**MY LEAVING CARE PLAN**



**Leaving Care Plan Meeting Date:**

**Leaving Care Plan Start Date:**

**Leaving Care Plan Review Due:**

|  |  |
| --- | --- |
| **My name is:** <Case\_mip\_docName>  | **My client Id:** <Case\_mip\_clientId> |
| **I was born on:** <Case\_mip\_dateOfBirth> | **I am:** <Case\_mip\_ipca> | **I am:** <Case\_mip\_mySex> |
| **My cultural background is:**       | **My community of origin is:**       |
| **I speak:**       | **My family speaks:**       |
|  |
| **My vision of the future is:**  |
|  |
|  |
| **My views on my Leaving Care Plan 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 Leaving 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 leaving care plan to meet my safety needs:** |
|  |
| **My identified safety needs are:**  |
|  |
| **The decisions made and actions to be taken are:** **(include details of who will action these and when)** |
|  |
|  |
| **Housing and Accommodation** |
| **Placement type:**       | **Placement start date:**       |
| **What has been done since my last leaving care plan to meet my housing and accommodation needs:**  |
|  |
| **My identified housing and accommodation 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 leaving 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 leaving care plan to meet my family needs:** |
|  |
| **My identified family 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 leaving 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)** |
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| --- |
| **Education, Training and Employment** |

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| **What has been done since my last leaving care plan to meet my education, training and employment needs:** |
|  |
| **My identified education and training needs are:** |
|  |
| **The care planning decisions and actions to be taken are: (include details of who will action these and when)** |
|  |
|  |
| **Recreation and Leisure**  |
| **What has been done since my last leaving care plan to meet my recreation and leisure needs:** |
|  |
| **My identified recreation and leisure needs are:** |
|  |
| **The care planning decisions and actions to be taken are: (include details of who will action these and when)** |
|  |
|  |
| **Social Relationships and Support Networks** |
| **What has been done since my last leaving care plan to meet my social relationships and support network needs:** |
|  |
| **My identified social relationships and support networks 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 leaving care plan to meet my life skills needs:**  |
|  |
| **My identified life skills needs are:** |
|  |
| **The care planning decisions and actions to be taken are: (include details of who will action these and when)** |
|  |
|  |
| **Legal**  |
| **What has been done since my last leaving care plan to meet to my legal needs:** |
|  |
| **My identified legal needs are:** |
|  |
| **The care planning decisions and actions be taken are: (include details of who will action these and when)** |
|  |
|  |
| **Financial** |
| **What has been done since my last leaving care plan to meet my financial support needs:** |
|  |
| **My identified financial support needs are:** |
|  |
| **The care planning decisions and actions to be taken are: (include details of who will action these and when)** |
|  |
|  |
| **My Leaving Care Plan was written by:** |
| **Case Manager:**  |       | **Signature:** | **Date:**       |
| **Aboriginal Community: Worker:** |       | **Signature:** | **Date:**       |
| **My Leaving Care Plan was endorsed by:** |  |  |
| **Carer:** |       | **Signature:** | **Date:**       |
| **Transition from Care: Officer:** |       | **Signature:** | **Date:**       |
| **My Care Plan was approved by:** |
| **Young Person:** |       | **Signature:** | **Date:**       |
| **Team/Leader Manager:** |       | **Signature:** | **Date:**        |