

CHECKLIST FOR SUPPORT WORKER

- ☐ **SUPPORT WORKER CONTRACTS** (Intervener, Escort)
Must be signed and witnessed by an agency worker
- ☐ **POLICE CHECK**
Must be signed and stamped by RCMP Clerk
- ☐ **PRIOR CONTACT CHECK**
- ☐ **CHILD ABUSE REGISTRY CHECK**
- ☐ **CONSENT TO RELEASE OF INFORMATION**
Must be signed and witnessed
- ☐ **OATH OF CONFIDENTIALITY**
Must be signed and commissioned
- ☐ **SUPPORT WORKER QUESTIONNAIRE**
- ☐ **COPY OF DRIVER'S LICENSE**
- ☐ **COPY OF VEHICLE REGISTRATION**

UPON APPROVAL OF APPLICATION, THE FOLLOWING INFORMATION WILL BE MAILED TO YOU:

- ✓ **SUPPORT WORKER CARD & LETTER**
- ✓ **COPY OF JOB DESCRIPTION(S)**

TERMS AND CONDITIONS OF CONTRACT

1. The above-named Support Worker will provide support services to clients and wards of Cree Nation Child and Family Caring Agency, on an as needed basis (See DESCRIPTION INTERVENOR)
2. The period of the contract will remain in effect for a period of twelve (12) months and will be paid respite at a rate of \$18.00/hour and \$25.00/hour for 2 or more children. Effective Jan 1, 2024 - Support pay is \$25.00/hour and \$30.00/hour for 2 or more children. When applicable, mileage at .51/kilometer for South of the 53rd parallel, mileage at .58/kilometer for North of the 53rd parallel.
3. The contract will be effective on the date that the Resource Worker approves it.
4. The Child & Family Services Case Worker is responsible for developing a case plan for the ward, where the Support Worker is made aware of what is required of him/her, i.e. Placement, length of services, required tasks, etc.
5. The Support Worker will advise Cree Nation Child & Family Caring agency immediately of any changes surrounding the well-being of the child(ren), including illness, injury and death.
6. The Support Worker is responsible for administering and accounting for any and all monies paid to him/her by Cree Nation Child & Family Caring Agency for the benefit of the child(ren) when applicable.
7. The Support Worker is an independent contractor and not employed by the Agency. No deductions will be taken off the Support Worker's cheque for services and no benefits will be provided by the agency. The agency does not provide references for the purchase of vehicles and loans etc.
8. The Support Worker contract may be terminated within 24 hours by either party.
9. Upon submission of the Support Worker's travel expense claim, or timesheet, a detailed written report is required with the submission, indicating what activity took place
10. The Support Worker must sign the Oath of Confidentiality, ensuring that all agency affairs remain confidential.
11. The Support Worker must be 18 years of age or older
12. The Support Worker must be in company with the ward(s) at all times through the assigned period of intervening services. Failure to do so may result in termination of contract.

BY MY SIGNATURE, I AGREE TO THE ABOVE TERMS AND CONDITIONS AS STATED IN THIS CONTRACT TO PROVIDE SUPPORT WORKER SERVICES FOR CREE NATION CHILD AND FAMILY CARING AGENCY.

SUPPORT WORKER'S SIGNATURE

**CREE NATION CHILD AND FAMILY CARING AGENCY
REPRESENTATIVE**

DATE OF APPLICATION

DATE SIGNED BY AGENCY REPRESENTATIVE



**CONTRACT FOR SUPPORT WORKER
BETWEEN
CREE NATION CHILD AND FAMILY CARING AGENCY**

Given Name:	
Middle Name:	
Last Name:	
Maiden Name:	
Date of Birth:	
Social Insurance Number	
Band & Treaty #:	
Community/City/Town:	
Current Address:	
P.O Box/Postal Code:	
Home Phone Number:	
Cell Phone Number:	
Email Address:	

Are you the home owner/lease holder at the address listed above?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, who is homeowner/lease holder?			
Please list all adults living in this home/apartment/unit:			
1.		2.	
3.		4.	
Have any of the above applied to provide support services for the agency? If yes, please list who and relation to individual. Example; Husband, Mother, Son, Daughter, Cousin, etc.			
1.		2.	
3.		4.	

JOB DESCRIPTION OF THE SUPPORT WORKER

PURPOSE:

Under the direction of the Child and Family Services Worker, the Support Worker will act in the capacity of care giver to children in care. The specific time periods and tasks clearly outlined in the Support Worker Agreement.

DUTIES AND RESPONSIBILITIES:

- Provide appropriate crisis intervention when necessary and ensure that agency provides follow up. Receives instructions from placing case worker in crisis situations relating to the child immediate needs.
- Ensure the safety and well-being of child or children.
- Establish a supportive relationship with family and/or child(ren). In the event that a Support Worker is placed with a child(ren) in a hotel placement, the worker must remain with the child(ren) at all times. Support Workers providing care to youths older than 16 years of age can have short periods of time out. However, Support Workers will need prior approval by the Case Worker or Manager for timeouts to occur.
- Provide direct intervention to change inappropriate behaviors of child(ren) in terms of using behavior modification skills.
- Be a positive role model to child(ren)
- Provide educational support or tutoring when required.
- Encourage and support child's cultural identity through the promotion of language and cultural activity.
- Provide supportive services to children placed in foster homes, as instituted in the Support Worker Agreement Form.
- Should food or items of necessity be purchased for the child(ren) and or family, receipts shall be submitted with timesheet claim for reimbursement.
- Support Worker utilizing their personal vehicles can claim mileage. Interveners providing personal transportation must have a valid driver license and a properly registered insured vehicle. Proof of registration must be provided to the Resource Worker or Case Worker prior to any travel with child(ren)
- Support Workers are expected to take part in agency training, workshops, and CPR First Aide.

JOB DESCRIPTION OF ESCORT

PURPOSE

Under the direction of the Child and Family Services Worker, the Support Worker will provide transportation arrangement to children in care or families that are receiving service through Cree Nation Child and Family Caring Agency. The Escort will be given specific instructions in relation to travel plans by agency staff.

DUTIES AND RESPONSIBILITIES:

- The Escort receives instruction and travel plan from the agency staff and Case Worker.
- Ensures that clients have reached their destination without delay and without unnecessary detours or stops.
- Ensures safety of wards and clients through the assigned task, in terms of maintaining safety throughout the entire trip or assignment.
- Only the Escort and the clients are to be in the automobile at all times. Support Worker's spouses, children, friends are not authorized to travel in the same personal vehicle. The only exception is if a family member is an active Support Worker with the agency and received prior approval by the Case Manager.
- Additional food, items purchased during travel for wards or clients are reimbursable. Support Worker should keep all his or her receipts to be recorded and submitted on a time sheet.
- The Support Worker providing Escort services shall provide appropriate documentation regarding situations that include disclosure of abuse. Disclosure of self harm or inappropriate behaviors. Escorts are required to complete Support Worker Incident Reports which entails writing down their observations.
- The Escort shall make himself or herself available at the Agency's earliest convenience as situations regarding medical travel and attendance of court, require prompt response.
- Participate in Support Worker training and workshops, through the agency.



CREE NATION CHILD AND FAMILY CARING AGENCY
Box 10130
Opaskwayak, MB. R0B 2J0
Phone: (204) 623-7456 Toll Free: 1-877-252-7535
Fax: (204) 623-3847

CONSENT FOR RELEASE OF INFORMATION

I/We, _____, hereby

give my written consent to _____ Child & Family Services
(name of party who is to release information)

of _____
(address of party who is to release information)

to release the following information derived from the following forms:

Prior Contact Check and Child Abuse Registry

to Cree Nation Child & Family Caring Agency

of Box 10130, Opaskwayak, Manitoba, R0B 2J0

for **Assessing application for Cree Nation Child & Family Caring Agency**

MY SIGNATURE MEANS THAT:

1. I have read this consent or have had this consent read to me.
2. I understand and agree to the contents.
3. I have been informed that no other information may be released without my written consent.
4. I have been informed that I may revoke this consent by written statement at any time.

Signed:

Applicant

Date

CNCFCA Representative

Date

CONFIDENTIALITY AGREEMENT

THIS AGREEMENT made as of the _____ day of _____ 20____.

BETWEEN:

_____ (Print Name)

(the "Support Worker")

- and -

CREE NATION CHILD AND FAMILY CARING AGENCY
BOX 10130
OPASKWAYAK, MANITOBA
R0B 2J0

(the "Agency")

WHEREAS the Agency and the Support Worker have entered into or about to enter into an contractual relationship for this mutual benefit;

AND WHEREAS as a condition of entering into and/or continuing such contractual relationship, the Agency has required that the Support Worker enter into this Agreement;

NOW THEREFORE IN CONSIDERATION OF the premises and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereby agree as follows:

1. **Definition** Whenever used in this Agreement the following words and phrases shall have the following respective meanings:

a) *Serve Provider* - means a person or entity who provides services to the Agency,
b) *Confidentiality Information* - means information in any form, not generally known to public, disclosed to or acquired by the Support Worker directly or indirectly from the Agency or any clients, or Support Workers of the Agency during the term of the Support Worker's contract with the Agency, including, without limitation:

i) information relating to the research, systems, operations, clients and business activities of the Agency, or its Support Workers;

ii) information received from any clients or Support Workers of the Agency,

iii) information specifically designated by the Agency as confidential;

iv) information specifically designated by a client, or Support Worker of the Agency as confidential; and

v) information required to be maintained in confidence by the Agency pursuant to an agreement with a client, Support Worker or other person;

vi) information received while performing contractual duties for the Agency and specially information and records under The Child and Family Services Act (Manitoba).

But shall not include any information which was known to the Support Worker prior to the date of the Support Worker's contract with the Agency or which was publicly disclosed otherwise than by breach of this Agreement.

I. **Confidentiality** The Support Worker acknowledges that (i) during his or her contract with the Agency, he or she will be disclosed or will acquire Confidential Information; (ii) the Agency has and will continue to enter into agreements with clients and others whereby the Agency agrees to maintain the confidentiality of certain information; (iii) disclosure of Confidentiality Information to others will be highly detrimental to both the interests of the Agency and its clients; and (iv) Confidentiality Information is the property of the Agency and/or its clients, or Support Workers, as the case may be. Accordingly, the Agency agrees that:

a) The Support Worker will not, at any time, disclose any Confidential Information to any other person not an Support Worker of the Agency, nor will the Support Worker use Confidentiality Information for any purpose other than required by his or her contract; and

b) the Support Worker will not, at any time, or in any way, take or reproduce Confidential Information unless required by his or her contract. The Support Worker will, upon ceasing to be under contract to the Agency, return to the Agency all Confidential Information in his or her possession or under his or her control whether such Confidential Information belongs to the Agency or otherwise. The Support Worker will also return all property then in his or her possession or under his or her control which belongs to the Agency or its Support Workers.

- II. **The Child and Family Services Act (Manitoba)** The Support Worker specifically acknowledges that he/she is aware of the confidential provisions of The Child and Family Services Act (Manitoba) including section 76 of the said Act, a copy of which is attached hereto and forms part of this agreement. The Support Worker specifically acknowledges that he/she is aware that failure to comply with the confidentiality provisions of the Act may constitute an offense under The Summary Convictions Act (Manitoba).

Restrictions Reasonable The Support Worker acknowledges that all restrictions in this Agreement are reasonable in the circumstances and hereby waives all defenses to the enforcement thereof by the Agency. In the event that any provisions of this Agreement shall be deemed void or invalid by a court of competent jurisdiction, the remaining provisions shall be and remain in full force and effect and the Support Worker hereby confers upon such court the power to replace such void or invalid provisions with such other enforceable and valid provisions as shall be as near as may be to the original in form and effect.

- I. **Irreparable Harm** The Support Worker acknowledges that breach by it of the terms and conditions of this Agreement may cause irreparable harm to the Agency which may not be compensable by monetary damages. Accordingly, the Support Worker acknowledges that a breach by it of the terms and conditions of this Agreement shall be sufficient grounds for the granting of an injunction at the suit of the Agency by a court of competent jurisdiction. Further, the Support Worker acknowledges that a breach by it of the terms and conditions of this Agreement shall be sufficient grounds for the immediate termination of the Support Worker's contract with the Agency.

- II. **Governing Law** This Agreement shall be governed by and constructed in accordance with the laws of the Province of Manitoba.

- III. **Entire Agreement** This Agreement is the entire agreement between the Support Worker and the Agency relating to the subject matter hereof and stands in the place of any previous agreement, whether oral or in writing. The Support Worker agrees that no amendment to this Agreement shall be binding upon the parties unless it is in writing and executed by both parties.

- IV. **Successors and Assigns** This Agreement will ensure to the benefit of the successors and assigns of the Agency.

THE SUPPORT WORKER ACKNOWLEDGES HAVING READ OVER THIS AGREEMENT AND UNDERSTANDS THE SAME AND AGREES TO BE BOUND ALL THE TERMS AND CONDITIONS THEREOF.

Witness

Name of Support Worker
Cree Nation Child & Family Caring Agency
Box 10130, Opaskwayak, Manitoba,
R0B 2J0

Per: _____
Cree Nation Child & Family Caring Agency
Representative

SUPPORT WORKER QUESTIONNAIRE

IDENTIFYING INFORMATION

Name: _____

DOB: _____ Treaty Number/Band: _____

Level of Education: _____

Are you a former support worker/respite worker for CNCFCA? Yes ☐ No ☐

If yes, which years(s): _____

EDUCATION:

High School: _____ Grade Completed: _____

University/College: _____

Other Education: _____

Certificates: _____

TRAINING:

Have you completed Support Worker Training delivered by Cree Nation Child and Family Caring Agency?
Yes ☐ No ☐

If so, please specify:

- | | |
|---|---|
| <input type="checkbox"/> Support Worker Orientation | <input type="checkbox"/> Non-Violence Crisis Intervention |
| <input type="checkbox"/> Applied Suicide Intervention Skills Training (ASIST) | <input type="checkbox"/> First Aid & CPR |

Please identify relevant workshop or training completed within the last two (2) years:

Would you be willing to participate in further training? Yes ☐ No ☐

EMPLOYMENT:

Name of Present/Previous Employer: _____

Address: _____

Position Held: _____ Supervisor: _____

Dates of Employment: _____

Reason for Leaving: _____

Name of Present/Previous Employer: _____

Address: _____

Position Held: _____ Supervisor: _____

Dates of Employment: _____

Reason for Leaving: _____

SERVICE PROVISION:

In what capacity of support would you prefer to provide?

- | | |
|--|---|
| <input type="checkbox"/> Alternative Support (Babysitting) | <input type="checkbox"/> Respite |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Independent Living |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Escort |
| <input type="checkbox"/> Parent Aide | |

Please provide information on your skills and expertise (including strengths) in the areas identified as a worker:

AVAILABILITY

Please indicate the number of hours per week you would be available to work:

Please indicate your preferred schedule for availability:

- | | | | |
|-------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Days | <input type="checkbox"/> Evenings | <input type="checkbox"/> Weekdays | <input type="checkbox"/> Weekends |
|-------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|

This shifts if (any) would you be available to work:

- | | | | |
|-----------------------------|-----------------------------|------------------------------------|--|
| <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> Overnight | <input type="checkbox"/> Other (Specify) |
|-----------------------------|-----------------------------|------------------------------------|--|

Which days are you generally available?

- | | | | | | | |
|------------------------------|-------------------------------|------------------------------|--------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Mon | <input type="checkbox"/> Tues | <input type="checkbox"/> Wed | <input type="checkbox"/> Thurs | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
|------------------------------|-------------------------------|------------------------------|--------------------------------|------------------------------|------------------------------|------------------------------|

COMMENTS

Do you have any comments or suggestions to improve the existing Support Worker Program?

GENERAL INFORMATION

Do you speak or understand Cree? Yes ☐ No ☐

Do you have access to a vehicle? Yes ☐ No ☐

If so, do you have all purpose insurance with third party liability coverage (\$2,000,000.00)? Yes ☐ No ☐

****Please provide the agency with a copy of your driver's license and vehicle registration. If All-Purpose Insurance with third party liability (\$2,000,000.00) is not held, please change your coverage. Your application for escort/transportation will not be processed without these copies.***