

# A A's Plan North Lanarkshire

## North Lanarkshire Support Plan



**SWIS Reference:** 1005564  
**Date Produced:** 17 Aug 2009

<u>Name of Person:</u>	A A
<u>DOB:</u>	
<u>Current Address:</u>	None Recorded
<u>Referral Details:</u>	<ul style="list-style-type: none"><li>• Date of Referral 28-JAN-09</li><li>• Date of Allocation 28-JAN-09</li></ul>
<u>Assessment Details:</u>	<ul style="list-style-type: none"><li>• Date Started 17-AUG-09</li><li>• Date Completed</li><li>• Date Approved</li></ul>
<u>Support Plan:</u>	<ul style="list-style-type: none"><li>• Date Completed</li><li>• Date Shared with Person/Family</li><li>• Date Last Updated 17-AUG-09</li><li>• By Whom TRAINING USER 3</li></ul>

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### Details

<b>Forename:</b>	A
<b>Surname:</b>	A
<b>Also Known As:</b>	None Recorded
<b>Gender:</b>	Male
<b>Date of Birth:</b>	
<b>Current Address:</b>	None Recorded
<b>Telephone No:</b>	None Recorded
<b>Address Type:</b>	None Recorded
<b>Home Address:</b>	None Recorded
<b>Tel No:</b>	None Recorded
<b>Mobile No:</b>	None Recorded
<b>e-Mail:</b>	None Recorded

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Outcomes	Intended Outcomes	What Needs to Happen?	Who will be responsible?	How will we know?	When will it happen?
CARER RESOURCE PLAN					
COMMUNICATION Improved Communication/Sustaining social contact and company/Valued and Included					
FINANCE Economic Wellbeing					
PERSONAL CARE Keeping Clean and comfortable					
COMMUNITY LIVING Enjoying and Achieving; Making a Positive Contribution; Respected and Responsible					
HOME AND DOMESTIC ENVIRONMENT Enjoying a clean and orderly environment					

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<b>Outcomes</b>	<b>Intended Outcomes</b>	<b>What Needs to Happen?</b>	<b>Who will be responsible?</b>	<b>How will we know?</b>	<b>When will it happen?</b>
PHYSICAL HEALTH AND MOBILITY  Being healthy/keeping active and alert					
MENTAL HEALTH  Improving Wellbeing; Confidence and / or Morale: Regaining skills level capacity					
DRUG AND ALCOHOL DEPENDANCY  Maintaining Health and Wellbeing; Reducing Risk of Harm					

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**How will the Plan be Resourced:**

**Contingency Plan:**

**Areas of Disagreement**

Disagreement by (Name & Relationship to Individual receiving Support)	Reason for Disagreement	Action Taken to Resolve Disagreement and Outcome

**Monitoring and Review Arrangements**

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Support Plan**



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**If anyone thinks that things are not working, the person who should be contacted is:**

.....  
**(Worker with care management role  
OR care co-ordination role)**

.....  
**(Designation)**

**OR**

.....  
**(Manager)**

.....  
**(Designation)**

**Date Completed:**

**By Whom:**

**Date of Review:**