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 |

|-----------|------|--------------|-----------|

| {{ CareNeed1 }} | {{ Goal1 }} | {{ Intervention1 }} | {{ 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

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") }}