# 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 %}

*Safety 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 %} {{ Goal1 }}{% else %}N/A{% endif %}

{% if Goal2 %} {{ Goal2 }}{% else %}{% endif %}

{% if Goal3 %} {{ 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

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") }}