**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)** | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| |  | | --- | | **Education, Training and Employment** | | | | | | | | | | |
| **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:** |