



REWRITING THE STORY OF DISABILITY

## *Resettlement Plan*

**Child's Name:**

**Caregiver Name:**

**Child's DOB:**

**ID Number:**

### **I. Visits/Bonding**

- Will the caregiver visit the child at Ekisa?
  - If so, how often?
- When will visits, sleepovers, and trial resettlements begin?
- How long will the resettlement probationary period last?

### **II. Finances**

- Expected cost increase for taking the child:
- How does the family plan to pay for this increase?
- What will be done beforehand to show evidence of this (savings, contribution to Ekisa, etc.)?

### **III. Home Visits**

- How often will the Ekisa social worker come and check in on the child after the placement?
- What requirements must the caregiver meet for these home visits?

### **IV. Are any physical improvements to the home necessary?**

- **Accessibility:** ramps, toilets, sleeping arrangements, etc.
- What will the family do?
- What will Ekisa do?

### **V. Stakeholders/Team around the Child**

- When will the final Family Group Conference (FGC)/Meeting take place?
- Who will attend?
- Who needs to sign what?

### **VI. Timeline:** Ideally would be around 3 months.

### **VII. Risks**

- What risks are associated with this placement?
- How does the caregiver plan to address these risks?
- Does Ekisa plan to assist the family in addressing these risks?
  - If so, how?

**VIII. Caregiver Education**

- Care of the child
- Difficulties you will encounter
- Specific needs of the child
- Behavior
- Parenting
- Daily schedule
- Nutrition
- Value of the child
- Addressing stigma

**IX. Plan for supporting the family once the child is placed:**

- 12 Months of support with medical and education costs
- After 12 months, the family will move onto the Community Care Program.
- Frequency of home visits: after the trial period, visits will move to monthly, quarterly, etc. based on the stability of the child.

**X. Support Services Post Resettlement**

- What services will be provided after the placement?
- For how long?

I acknowledge that I have read and understood these expectations. I also acknowledge that I have voiced my questions and concerns, they have been answered and addressed, and I will abide by these guidelines set forth by Ekisa Ministries during the child's resettlement process.

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Caregiver's Name, Relation to Child

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Social Worker, Ekisa Ministries

**Date:**