provider has been provided with and has discussed the following with the Foster Parent:

- Standards for Foster Homes (1998)
- Foster Family Handbook (4<sup>th</sup> Edition)
- Caregiver Support Service Standards (2006)
- Completed Information Sheet for each child has been given to the Relief Care Provider

## ASSESSMENT REQUIREMENTS

- Completed Suitability Interview (see last page of this form)

Discussed with and agreed to by the Relief Care Provider:

- Confidentiality
- Reportable Incidents
- Positive Parenting
- MCFD Discipline Policy
- The Resource Social Worker has completed the following and discussed any concerns that may have come up with Relief Care Provider
  - Consent for Disclosure of Criminal Record Information (CF0622)
  - CRC Criminal Record Checks
  - Consent for Prior Contact Check (CF0623)
  - PCC Prior Contact Checks
- Resource Worker, Foster Parent and Relief Care Provider agree to a plan for the child in care while in relief (access, recreations, school)

Resource Worker and Foster Parent have visited the Relief caregiver home on \_\_\_\_\_ DATE (YYYY/MM/DD)

- Yes Are all standards met?
- No What standards on Environmental Standards Checklist have not yet been met and What is the plan and date for meeting them?

Child's Social Worker has been notified of and is in agreement with relief plan  YES  NO

**RELIEF SCHEDULE**

NUMBER OF DAYS PER CHILD/MONTH	RELIEF CARE FUNDING AGREED UPON BY FOSTER PARENT AND RELIEF CAREGIVER <input type="checkbox"/> YES
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(Relief schedule and relief funding to be agreed upon by Foster Parent and Relief Caregiver)

**ACKNOWLEDGEMENTS**

As the Relief Care Provider(s), I/we acknowledge that these steps have been completed and that I/we agree to the policies and procedures referenced on this checklist

RELIEF CARE PROVIDER'S SIGNATURE	DATE (YYYY/MM/DD)
RELIEF CARE PROVIDER'S SIGNATURE	DATE (YYYY/MM/DD)

As the Child's Foster Parents, I/we agree that MCFD standards for Foster Home and Caregiver Support Services are met by the Relief Caregivers and that we have completed each of the steps outlined on this checklist

FOSTER PARENT'S SIGNATURE	DATE (YYYY/MM/DD)
FOSTER PARENT'S SIGNATURE	DATE (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  
 Federation of Aboriginal Foster Parents (Toll Free).....1-866-291-7091

Distribution: Original Resource File Copy to Foster Parent  
 Copy to Child's File Copy to Relief Care Provider