

### 3. My Care and Support Plan (2017)



#### Form Details

Form Start Date:	Worker Name:
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#### Person Details

Name:	CareFirst ID:
DoB / EDD:	Gender:
Address:	Tel No:

#### Reference ID's / Date and Indicative Budget

NHS Number
Number
RIO ID
Number

#### Date

Date	
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#### Indicative Budget

The Council has allocated you the following amount of money per week to pay for your support. We call this an indicative budget.	
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#### Support Plan Guidance / Those Supporting me / Advocacy

##### Those supporting me to make my decisions

If I am not able to make all / some of the decisions myself, these are the people who will support me in making them and how they will make sure I am as in control as possible.

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#### Advocacy

Does the person have significant difficulty in understanding the assessment / review process and therefore require an Advocate to participate in this Assessment / Review?

Category:
Notes:

Create referral form for voiceability	Not Answered
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#### Outcomes

##### Outcomes for my communication and sensory needs

What is important to me?
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<b>Name:</b>	<b>CareFirst ID:</b>
<b>My Goals and Outcomes - I will know my plan is working if.....</b>	
<b>Category:</b>	
<b>Notes:</b>	
<b>Outcomes for my physical health and wellbeing</b>	
<b>What is important to me?</b>	
<b>My Goals and Outcomes - I will know my plan is working if.....</b>	
<b>Category:</b>	
<b>Notes:</b>	
<b>Outcomes for my mental health and wellbeing</b>	
<b>What is important to me?</b>	
<b>My Goals and Outcomes - I will know my plan is working if.....</b>	
<b>Category:</b>	
<b>Notes:</b>	
<b>Outcomes for managing and maintaining nutrition</b>	
<b>What is important to me?</b>	
<b>My Goals and Outcomes - I will know my plan is working if....</b>	
<b>Category:</b>	
<b>Notes:</b>	
<b>Outcomes for managing toilet needs</b>	
<b>What is important to me?</b>	
<b>My Goals and Outcomes - I will know my plan is working if....</b>	
<b>Category:</b>	
<b>Notes:</b>	
<b>Outcomes for being appropriately clothed</b>	
<b>What is important to me?</b>	
<b>My Goals and Outcomes - I will know my plan is working if....</b>	

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Name:	CareFirst ID:
Category:	
Notes:	
<b>Outcomes for maintaining personal hygiene</b>	
What is important to me?	
My Goals and Outcomes - I will know my plan is working if....	
Category:	
Notes:	
<b>Outcomes for using the home safely (incl mobility)</b>	
What is important to me?	
My Goals and Outcomes - I will know my plan is working if....	
Category:	
Notes:	
<b>Outcomes for maintaining a habitable home (incl mobility)</b>	
What is important to me?	
My Goals and Outcomes - I will know my plan is working if....	
Category:	
Notes:	
<b>Outcomes for developing / maintaining personal relationships</b>	
What is important to me?	
My Goals and Outcomes - I will know my plan is working if....	
Category:	
Notes:	
<b>Outcomes - accessing work, training and education</b>	
What is important to me?	
My Goals and Outcomes - I will know my plan is working if....	
Category:	
Notes:	

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Name:	CareFirst ID:
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#### Outcomes - Accessing facilities / services in the community

What is important to me?

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My Goals and Outcomes - I will know my plan is working if....

Category:

Notes:

#### Outcomes for any caring responsibilities

What is important to me?

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My Goals and Outcomes - I will know my plan is working if...

Category:

Notes:

#### Outcomes for Anything else?

What is important to me?

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My Goals and Outcomes - I will know my plan is working if....

Category:

Notes:

#### All Activities - preventative support

How I will achieve my outcome(s) through preventative or other available support

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#### All Activities - personal budget

How I will achieve my outcome(s) through my personal budget

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#### Contingency Plan

How have any identified risks been addressed? What arrangements would be made if any of the people involved in your care and support were not available?

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#### Budget Information

Personal Budget per week

Details of fluctuations in weekly spending or money being saved for a specific purpose

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<b>Name:</b>	<b>CareFirst ID:</b>
<b>Weekly amount of monies being set aside due to fluctuating spending (if known)</b>	
<b>Direct Payment amount:</b>	
<b>Frequency of Direct Payment:</b>	
<b>Current contribution</b>	
<b>I contribute the following to my personal budget</b>	
<b>Reason for PB being different from indicative budget</b>	
<b>If the personal budget is different from the indicative budget please state reasons why.</b>	
<b>Please provide justification for why the personal budget is different from the indicative budget</b>	
<b>Charging Policy Information</b>	
<b>Have you explained the charging policy to the customer?</b>	
<b>If applicable, I have received a copy of the charging policy and understand that I may be charged for services</b>	
<b>Self Funder Information</b>	
<b>Are you likely to be a self funder?</b>	
<b>How will my support be managed and who will help?</b>	
<b>How will I receive my personal budget?</b>	
<b>Who will manage my Direct Payment?</b>	
<b>Please state the reason why a managed account is required</b>	
<b>Practitioner Summary / Next Steps</b>	
<b>Practitioner Summary with Recommendations / next actions</b>	
<b>Signatures</b>	
<b>Service user's signature or their representative confirming support plan / review outcomes</b>	

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<b>Name:</b>	<b>CareFirst ID:</b>
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<b>Name:</b>
<b>Image Description:</b>

<b>Date of signature:</b>	
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<b>Worker signature:</b>
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<b>Name:</b>
<b>Image Description:</b>

<b>Date of signature:</b>	
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<b>Budget Holder / Line Manager signature:</b>
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<b>Name:</b>
<b>Image Description:</b>

<b>Date of signature:</b>	
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#### Date of Next Review

<b>When is the date of my next review?</b>	
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#### OFFICE USE ONLY

<b>Date of carrying out Screening / Assessment / Support Plan / Review with the Service User</b>	
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### 3. My Care and Support Plan (2017)

<b>Name:</b>	<b>CareFirst ID:</b>
<b>Location</b>	
<b>Worker undertaking screening / assessment /support plan / review:</b>	
<b>Role of person undertaking Screening / Assessment / Support Plan / Review</b>	
<b>Screening / Assessment / Support Plan / Review completed on behalf of which team</b>	
<b>Manager Authorisation of Closure of Case Date</b>	
<b>Manager Authorisation of Closure of Case Comment</b>	
<b>Client setting at time of review/assessment</b>	
<b>Type of Review</b>	
<b>Date of last support plan / review.</b>	
<b>Proposed new SP and PB start date:</b>	
<b>Primary Support Reason</b>	
<b>Category:</b>	
<b>Notes:</b>	
<b>Route of access</b>	
<b>Client Status</b>	
<b>Sequel to request (provision)</b>	
<b>New client: If Short Term Support to Maximise Independence was the sequel for request for support, what followed?</b>	
<b>Existing client: If Short Term Support to Maximise Independence was the sequel for request for support, what followed?</b>	
<b>Days Assessment Paused</b>	
<b>Office Use Only - Capacity</b>	
<b>Category:</b>	
<b>Notes:</b>	
<b>Office Use Only - Mobile Working</b>	

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<b>Name:</b>	<b>CareFirst ID:</b>
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<b>Has this form been completed using CareMobile?</b>	Not Answered
<b>Time Started:</b>	
<b>Time completed:</b>	
<b>Number of visits taken to complete assessment / review</b>	

<b>Completion</b>	
<b>Completed By:</b>	<b>Date:</b>
<b>Worker:</b>	
<b>Tel:</b>	
<b>Address:</b>	

SAMPLE