

## MY CARE PLAN



Care Plan Meeting Date:  
 Care Plan Start Date:  
 Care Plan Review Due:

My name is: <Case\_mip\_docName>  
 I was born on: <Case\_mip\_dateOfBirth>  
 My cultural background(s) is:  
 I speak:

My client Id: <Case\_mip\_clientId>  
 I am: <Case\_mip\_ipca> I am: <Case\_mip\_mySex>  
 My community of origin is:  
 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:

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

### **Care Arrangements**

Placement type:

Placement start date:

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

My identified care arrangement 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 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 care plan to meet my family relationships needs:

My identified family relationship 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 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**

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

My identified education needs are:

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

**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:

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 care plan to meet my life skills needs:

My identified life skills needs are:

The care planning decisions and steps to meet my life skills needs are:

**Legal**

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

My identified legal needs are:

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

**Financial**

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

My identified financial needs are:

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

**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: