COMMONWEALTH HOME SUPPORT PROGRAM / CARE AND SERVICES PLAN

Care and Services Plan

Current as at: ..... Version: ..... Status: .....

Type straight into this PDF: click any blank space, or print it and write by hand.

Personal Details

Client name	
Address	
Phone	
Email	
My Aged Care ID	
Date of birth	
Emergency contact *Name, relationship to client, phone*	
Registered supporter	
Coordinator	
Cultural and religious practices or preferences	

Communications

Preferred contact method	
Languages spoken	
Is an interpreter required?	
General practitioner	

About the Client

What matters to them, how they like things done, why they need support, and what they need help with now, written from today's situation.

About the client

Why the client needs support *Usually a health or medical reason, or a physical one: what changed, and what it means for daily life.*

Current care needs *In line with the support plan from the client's aged care assessment.*

Health & Medical Needs

Health conditions, medicines and allergies the client's support needs to take into account, as the assessment, the client and their doctor describe them.

Health conditions *The conditions that affect the client's support, and how they affect daily life.*

Does the client take medication?

Yes / No

If so, how is medication managed

Current medication list

The medication list reflects what was recorded at the time of assessment and is for reference only. Workers must always check the current instructions, Webster pack or medication chart from the prescribing doctor, pharmacist or treating clinician before giving any medication-related support.

Does the client have a history of seizures?

Yes / No

If so, describe frequency, consequences and impact

Does the client have any allergies?

Yes / No

If so, how is the allergy managed

Physical Needs

Mobility, personal care and daily living: what the client does for themselves and where they need support.

Mobility aid

Use of vision aids

Use of hearing aids

Showering and grooming needs

Meal and drink needs

Toileting needs

Oral hygiene needs

Activities of daily living *What the client does for themselves, and where they need support.*

Services

Each service by its name, with how often and for how long, and when it will be reviewed or finish, matching the service agreement.

Service	How often	Volume or duration	Ongoing or short-term	Review or end date

Goals and Support

The client's goals and how they will be met, with what workers do, watch for and act on.

Client Goals

Goal 1:

Measure:

Review:

Goal 2:

Measure:

Review:

Intervention & Evaluation Strategy

Support actions:

Monitoring:

Escalation triggers:

Risk management

Risk	What the worker does
Preventative care *What keeps the client doing things for themselves (wellness and reablement).*	

Preferences

Preferred support staff	
Preferred days and times	
Notes for culturally safe, trauma-informed care	

Review and Consent

When the plan and the service agreement are reviewed, who was involved, who has a copy, and the client's consent and acknowledgement.

Plan review date *Within 12 months, or by the scheduled date for short-term services*	
Service agreement review date *For ongoing services*	
Who was involved in developing the plan	
Copy of this version given to *The client and their registered supporter or other support person*	
Also shared with	
Date given	

Consent	**Client response** *Yes / No*
For the provider to contact you in the future about the quality of the services.	
To store your information on the provider's database.	
This service is funded by the Australian Government. The department uses data for policy development, program management and research purposes. Do you consent for your non-identifying information to be released to the department?	

Acknowledgement

Client or client representative	Branch manager / clinician
Signature	**Signature**
Method of acknowledgement if unable to sign	**Name**
Date signed or acknowledged	**Date signed**

SALUS Salus prepares draft care and services plans like this one from your client's records, for your team to review and approve. See how at salusone.com.au.