**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:**       |
|  |
| **The goal of my Care Plan is:** |
|  |
|  |
| **My views are:** |
|  |
|  |
| **My family’s views 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 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 care plan to meet my safety needs:** |
|  |
| **My safety needs are:** |
|  |
|  |
| **What actions are needed to meet my needs?** | **Who will achieve these actions?** | **When will it be done?**  |
|       |       |       |
|  |
| **Care Arrangements** |
| **Placement type:**       | **Placement start date:**       |
| **What has been done since my last care plan to meet my care arrangement needs:** |
|  |
| **My identified cultural and identity needs are:** |
|  |
|  |
| **What actions are needed to meet my needs?** | **Who will achieve these actions?** | **When will it be done?**  |
|       |       |       |
|  |
| **Culture and Identity** |
| **What has been done since my last care plan to meet my cultural and identity needs:** |
|  |
| **My identified cultural and identity needs are:** |
|  |
|  |
| **What actions are needed to meet my needs?** | **Who will achieve these actions?** | **When will it be done?**  |
|       |       |       |
|  |
| **Family Relationships** |
| **What has been done since my last care plan to meet my family relationships needs:** |
|  |
| **My identified family relationship needs are:** |
|  |
|  |
| **What actions are needed to meet my needs?** | **Who will achieve these actions?** | **When will it be done?**  |
|       |       |       |
| **My genogram was updated on:**       |
|  |
| **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:** |
|  |
|  |
| **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:** |
|  |
| **My identified education needs are:** |
|  |
|  |
| **What actions are needed to meet my needs?** | **Who will achieve these actions?** | **When will it be done?**  |
|       |       |       |
|  |
| **Recreation, Leisure and Social** |
| **What has been done since my last care plan to meet my recreation, leisure and social needs:** |
|  |
| **My identified recreation, leisure and social needs are:** |
|  |
|  |
| **What actions are needed to meet my needs?** | **Who will achieve these actions?** | **When will it be done?**  |
|       |       |       |
|  |
| **Life Skills** |
| **What has been done since my last care plan to meet my life skills needs:**  |
|  |
| **My identified life skills needs are:** |
|  |
|  |
| **What actions are needed to meet my needs?** | **Who will achieve these actions?** | **When will it be done?**  |
|       |       |       |
|  |
| **Legal**  |
| **What has been done since my last care plan to meet to my legal needs:** |
|  |
| **My identified life skills needs are:** |
|  |
|  |
| **What actions are needed to meet my needs?** | **Who will achieve these actions?** | **When will it be done?**  |
|       |       |       |
|  |
| **Financial** |
| **What has been done since my last care plan to meet my financial needs:** |
|  |
| **My identified legal needs are:** |
|  |
|  |
| **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:**       |