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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:  |