

Care Plan

Client:

Signature:

Key Worker:

Signature:

Version:

Date of Review:

Support Area	Objectives	Actions	By Whom?	By Whom?	Due Date	Outcome
Alcohol Use	Short term:		Client / Staff Member	External Agency Lead/Support Role Contact Person		
	Long Term:					

Support Area	Objectives	Actions	By Whom?	By Whom?	Due Date	Outcome
Drug Use	Short term:		Client / Staff Member	External Agency Lead/Support Role Contact Person		
	Long Term:					

Support Area	Objectives	Actions	By Whom?	By Whom?	Due Date	Outcome
General Physical Health	Short term:		Client / Staff Member	External Agency Lead/Support Role Contact Person		
	Long Term:					

Support Area	Objectives	Actions	By Whom?	By Whom?	Due Date	Outcome
General Mental Health and Wellbeing	Short term:		Client / Staff Member	External Agency Lead/Support Role Contact Person		
	Long Term:					

Support Area	Objectives	Actions	By Whom?	By Whom?	Due Date	Outcome
Community Integration, Social Supports, and Meaningful Use of Time	Short term:		Client / Staff Member	External Agency Lead/Support Role Contact Person		
	Long Term:					

Support Area	Objectives	Actions	By Whom?	By Whom?	Due Date	Outcome
Independent Living and Accommodation	Short term:		Client / Staff Member	External Agency Lead/Support Role Contact Person		
	Long Term:					

Support Area	Objectives	Actions	By Whom?	By Whom?	Due Date	Outcome
Justice, Law, and Criminal Support	Short term:		Client / Staff Member	External Agency Lead/Support Role Contact Person		
	Long Term:					

Support Area	Objectives	Actions	By Whom?	By Whom?	Due Date	Outcome
Education and Training	Short term:		Client / Staff Member	External Agency Lead/Support Role Contact Person		
	Long Term:					

Support Area	Objectives	Actions	By Whom?	By Whom?	Due Date	Outcome
Family Support, Relationship, and Childcare	Short term:		Client / Staff Member	External Agency Lead/Support Role Contact Person		
	Long Term:					

Support Area	Objectives	Actions	By Whom?	By Whom?	Due Date	Outcome
Budgeting and Financial Management	Short term:		Client / Staff Member	External Agency Lead/Support Role Contact Person		
	Long Term:					

Support Area	Objectives	Actions	By Whom?	By Whom?	Due Date	Outcome
Employment	Short term:		Client / Staff Member	External Agency Lead/Support Role Contact Person		
	Long Term:					

Monthly Review/Feedback

Name: _____

Start Date _____

Achieved in last Month	Achieved in last Month	Achieved n last Month
Education/vocation/social skills/stabilisation	Education/vocation/social skills/stabilisation	Education/vocation/social skills/stabilisation
Target for coming month	Target for coming month	Target for coming month
Signed Client Date	Signed client Date	Signed client Date
Signed Client Date	Signed client Date	Signed client Date