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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | |  | | | |  | | Date Care Plan Developed: | |  | |
| People Involved: | | |  | | | |  | | Date for Review: | |  | |
|  | | | | | | | | | | | | |
| WHAT DO YOU WANT TO ACHIEVE BY WORKING TOGETHER? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **CURRENT SITUATION** | | **GOAL** | | | **ACTIONS** | **PERSON RESPONSIBLE** | | **TIMEFRAME** | | **COMPLETED** | | **OUTCOMES** |
|  | |  | | |  |  | |  | |  | |  |
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| ***Care plan provided to:*** | | | | Client | Yes / No | | | | | | | |
| Family / Carer | Yes / No | | | Name/s: | | | | | | | Client Consent: Yes / No | |
| Other Staff: | Yes / No | | | Name/s: | | | | | | | Client Consent: Yes / No | |
| Other Services: | Yes / No | | | Name/s: | | | | | | | Client Consent: Yes / No | |
|  | | | | | | | | | | | | |
| ***Client Acknowledgement:*** I understand and agree to this care plan Client: and/or Carer: | | | | | | | | | | | | |