

MY LEAVING CARE PLAN



Leaving Care Plan Meeting Date:

Leaving Care Plan Start Date:

Leaving Care Plan Review Due:

My name is: <Case_mip_docName>

I was born on:
 <Case_mip_dateOfBirth>

My cultural background is:
 I speak:

I am: <Case_mip_ipca>

My client Id: <Case_mip_clientId>

I am: <Case_mip_mySex>

My community of origin is:
 My family speaks:

My vision of the future is:

My views on my Leaving Care Plan are:

Family Members and Other Significant People who are important to me, who are involved in making decisions about me and who I will see at the following times are:

Name	Relationship	Contact Details	Contact Arrangements

The People who support me are:

Name	Role	Contact Details

The Leaving Care Planning Meeting identified that I have the following needs and there are a number of actions which will be taken to meet these:

Safety

What has been done since my last leaving care plan to meet my safety needs:

My identified safety needs are:

The decisions made and actions to be taken are: (include details of who will action these and when)

Housing and Accommodation

Placement type:

Placement start date:

What has been done since my last leaving care plan to meet my housing and accommodation needs:

My identified housing and accommodation needs are:

The care planning decisions and actions to be taken are: (include details of who will action these and when)

Culture and Identity

What has been done since my last leaving care plan to meet my cultural and identity needs:

My identified cultural and identity needs are:

The care planning decisions and actions to be taken are: (include details of who will action these and when)

Family Relationships

What has been done since my last leaving care plan to meet my family needs:

My identified family needs are:

The care planning decisions and actions to be taken are: (include details of who will action these and when)

My genogram was updated on:

Health and Wellbeing

What has been done since my last leaving care plan to meet my health and wellbeing needs:

My identified health and wellbeing needs are:

The care planning decisions and actions to be taken are: (include details of who will action these and when)

Education, Training and Employment

What has been done since my last leaving care plan to meet my education, training and employment needs:

My identified education and training needs are:

The care planning decisions and actions to be taken are: (include details of who will action these and when)

Recreation and Leisure

What has been done since my last leaving care plan to meet my recreation and leisure needs:

My identified recreation and leisure needs are:

The care planning decisions and actions to be taken are: (include details of who will action these and when)

Social Relationships and Support Networks

What has been done since my last leaving care plan to meet my social relationships and support network needs:

My identified social relationships and support networks needs are:

The care planning decisions and actions to be taken are: (include details of who will action these and when)

Life Skills

What has been done since my last leaving care plan to meet my life skills needs:

My identified life skills needs are:

The care planning decisions and actions to be taken are: (include details of who will action these and when)

Legal

What has been done since my last leaving care plan to meet to my legal needs:

My identified legal needs are:

The care planning decisions and actions be taken are: (include details of who will action these and when)

Financial

What has been done since my last leaving care plan to meet my financial support needs:

My identified financial support needs are:

The care planning decisions and actions to be taken are: (include details of who will action these and when)

My Leaving Care Plan was written by:

Case Manager:

Signature:

Date:

Aboriginal
Community:
Worker:

Signature:

Date:

My Leaving Care Plan was endorsed

by:

Carer:
Transition from
Care: Officer:

Signature:

Date:

Signature:

Date:

My Care Plan was approved by:

Young Person:
Team/Leader
Manager:

Signature:

Date:

Signature:

Date: