

Assessment Summary & Care Plan

Client Name	D.O.B.	Reference Number (SS)
Care Plan Co-ordinator Name	Agency	Worker Code (SS)
Location	Telephone Number	Date
Total number of continuation sheets used:		

Area of need: → (You must choose form one or several of the following: Health, Mental Health, Eating and Drinking, Personal Care, Personal Safety, Lifestyle, Money, Household Tasks, Housing, Mobility or 'other', attach additional sheets if necessary)

	Summary of Needs relevant to desired outcome	Service Details
		Service to be provided Contact person Telephone number Start date Cost
		Service to be provided Contact person Telephone number Start date Cost

Enfield Care Agencies

Assessment Summary & Care Plan - Continuation Sheet

Name of the person this care plan is for	Name of person co-ordinating this care plan
Continuation sheet number 1 of 1	

Area of need: → (You must choose form one or several of the following: Health, Mental Health, Eating and Drinking, Personal Care, Personal Safety, Lifestyle, Money, Household Tasks, Housing, Mobility or 'other', attach additional sheets if necessary)

	Summary of Needs relevant to desired outcome	Service Details
		<p>Service to be provided</p> <p>Contact person</p> <p>Telephone number</p> <p>Start date Cost</p>
		<p>Service to be provided</p> <p>Contact person</p> <p>Telephone number</p> <p>Start date Cost</p>

Outcomes

Desired outcome that the services are aiming to achieve:

Are there any outcomes that will not be met or only partially met by this care plan?

What service, were it to exist, would achieve the desired outcome?

Charging Arrangements

Person advised of residential non-residential charging policy?

Appropriate leaflet has been given?

Review Arrangements

This plan is due to be reviewed on or before:

The person responsible for co-ordinating the review is:

Agency

Location

Telephone

Signatures

I confirm that this assessment reflects my needs and desired outcomes. I was informed of the charging policy, the option for Direct Payments and a Carers Assessment.

Name:..... Signed:..... Date:.....

Name of Carer:..... Signed:..... Date:.....

Name of Assessor:..... Signed:..... Date:.....

Title:..... Contact number:.....

A copy was given to the person/carer on:.....