KindCare Community Engagement Plan

Plan Approval

Prepared By:		**Position/Title:**		**Date:**	
Approved by:		**Position/Title:**		**Date:**	
Next review date:					

Client and Contact Details

Client Details			
Client Name:		**Date of Birth:**	
Gender:		**Doctors Name:**	
Participants involved in the care			
Name	**Relationship to Client**	**Area of Support**	
Emergency Contacts			
Name	**Relationship to Client**	**Contact No.**	

Medical information

Health and medical information	
Allergies/Alerts *Insert allergies/alerts if any*	
Disability and/or medical condition	
Medications *Insert medications if any*	

© Learn For Work

KindCare Community Engagement Plan

Risk

Risk summary	
Risk summary *Insert summary of potential risks associated with community participation and inclusion*	
Potential risks *Insert list of potential risks*	
Risk level	High Medium Low
Controls *Insert list of controls to mitigate potential risks*	

Assessment

Assessment detail *Insert the information on assessing the person's interests, strengths, abilities and support requirements.*
Barriers *Insert list of barriers*

© Learn For Work

KindCare Community Engagement Plan

Strategies to overcome barriers *Insert list of support strategies to address barriers*

Support strategies

Goals *Insert goals for community engagement and social inclusion*
Support strategies *Insert list of support strategies and modifications (environment, devices and aids) to achieve goals including resources and aids and preferred level of participation*

Intervention strategies

Interventions *Insert list of interventions to support community participation and inclusion, such as medication plan, check-ins, or collaboration with support network*

© Learn For Work

KindCare Community Engagement Plan

Comments

Notes

Agreement

"I acknowledge that I have reviewed and agree to the engagement plan developed by KindCare to address my inclusion needs. I agree that I have been involved in the development of this plan. I understand that this plan outlines the strategies and interventions that will be used to support my ability to participate in the community and that it will be regularly reviewed and updated based on my progress and changing needs.

Client Name:	
Signature:	
Date:	
Carer Name:	
Signature:	
Date:	
Supervisor	
Signature:	
Date:	

© Learn For Work