**Macarthur Gateway Resource Centre**

**Case Management Plan**

**Client name: Date: Caseworker:**

1. **Housing**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal** | **Detailed strategies** | **Action** **By Client** | **Action by** **Worker** | **Time frame** | **Evaluation: e.g. if goals were achieved** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Health**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal** | **Detailed strategies** | **Action** **By Client** | **Action by** **Worker** | **Time frame** | **Evaluation** |
|  |  |  |  |  |  |

1. **Education/employment skills**

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| **Goal** | **Detailed strategies** | **Action** **By Client** | **Action by** **Worker** | **Time frame** | **Evaluation** |
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**4. Income**

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| **Goal** | **Detailed strategies** | **Action** **By Client** | **Action by** **Worker** | **Time frame** | **Evaluation** |
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**5. Emotional and behavioral functioning (including counseling needs, mental health, etc)**

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| **Goal** | **Detailed strategies** | **Action** **By Client** | **Action by** **Worker** | **Time frame** | **Evaluation** |
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**6. Social living skills and peer relationships (including life skills, recreation, interpersonal skills, etc)**

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|  | **Detailed strategies** | **Action** **By Client** | **Action by** **Worker** | **Time frame** | **Evaluation** |
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**7. Family/interpersonal relationships and identity (including time frame for support, family issues and relationship repair)**

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| **Goal** | **Detailed strategies** | **Action** **By Client** | **Action by** **Worker** | **Time frame** | **Evaluation** |
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**8. Legal and justice issues**

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| **Goal** | **Detailed strategies** | **Action** **By Client** | **Action by** **Worker** | **Time frame** | **Evaluation** |
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**9. Transition planning**

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| **Goal** | **Detailed strategies** | **Action** **By Client** | **Action by** **Worker** | **Time frame** | **Evaluation** |
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 **10. Any other issues/actions**

(Including recreation, religious or cultural needs and any immediate needs)

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| **Goal** | **Detailed strategies** | **Action** **By Client** | **Action by** **Worker** | **Time frame** | **Evaluation** |
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**Next planned review meeting**

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| --- | --- | --- |
| **Date:** | **Time:** | **Place:**  |

N

Signature of Client; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Caseworker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_