

Care Planning Template

Client Name: _____ Date: _____

Staff Name: _____ Staff Position: _____

This template is designed to help you create a personalised care plan with your client. It focuses on wellness and reablement, ensuring that your client's needs and goals are at the centre of their care.

Confidentiality statement

This document contains confidential information. Handle and store it securely in line with your organisation's privacy policies.

The Care Planning Template begins on the next page and is divided into 4 parts. **Part 1** helps you and your client reflect on their current situation, strengths, and where they might need support. **Part 2** focuses on identifying why these goals are important to your client. **Part 3** outlines how to make these goals happen, while **Part 4** finalises the plan, confirming details and getting your client's agreement.

Part 1: Getting to know your client

Things that are going well for me:
A good day for me looks like:
Things that I want to keep doing:
I would have more independence and a better quality of life if I could:

Part 2: Why these goals matter

Achieving the goals from Part 1 would:

- ☐ Help me feel more in control of my life
- ☐ Make me feel safer
- ☐ Improve my confidence
- ☐ Improve my physical abilities
- ☐ Reduce my reliance on friends and family
- ☐ Make my life more enjoyable
- ☐ Improve my mood and happiness
- ☐ Other: _____

Continue to Part 3: Making these goals happen

Part 3: Making these goals happen

Client name: _____ Preferred name: _____

What I want to achieve (SMARTA goal)	Actions that will help me achieve this goal	Who is responsible?	Day/Date/ Frequency	Date action completed
<input type="checkbox"/> Achieved Date: _____				
<input type="checkbox"/> Achieved Date: _____				

What I want to achieve (SMARTA goal)	Actions that will help me achieve this goal	Who is responsible?	Day/Date/ Frequency	Date action completed
<input type="checkbox"/> Achieved Date: _____				
<input type="checkbox"/> Achieved Date: _____				

Continue to Part 4: Finalising the plan

Part 4: Finalising the plan

Support your client with completing this section, ensuring they understand and agree with the details of their care plan:

This plan describes how I will work with my provider to maintain/improve my independence and quality of life.

Client signature: _____

I made this plan with:

☐ My home support provider Name: _____ Role: _____

☐ Family representative Name: _____ Relationship: _____

☐ Other Name: _____ Relationship: _____

[Optional] I would like my plan shared with:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Client consent to share care plan [client signature]: _____

I have been given a copy of my plan:

☐ Yes

☐ No

This plan will be reviewed no later than: [date] _____ to ensure it is meeting my needs.

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