**Ministry of Children, Community and Social Services**

**Optional - Plan of Care and Plan of Care Review Templates**

**Purpose:**

This optional template was created by the Ministry of Children, Community and Social Services (ministry) to assist licensees in complying with their obligations under the *Child, Youth and Family Services Act, 2017 (CYFSA),* [Section 94](https://www.ontario.ca/laws/regulation/180156#BK147) and [Section 131.1](https://www.ontario.ca/laws/regulation/180156#BK204) of O. Reg. 156/18, respecting plans of care.

These requirements apply to foster care licensees (including Children’s Aid Societies), children’s residence licensees (including places of secure or open custody or detention licensed to provide out of home care), staff-model home licensees and placing agencies (including Children’s Aid Societies).

For licensees that operate a place of temporary detention, of secure custody or of open custody, a plan of care is referred to as a case management/reintegration plan (CMRP). These licensees should continue to use the CMRP template.

An individualized plan of care must be developed for each child or young person. The plan should be trauma-informed. It must highlight short and long-term personal goals, expected outcomes, needs, strengths, challenges, and preferences of each child or young person. The plan of care must identify the actions that will be taken to help achieve each goal, including who is responsible for carrying out the action. The child or young person must be involved in discussions about the development of the plan and it must reflect the wishes and goals of the child or young person. The child or young person must be provided with a copy of the plan of care if they wish to receive it.

**Note:** Although the term ***residential*** is a legal term under the CYFSA and its regulations, the ministry is using the term “out-of-home care” instead of “residential” care to acknowledge the traumatic history of the Residential School system in Canada.

**Terms of Use/Disclaimer:**

Licensees may choose to use their own template or forms to demonstrate compliance with the plan of care requirements.

**All licensees are required to ensure that any documentation pertaining to the plan of care requirements complies with all applicable requirements of the Act, its regulations and ministry directives. The template is a resource only and does not have the force and effect of the law. It does not replace the obligations set out in O. Reg. 156/18 pertaining to plans of care and reference should always be made to the official version of the regulation.**

Licensees requiring assistance with the interpretation of regulatory requirements, including those requirements specific to plans of care, should seek legal advice.

Items with an asterisk\* are recommended and not a regulatory requirement.

**Plan of Care Template**

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| **SECTION A: Plan of Care Development and Review Dates***(Children’s Residences, Staff Model Homes and Foster Care)* |

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| **Dates for Required Plan of Care Development and Review - Planning Calendar** |
| **30 Day** | [Insert 30 days from admission/placement – due date] | [Date completed] |
| **90 Day** | [Insert 90 days from admission/placement – due date] | Date completed] |
| **180 Day** | [Insert 180 days from admission/placement – due date] | [Date completed] |
| **Every 180 Days thereafter** | [Insert 180 day from previous review] | Date completed] |
| **Every 180 Days thereafter** | [Insert 180 day from previous review] | [Date completed] |
| **Every 180 Days thereafter**  | [Insert 180 day from previous review] | [Date completed] |

In addition to the above dates,the plan of care must also be reviewed whenever any of the following occur:

1. There is a material change in the child or youth’s circumstances that necessitates a review of the plan of care.
2. New information becomes available regarding the child or youth’s needs, behaviours, or any diagnosis.
3. The child or youth’s placing agency or parent or other person who placed the child or youth requests that the plan be reviewed.

The purpose of a plan of care review is to:

1. Ensure that any information included in the plan of care is current, and
2. Document the services, treatment and supports referenced in the plan of care that have been provided to the child/youth.

Once a licensee has determined that a review of Plan of Care is required, they must ensure that the same process and requirements for the development of a Plan of Care, as outlined below, are followed. This process also highlighted in [O. Reg 156/18 s 94.1](https://www.ontario.ca/laws/regulation/180156#BK148) and [O. Reg 156/118 s 131.2](https://www.ontario.ca/laws/regulation/180156#BK205).

**Note:** As a best practice, it is recommended that the plan of care also be reviewed in respect of a First Nation, Inuk or Métis (FNIM) child or youth when a representative of the child or youth’s band or FNIM community requests that the plan of care be reviewed.

Using the chart below, provide an overview of reviews conducted outside of the 30-day, 90-day, 180-day and everyone 180 days thereafter reviews:

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| **Date of Review**  | **Reason for Revision or Persons Requesting Revision** |
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**Note:** Continue to add entries as required.

**If a plan of care is amended after its initial development, it must clearly be labelled as an amended plan of care. In addition, all amendments to the plan of care must be clearly documented throughout.**

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| **SECTION B: Plan of Care Engagement and Participation/Signature Sheets**  |

*[To be completed for the initial plan of care development and each time the plan of care is amended.]*

**Child/Youth Name:** *[Insert the name of the child/youth who is subject of the plan of care]*

**Indicate the required time frame/reason for which the plan of care is being developed or reviewed:**

[ ] 30 Day [ ] 90 Day [ ] 180 Day [ ] +180 Day Review [ ]  +180 Day Review

[ ]  Other Amendment

**Other Amendment Reason:** *[Insert reason for review when conducted outside of the prescribed timelines]*

**Date of Initial Development or Review:** *[Insert the date the plan of care was initially developed]*

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| **Required Child/Youth’s Participation/Signature (Where Applicable)** |

**Note:** Engagement and involvement of the child/youth in the plan of care depends on the child’s age and maturity. This is an analysis to be undertaken by the licensee.

|  |  |
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| Date(s) child/youth was engaged and involved in the development or review of their plan of care | *[Insert Date(s)]* |
| Where applicable, describe why the child was not engaged or involved in the development or review of their plan of care  |  |
| Meeting format and/or details on communication methods used | *[Insert details of the review/development and all communication methods used to engage child]* |
| When the child/youth was offered or requested a copy of their plan of care, were they provided with a copy, in the format chosen by the child within seven days after it was developed or reviewed? | [ ]  Yes, Date Provided: [ ]  No Reason for Delay: Format Provided: *[email, paper copy]* |

**Child/Youth Signature:**

*To be completed by the child/youth prior to signing:*

[ ] The plan of care was explained to me in a way that I understood (in language suitable to my age and maturity).

[ ] I was asked whether I would like to receive a copy of my plan of care.

*Applicable only where the child/youth wishes to receive a copy of their plan of care:*

[ ]  I *was asked whether I wanted to receive a copy of my plan of care in written or electronic format.*

I confirm that I have been engaged and involved in the development or review of my plan of care and agree with the information set out in my plan of care.

**Name:**

**Date of signature:**

*To be completed by licensee in circumstances where the child/youth did not sign the plan of care:*

[ ] Child/youth did not sign the plan of care.

**Reasons that the child/youth did not sign their plan of care:**

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| **Additional Required Participants/Signature**  |

In addition to the child/youth themselves, the following participants are required to be engaged on the child/youth’s plan of care, where applicable.

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| --- | --- | --- | --- |
| **Name** | **Role or Relationship** (e.g., job title, where applicable) | **Date(s) of meeting(s) held to discuss the development or review of the plan of care** | **Meeting format and/or details on communication methods** |
| *[Insert name of placing agency representative if the placing agency is not the licensee]* |  |  |  |
| *[Insert name of child’s parents, if appropriate]*  |  |  |  |
| *Insert name of foster parent of parent(s) if appropriate* |  |  |  |
| *[In the case of a First Nation, Inuk or M*é*tis child, the name of a representative chosen by each of the child’s First Nation, Inuit or Métis communities]* |  |  |  |

**If any person listed above was not consulted on or involved in the development or review of the plan of care, describe the ongoing efforts made to consult with and involve them, including details of any amendments made to the plan to reflect their input:**

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| **Signatures:** **Placing Person/Placing Agency Representative:** *I confirm that I have been engaged and involved in the development or review of the plan of care and agree with the information set out in the plan of care.*Name: Signature: Date: **Child’s Parent (where appropriate):** *I confirm that I have been engaged and involved in the development or review of the plan of care and agree with the information set out in the plan of care.*Name: Signature: Date: **Foster Parent(s) (where applicable):***I confirm that I have been engaged and involved in the development or review of the plan of care and agree with the information set out in the plan of care.*Name: Signature: Date: **FNIM Band or Community Representative (where applicable):***I confirm that I have been engaged and involved in the development or review of the plan of care and agree with the information set out in the plan of care.*Name: Signature: Date: **Did anyone listed above refuse to sign the plan of care?** [ ] No[ ]  Yes, if so, identify who and the reasons for their **refusal.**

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| **Additional Optional (Not Required) Participants**  |

Indicate any other individuals who were engaged on the development or review of the child/youth’s plan of care.

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| --- | --- | --- | --- |
| **Name** | **Contact Information** | **Role**  | **Date Engaged/ Consulted** |
| *[Insert the names of optional participants that were engaged in the development and or review of the child’s Plan of Care]*  |  |  |  |
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 |

**Note:** Continue to add entries as required.

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| **SECTION C: Plan of Care Content**  |

**Note:** For reviews or amendments, clearly label the plan of care as an amended plan of care.

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|  **Plan of Care** |
| **Date of Child/Youth’s Admission or Placement:** Click or tap to enter a date. |
| **Date of Plan of Care Meeting:** Click or tap to enter a date.*[Insert the date of the meeting where the child/youth’s plan of care was finalized.]* |
| **Legal Name of Child/Youth:****Preferred Name:****D.O.B:** (yyyy/mm/dd) | **Gender:****Sex:****Identified Pronoun:** |
| **Does the Child/Youth Identify as FNIM:** [ ]  Yes[ ]  No [ ]  Not sure[ ]  Not Applicable | **Band and/or FNIM Community Representative:****Contact person:****Telephone:****Email:** [ ]  Not Applicable  |
| **\*Preferred Language:** | **Legal Status** (e.g., child/youth's care status): |
| **Parent(s) Names (where appropriate):**  | **Name:****Phone number:****Email:** |
| **Name of Person Placing the Child and agency (if applicable)** | **Name:****Phone number:****Email:** |
| **Supervising Society Worker** (if applicable):  | **Name:****Phone number:****Email:** |

**\*In addition to the required plan of care content reflected below and in** [**O. Reg 156/18 s. 94.2**](https://www.ontario.ca/laws/regulation/180156#BK149) **and** [**O Reg. 156.18 s 131.3**](https://www.ontario.ca/laws/regulation/180156#BK206)**, it is recommended that for First Nation, Inuit or M**é**tis (FNIM) children that the licensee first identify any FNIM cultural considerations regarding their care and embed these throughout the plan of care consulting, development and review, where appropriate.**

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| **\*FNIM Considerations** |
| * *Cultural journey of youth – what has been done so far to connect the child to community on or off territory including in urban settings when their specific FNIM community may not be known – activities – what child has learned – what child is proud is of – how they feel connected to their community*
* *What the child would like to learn about and connect with regarding family and culture (e.g., smudging, making drums, traditional dances, pow wow, etc.)*
* *Details of how the licensee will maintain regular contact with the child/youth’s FNIM community to support their ongoing care and well-being.*
 |
| **Child/Youth’s Views** |
| *Placeholder for the child/youth’s views on FNIM considerations.*  |
| **Is there a goal for the child/youth related to their FNIM identity/status (under #5 below)?** [ ]  Yes, added to the goal section [ ]  No |

**The following content is required for each child/youth’s plan of care development, review and amendment.**

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| 1. **Personal Strengths**
 |
| *A description of the child or youth’s strengths, including information about their personality, aptitudes, and abilities, based on any information collected as part of the pre-placement/admission assessment process.* |
| *A plan as to how the licensee will promote those strengths and details of how the licensee has promoted those strengths.* |
| **Child/Youth’s Views** |
| *Placeholder for the child/youth’s views on personal strengths.*  |
| **Is there a goal for the child/youth related to their personal strengths (under #5 below)?** [ ] Yes, added to the goal section [ ] No |
| 1. **Identity Characteristics**
 |
| 1. *A description of the child/youth’s identity characteristics*

*Note: A reference to a child’s identity characteristics refers to the child’s race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, disability, creed, sex, sexual orientation, gender identity, gender expression or cultural or linguistic needs.* |
| 1. *Details of how the licensee has taken and will continue to take the child/youth’s identity characteristics into account in providing services to the child/youth, including details of supports or activities that take their identity characteristics into account.*
 |
| **Child/Youth’s Views** |
| *Placeholder for the child/youth’s views on identity characteristics.*  |
| **Is there a goal for the child/youth related to their identity characteristics (under #5 below)?** [ ]  Yes, added to the goal section [ ]  No |
| 1. **Needs, Behaviours and Applicable Diagnosis Information**
 |
| 1. *A complete description of the child/youth’s needs, including any developmental, emotional, social, medical, psychological and educational needs, and any needs related to any behavioural challenges and any trauma experienced by the child/youth.*

*Note: The licensee shall ensure that the description of the needs of the child/youth is consistent with the following:*1. *The content of any current or previous medical, emotional, developmental, psychological, educational and social assessments of the child/youth.*
2. *Information contained in serious occurrence reports respecting the child/youth or other reports prepared by the licensee or persons providing direct care to the child/youth on behalf of the licensee respecting incidents involving the child/youth.*
3. *Information reported by persons responsible for providing direct care to the child/youth on behalf of the licensee.*
 |
| 1. *Details of any medical or clinical diagnosis that is relevant to the provision of services, treatment or supports to the child/youth.*
 |
| **Child/Youth’s Views** |
| *Placeholder for the child/youth’s views on needs, behaviours and applicable diagnoses. .*  |
| **Is there a goal for the child/youth related to their needs, behaviours and applicable diagnosis information (under #5 below)?** [ ] Yes, added to the goal section [ ] No |
| 1. **Services, Treatment and Supports**
 |
| 1. *Details of all services, treatment or supports that have been and that will be provided to the child to meet their individual needs and any challenges or concerns specific to those needs, including,*
	1. *a detailed description of all services, treatment or supports the child will receive that are provided by the licensee or by others pursuant to arrangements made by the licensee, as well as those that the child has already received, along with the dates on which they were received,*
	2. *the names of persons, including medical professionals and clinicians, providing services, treatment or supports to the child and their contact information,*
	3. *any recommendations from persons providing services, treatment or supports to the child, including as reflected in any assessment reports, and*
	4. *the reasons that any services, treatment or supports were not provided within the timeframe specified in the plan of care.*
 |
| 1. *A complete list of any medications that the child is taking, along with an indication of,*
	1. *any concerns about missed medication known at the time at which the plan was developed or that have arisen since the plan was last reviewed,*
	2. *the directions to be followed if medication is not administered when it is supposed to be, and*
	3. *any psychotropic drugs listed in section 91 of Ontario Regulation 155/18 (General Matters under the Authority of the Lieutenant Governor in Council) made under the Act that the child is taking.*

*Note: In determining the services, treatment and supports to be provided to the child, the licensee shall ensure that consideration is given to the need to provide services, treatment and supports that relate to the child’s identity, culture, language or creed* |
| **Child/Youth’s Views** |
| *Placeholder for the child/youth’s views on services, treatment and support.*  |
| **Is there a goal for the child/youth related to their services, treatment and supports (under #5 below)?**[ ]  Yes, added to the goal section [ ] No |
| 1. **Identification and achievement of child’s goals**
 |
| 1. *A description of the child/youth’s immediate and long-term goals and how those goals were determined, as well as a description of any progress made towards achieving those goals at the time the plan was developed or since the plan was last reviewed.*
 |
| 1. *A statement setting out how the child/youth was involved in the development or review, as the case may be, of their immediate and long-term goals, with reference to their age and maturity.*
 |
| 1. *Activities for supporting the child/youth in achieving their immediate and long-term goals, including the names and, if applicable, job titles of persons responsible for supporting the child/youth in performing these activities.*

*Note: The licensee shall ensure that the child/youth’s needs, behaviours and any diagnoses are considered in the development or review of the child/youth’s immediate and long-term goals.* |
| **Child/Youth’s Views** |
| *Placeholder for the child/youth’s views on the achievement of personal goals.*  |
| **Is there a goal for the child/youth related to their achievement of goals?** [ ]  Yes, added to the goal section  [ ]  No |
| 1. **Identification of an Adult Ally**
 |
| *A statement identifying at least one adult who the child has named as being a positive influence in the child ’s life, including the adult’s name, the reasons why the adult is important to the child and the role and responsibilities that the adult has agreed to assume in supporting the child.* *\*If the child/youth is unable to identify such an adult, the plan of care must instead include identifying an adult who is a positive influence in the child/youth’s life as one of the goals.* |
| **Child/Youth’s Views** |
| *Placeholder for the child/youth’s views on adult allies.*  |
| **Is there a goal for the child/youth related to their identification of an adult ally (under #5 above)?** [ ]  Yes, added to the goal section [ ]  No |
| 1. **Involvement of child’s family and placing agency**
 |
| *A statement describing the involvement of any parent or member of the child’s extended family and, if applicable, placing agency, in supporting the child, including any arrangements for contact between the child and the parent, member of the child’s extended family or placing agency, as the case may be. However, if it has been determined that the involvement of parents and extended family is not appropriate in the circumstances, a statement to this effect must be included along with the reasons in support of this determination.* |
| **Child/Youth’s Views** |
| *Placeholder for the child/youth’s views on involvement of the child/youth’s family and the placing agency.*  |
| **Is there a goal for the child/youth required to family involvement (under #5 above)?**[ ]  Yes, added to the goal section [ ]  No |
| 1. **Safety Planning**
 |
| *If the child has a safety plan, a summary of the review of the child ’s safety plan, together with any changes made to the safety plan.* **\*Note:** [**O. Reg. 156/18, s. 86.5**](https://www.ontario.ca/laws/regulation/180156#BK135) **and** [**O. Reg. 156/18, s. 129.3**](https://www.ontario.ca/laws/regulation/180156#BK198) **identify requirements pertaining to undertaking a review of a child/youth’s safety plan. Please refer to this section when conducting the development or review of a child/youth’s plan of care.**  |
| **Child/Youth’s Views** |
| *Placeholder for the child/youth’s views on safety planning.*  |
| **Is there a goal for the child/youth related to safety planning (under #5 above)?** [ ]  Yes, added to the goal section [ ]  No |
| 1. **Outcomes for Child/Youth**
 |
| *A description of the desired outcomes identified for the child/youth, based on the child/youth’s specific strengths, needs and, if applicable, diagnoses.* |
| **Child/Youth’s Views** |
| *Placeholder for the child/youth’s views on outcomes.*  |
| **Is there a goal for the child/youth related to outcomes (under #5 above)?** [ ]  Yes, added to the goal section[ ]  No |
| 1. **Education**
 |
| 1. *A description of the child’s current educational status, what grade they are in, teacher’s name and contact information, current school and an indication of the educational resources that have been made available to the child from among those identified by the licensee through the consultations required under subsection 80.1(2).*
 |
| 1. *An indication of whether there are any concerns about the child ’s school attendance or academic performance and, if applicable, any action to be taken to address those concerns.*
 |
| 1. *A description of how the licensee has ensured that the licenced site or home includes a space or spaces that constitute a suitable environment for each child to undertake their studies, including completing homework and other assignments, that is responsive to each child’s individual needs and appropriate given their age and maturity.*
 |
| **Child/Youth’s Views** |
| *Placeholder for the child/youth’s views on education.*  |
| **Is there a goal for the child/youth related to education (under #5 above)?** [ ] Yes, added to the goal section [ ] No |
| 1. **Activities and Supports**
 |
| 1. *A description of any cultural, recreational, athletic and creative activities that the child has participated in or will participate in, as well as a description of how those activities are appropriate given the child ’s aptitudes, interests, needs and strengths.*
 |
| 1. *A plan to enrol the child in such cultural, recreational, athletic or creative activities and to encourage their continued involvement in such activities.*
 |
| **Child/Youth’s Views** |
| *Placeholder for the child/youth’s views on activities and supports.*  |
| **Is there a goal for the child/youth related to activities and supports (under #5 above)?** [ ]  Yes, added to the goal section [ ]  No |
| 1. **Meals and Nutrition**
 |
| *A current description of the child ’s dietary preference and any dietary restrictions, along with details of how those preferences and restrictions, if applicable, are to be accommodated.* |
| **Child/Youth’s Views** |
| *Placeholder for the child/youth’s views on meals and nutrition.*  |
| **Is there a goal for the child/youth related to meals and nutrition (under #5 above)?** [ ]  Yes, added to the goal section [ ]  No |
| 1. **Access to Electronic Devices and the Internet**
 |
| 1. *A current description of any access to electronic devices or the internet to be accorded to the child and any supervision that the child requires while using the electronic devices or the internet.*
 |
| 1. *If the plan of care indicates that no internet access is to be accorded to the child, an explanation of the reasons for this decision and a description of the measures to be implemented to ensure that the child does not access the internet.*
 |
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| **Child/Youth’s Views** |
| *Placeholder for the child/youth’s views on access to electronic devices and the internet.*  |
| **Is there a goal for the child/youth required to access to electronic devices and the internet (under #5 above)?** [ ]  Yes, added to the goal section [ ]  No |
| 1. **Child/Youth Voice, Preferences, and Wishes**
 |
| 1. *A current description of the child/youth’s views and wishes with respect to the manner in which out of home care is provided to them.*
 |
| 1. *A current description of any concerns expressed, or changes recommended by the child/youth respecting the provision of out of home care to them and how the licensee has responded to those concerns or recommendations.*
 |
| **Child/Youth’s Views** |
| *Placeholder for the child/youth’s views on voice, preferences and wishes.*  |
| **Is there a goal for the child/youth related to the child voice, preferences and wishes (under #5 above)?** [ ]  Yes, added to the goal section [ ]  No |
| 1. **Discharge and Transition Planning**
 |
| **Anticipated Date for Discharge:** |
| *A description of any anticipated plans for transfer or discharge of the child, including details of whether it is anticipated that the child will be transferred or discharged from the licenced site or home to another person or agency, including the child/youth’s parent and, if so, details of the person or agency that would be responsible for caring for the child.* |
| **OPTIONAL - Permanency Planning (for children in the care of a children’s aid society only)** *A description of concurrent permanency planning undertaken by the society for the child in the child/youth’s best interests, including decisions and actions needed to support the child to have life-long supportive relationships. Permanency planning should begin at admission to care and should engage the child and important people in their extended family and community.* |
| **Child/Youth’s Views** |
| *Placeholder for the child/youth’s views on discharge and planning.*  |
| **Is there a goal for the child/youth related to discharge and transition planning (under #5 above)?** [ ]  Yes, added to the goal section 5 [ ]  No |
| 1. **Revisions to the Plan of Care**
 |
| **Date for the next review of the child/youth’s plan of care:**  |
| **Dates on which the child/youth’s plan of care was previously revised after its initial development:**  |
| **Child/Youth’s Views** |
| *Placeholder for the child/youth’s views on revisions to the plan of care.*  |

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| **SECTION D: Child/Youth’s Rights, Complaints and Policy Review and Sign-Off Sheet**  |

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| **Item** | **Date Reviewed** | **Communication Method Used/ Name of Reviewer** | **Child’s Signature** |
| Review of Rights and Responsibilities  | (YYYY/MM/DD) |  |  |
| Review of the Placement’s Program Description Related to Cultural Competency | (YYYY/MM/DD) |  |  |
| Review of Complaints Procedure | (YYYY/MM/DD) |  |  |
| Review of Residential Placement Advisory Committee  | (YYYY/MM/DD) |  |  |
| Review the Office of the Ombudsman and Contact Information | (YYYY/MM/DD) |  |  |
| Review of the Placement’s Physical Restraint Policy | (YYYY/MM/DD) |  |  |
| Review of the Placement’s Mechanical Restraints Policy | (YYYY/MM/DD) |  |  |

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| **SECTION E - Plan of Care Sign-Off** |

**To be completed at development and each review of the plan of care.**

Any person who provides direct care to a child/youth on behalf of the licensee does so in accordance with the plan of care. A copy of the plan of care must be on record at the licensed setting the child is placed in.

**Plan of Care/Review Date:** *[Date the child/youth’s plan of care was finalized]*

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| --- | --- | --- | --- |
| **Name or person employed or otherwise engaged to provide direct care (including foster parents):**  | **Role or Relationship to Child/Youth***(Indicate if a foster parent, foster worker or staff that are full time, part time, relief, one to one workers, etc.)* | **Date** | **Initials** |
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| *Note: duplicate lines as required* |