# CAURA CHSP CARE PLAN

CLIENT DETAILS

**Name:** {{ FirstName }} {{ LastName }}

**Gender:** {{ Gender }}

**D.O.B:** {{ DOB }}

**Marital Status:** {{ MaritalStatus }}

**Phone:** {{ Phone }}

**Address:** {{ Address1 }} {{ Address2 }} {{ Suburb }} NSW, {{ PostCode }}

CONDITIONS AND HISTORY

{{ Concerns }}

EMERGENCY OR NEXT OF KIN CONTACT DETAILS

**Name:** {{ KinFirstName }} {{ KinLastName }}

**Relationship:** {{ KinRelationship }}

**Phone:** {{ KinPhone }}

**Address:** {{ KinAddress }}

CHSP SERVICES APPROVED

**Garden Maintenance:**

{% if Type == "HM" or "HM" in ServiceTypes %}☑ Yes ☐ No{% else %}☐ Yes ☑ No{% endif %}

**Domestic Assistance:**

{% if Type == "DA" or "DA" in ServiceTypes %}☑ Yes ☐ No{% else %}☐ Yes ☑ No{% endif %}

SERVICE SCHEDULE

**Garden Maintenance:** {% if Type == "HM" or "HM" in ServiceTypes %}Monthly visits{% else %}Not applicable{% endif %}

**Make-Safe Property Services:** {% if Type == "HM" or "HM" in ServiceTypes %}2 comprehensive services per year{% else %}Not applicable{% endif %}

**Domestic Assistance:** {% if Type == "DA" or "DA" in ServiceTypes %}Fortnightly 2-hour sessions{% else %}Not applicable{% endif %}

**SERVICE COMMENCEMENT:** {{ ServiceStartDate }}

**PLAN REVIEW DATE:** {{ NextReviewDate }}

**CLIENT GOALS** *(Wellness & Reablement Focused)*

{% if Goal1 %}1. {{ Goal1 }}{% else %}N/A{% endif %}

{% if Goal2 %}2. {{ Goal2 }}{% else %}{% endif %}

{% if Goal3 %}3. {{ Goal3 }}{% else %}{% endif %}

SERVICE DETAILS TABLE

|  |  |  |  |
| --- | --- | --- | --- |
| **CARE NEED** | **GOAL** | **INTERVENTION** | **FREQUENCY** |
| {{ CareNeed }} | {{ Goal1 }} | {{ Intervention }} | {{ Frequency1 }} |
| {{ CareNeed2 }} | {{ Goal2 }} | {{ Intervention2 }} | {{ Frequency2 }} |
| {{ CareNeed3 }} | {{ Goal3 }} | {{ Intervention3 }} | {{ Frequency3 }} |

WELLNESS AND REABLEMENT APPROACH

**Approach Used:** {% if WellnessApproach %}{{ WellnessApproach }}{% else %}Standard wellness approach focusing on maintaining independence{% endif %}

**Time-Limited Services:** {% if TimeLimitedServices == "true" %}☑ Yes ☐ No{% else %}☐ Yes ☑ No{% endif %}

Review Period: {{ ReviewPeriod | default("12 months") }}

WORK HEALTH AND SAFETY ASSESSMENT

**WHS Assessment Completed:** {% if WHSAssessmentComplete == "true" %}☑ Yes ☐ No{% else %}☐ Yes ☑ No{% endif %}

Assessment Date: {{ WHSAssessmentDate }}

**IDENTIFIED WHS RISKS:**

{% if WHSIssues %}{{ WHSIssues }}{% else %}No specific risks identified at time of assessment{% endif %}

**RISK MITIGATION MEASURES:**

{% if RiskMitigation %}{{ RiskMitigation }}{% else %}Standard safety protocols to be followed{% endif %}

FIRE SAFETY AND EMERGENCY EVACUATION PLAN

**Fire Safety Plan Required:** {% if FSEP == "true" %}☑ Yes ☐ No{% else %}☐ Yes ☑ No{% endif %}

**Plan Completed:** {% if FSPCompleted == "true" %}☑ Yes ☐ No{% else %}☐ Yes ☑ No{% endif %}

EMERGENCY RESPONSE PLAN

**Emergency Plan Required:** {% if EP == "true" %}☑ Yes ☐ No{% else %}☐ Yes ☑ No{% endif %}

**Plan Details:** {% if EmergencyPlanDetails %}{{ EmergencyPlanDetails }}{% else %}Standard emergency procedures apply{% endif %}

ASSISTANCE TASKS (CAURA SERVICES)

{% if Task1 %}• {{ Task1 }}{% endif %}

{% if Task2 %}• {{ Task2 }}{% endif %}

{% if Task3 %}• {{ Task3 }}{% endif %}

{% if Task4 %}• {{ Task4 }}{% endif %}

CAURA SERVICE MODEL

* Garden Maintenance Focus: Monthly visits for essential pruning, yard clearance, and lawn mowing to maintain client safety and property access
* Full *(Make-Safe)* Services: Biannual comprehensive property assessments including window cleaning, gutter cleaning, hazard identification and safety repairs
* Domestic Assistance Focus: Fortnightly 2-hour house cleaning sessions with occasional unaccompanied shopping support as required

CLIENT CONTRIBUTION ARRANGEMENTS

**Fee Structure:** {{ ClientContribution | default("As per Caura's Client Contribution Policy") }}

**Hardship Provisions Explained**: {% if HardshipExplained == "true" %}☑ Yes ☐ No{% else %}☐ Yes ☑ No{% endif %}

SERVICE MONITORING AND REVIEW

**12-Month Review Due:** {{ TwelveMonthReviewDate }}

**Support Plan Reviews**: As required based on changing needs

**My Aged Care Record Updated:** {% if MACRecordUpdated == "true" %}☑ Yes ☐ No{% else %}☐ Yes ☑ No{% endif %}

ADDITIONAL INFORMATION

**Cultural/Linguistic Needs:** {% if CulturalNeeds %}{{ CulturalNeeds }}{% else %}None identified{% endif %}

**Accessibility Requirements:** {% if AccessibilityNeeds %}{{ AccessibilityNeeds }}{% else %}None identified{% endif %}

**Other Information:** {% if OtherInfo %}{{ OtherInfo }}{% else %}N/A{% endif %}

AGED CARE QUALITY STANDARDS COMPLIANCE

This care plan has been developed in accordance with the Aged Care Quality Standards and CHSP Program Manual requirements.

PLAN APPROVAL AND SIGNATURES

**Care Plan Created By:** {{ StaffName }}

**Position:** {{ StaffPosition | default("Care Coordinator") }}

**Date:** {{ PlanCreatedDate }}

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Consultation Completed:** {% if ClientConsulted == "true" %}☑ Yes ☐ No{% else %}☐ Yes ☑ No{% endif %}

**Client Name**: {{ FirstName }} {{ LastName }}

**Date:** {{ ClientConsultDate }}

**Client/Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Review:**

**Reviewed By:** {{ SupervisorName }}

**Date:** {{ SupervisorReviewDate }}

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

LAST UPDATED

**Date**: {{ UpdateDate }}

**Updated By:** {{ UpdatedBy }}

**Reason for Update:** {{ UpdateReason | default("Routine review") }}