**MY CARE PLAN**

Photo

**Care Plan Meeting Date:**

**Care Plan Start Date:**

**Care Plan Review Due:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **My name is:** <Case\_mip\_docName> | | | | **My client Id:** <Case\_mip\_clientId> | | | | | |
| **I was born on:** <Case\_mip\_dateOfBirth> | | | | **I am:** <Case\_mip\_ipca> | | | | **I am:** <Case\_mip\_mySex> | |
| **My cultural background(s) is:** | | | | | **My community of origin is:** | | | | |
| **I speak:** | | | | | **My family speaks:** | | | | |
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| **The goal of my Care Plan is:** | | | | | | | | | |
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| **My views are:** | | | | | | | | | |
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| **My family’s views are:** | | | | | | | | | |
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| **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** | | | |
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| **The people who support me are:** | | | | | | | | | |
| **Name** | **Role** | | **Contact Details** | | | | | | |
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| **The Care Planning Meeting identified that I have the following needs and there are a number of actions which will be taken to meet these:** | | | | | | | | | |
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| **Safety** | | | | | | | | | |
| **What has been done since my last care plan to meet my safety needs:** | | | | | | | | | |
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| **My safety needs are:** | | | | | | | | | |
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| **What actions are needed to meet my needs?** | | **Who will achieve these actions?** | | | | | **When will it be done?** | | |
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| **Care Arrangements** | | | | | | | | | |
| **Placement type:** | | | | | **Placement start date:** | | | | |
| **What has been done since my last care plan to meet my care arrangement needs:** | | | | | | | | | |
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| **My identified cultural and identity needs are:** | | | | | | | | | |
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| **What actions are needed to meet my needs?** | | **Who will achieve these actions?** | | | | | **When will it be done?** | | |
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| **Culture and Identity** | | | | | | | | | |
| **What has been done since my last care plan to meet my cultural and identity needs:** | | | | | | | | | |
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| **My identified cultural and identity needs are:** | | | | | | | | | |
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| **What actions are needed to meet my needs?** | | **Who will achieve these actions?** | | | | | **When will it be done?** | | |
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| **Family Relationships** | | | | | | | | | |
| **What has been done since my last care plan to meet my family relationships needs:** | | | | | | | | | |
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| **My identified family relationship needs are:** | | | | | | | | | |
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| **What actions are needed to meet my needs?** | | **Who will achieve these actions?** | | | | | **When will it be done?** | | |
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| **My genogram was updated on:** | | | | | | | | | |
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| **Health and Wellbeing** | | | | | | | | | |
| **What has been done since my last care plan to meet my health and wellbeing needs:** | | | | | | | | | |
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| **My identified health and wellbeing needs are:** | | | | | | | | | |
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| **What actions are needed to meet my needs?** | | **Who will achieve these actions?** | | | | | **When will it be done?** | | |
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| **Education** | | | | | | | | | |
| **What has been done since my last care plan to meet my education needs:** | | | | | | | | | |
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| **My identified education needs are:** | | | | | | | | | |
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| **What actions are needed to meet my needs?** | | **Who will achieve these actions?** | | | | | **When will it be done?** | | |
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| **Recreation, Leisure and Social** | | | | | | | | | |
| **What has been done since my last care plan to meet my recreation, leisure and social needs:** | | | | | | | | | |
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| **My identified recreation, leisure and social needs are:** | | | | | | | | | |
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| **What actions are needed to meet my needs?** | | **Who will achieve these actions?** | | | | | **When will it be done?** | | |
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| **Life Skills** | | | | | | | | | |
| **What has been done since my last care plan to meet my life skills needs:** | | | | | | | | | |
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| **My identified life skills needs are:** | | | | | | | | | |
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| **What actions are needed to meet my needs?** | | **Who will achieve these actions?** | | | | | **When will it be done?** | | |
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| **Legal** | | | | | | | | | |
| **What has been done since my last care plan to meet to my legal needs:** | | | | | | | | | |
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| **My identified life skills needs are:** | | | | | | | | | |
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| **What actions are needed to meet my needs?** | | **Who will achieve these actions?** | | | | | **When will it be done?** | | |
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| **Financial** | | | | | | | | | |
| **What has been done since my last care plan to meet my financial needs:** | | | | | | | | | |
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| **My identified legal needs are:** | | | | | | | | | |
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| **What actions are needed to meet my needs?** | | **Who will achieve these actions?** | | | | | **When will it be done?** | | |
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| **My Care Plan was written by:** | | | | | | | | | |
| **Case Manager:** | | | **Signature:** | | | | | | **Date:** |
| **Aboriginal Community Worker:** | | | **Signature:** | | | | | | **Date:** |
| **My Care Plan was endorsed by:** | | | | | | | | | |
| **Carer:** | | | **Signature:** | | | | | | **Date:** |
| **Child/Young Person:** | | | **Signature:** | | | | | | **Date:** |
| **My Care Plan was approved by:** | | | | | | | | | |
| **Team/Leader Manager:** | | | **Signature:** | | | | | | **Date:** |