

Partners In Recovery

PIR Action Plan

PIR clients must receive a printed and signed copy of this Action Plan

Preferred Names:

Family Name:

Person Identifier:

Date of original Action Plan: / /

Action Plan reviewed date: / /

D.O.B: / /

Is this an estimated D.O.B? Yes No

Sex: Male Female Other

Main Language Spoken at home:

Country of Birth:

Disability Care Australia Participant?

Yes No

Marital Status (please tick one):

Married (registered and de facto) Separated
 Divorced Widowed Never Married

Are you of Aboriginal but not Torres Strait Islander origin Yes No

Are you of Torres Strait Islander but not Aboriginal origin Yes No

Are you of both Aboriginal and Torres Strait Islander origin Yes No

Are you of neither Aboriginal or Torres Strait Islander origin Yes No

Origin not stated or inadequately described

Employment Participation (please tick one):

- Full-time (35 hours a week or more in paid employment) Unemployed (but actively looking for work)
 Part-time (less than 35 hours a week in paid employment)
 Not in the labour force (voluntarily inactive, unable to work, conducting volunteer work only)

Current Education Participation (please tick one):

- Not engaged in any formal education Secondary School University/other Higher Education
 TAFE/Technical/Vocational/Registered Training Organisation
 Other Courses includes; job preparation, adult education, hobby courses

Do you have a principal clinical mental service provider: Yes No

If yes, from whom? (please specify):

- Public sector mental health service Private psychiatrist General Practitioner
 Other private mental health professional Other

Are you currently accessing any other services (Housing, Employment etc.):

- Yes No If yes, from whom? (please specify):

Name

DO NOT WRITE IN THIS BINDING MARGIN

Social Cultural Considerations

(e.g. Family structure, ethnic origin, language issues, cultural safety)

Legal Considerations

(e.g. Legal or other considerations)

Advance Planning

*prompt questions :

Things I would like to happen if I become unwell?

Things I would not like to happen if I become unwell?

Who needs to be contacted?

Things I will need support to organise if I become unwell.

↑ DO NOT WRITE IN THIS BINDING MARGIN

Partners In Recovery

PIR Action Plan

To be completed for those needs identified in the needs assessment as unmet

Accommodation

Person's view of supports and services required:

Actions:

By Whom

Review Date

Food

Person's view of supports and services required:

Actions:

By Whom

Review Date

Looking After Your home

Person's view of supports and services required:

Actions:

By Whom

Review Date

Self Care

Person's view of supports and services required:

Actions:

By Whom

Review Date

DO NOT WRITE IN THIS BINDING MARGIN

PARTNERS IN RECOVERY — PIR ACTION PLAN

PARTNERS IN RECOVERY ACTION PLAN

Name

Daytime Activities

Person's view of supports and services required:

Actions:

By Whom

Review Date

Physical Health

Person's view of supports and services required:

Actions:

By Whom

Review Date

Mental Health

Person's view of supports and services required:

Actions:

By Whom

Review Date

Information on Condition and Treatment, Including Medication Needs and Issues

Person's view of services required:

Actions:

By Whom

Review Date

↑ DO NOT WRITE IN THIS BINDING MARGIN

PARTNERS IN RECOVERY — PIR ACTION PLAN

PARTNERS IN RECOVERY ACTION PLAN

Name

Mental Wellness

Person's view of supports and services required:

Actions:

By Whom

Review Date

Safety (to self and others)

Person's view of supports and services required:

Actions:

By Whom

Review Date

Substance Use

Person's view of supports and services required:

Actions:

By Whom

Review Date

Social Life

Person's view of supports and services required:

Actions:

By Whom

Review Date

↑ DO NOT WRITE IN THIS BINDING MARGIN

PARTNERS IN RECOVERY — PIR ACTION PLAN

PARTNERS IN RECOVERY ACTION PLAN

Name

Intimate Relationships

Person's view of supports and services required:

Actions:

By Whom

Review Date

Sexual expression

Person's view of supports and services required:

Actions:

By Whom

Review Date

Dependents

Person's view of supports and services required:

Actions:

By Whom

Review Date

Education

Person's view of supports and services required:

Actions:

By Whom

Review Date

↑ DO NOT WRITE IN THIS BINDING MARGIN

PARTNERS IN RECOVERY — PIR ACTION PLAN

PARTNERS IN RECOVERY ACTION PLAN

Name

Communication and Technology

Person's view of supports and services required:

Actions:	By Whom	Review Date

Transport

Person's view of supports and services required:

Actions:	By Whom	Review Date

Finance

Person's view of supports and services required:

Actions:	By Whom	Review Date

Benefits

Person's view of supports and services required:

Actions:	By Whom	Review Date

↑ DO NOT WRITE IN THIS BINDING MARGIN

Employment and Volunteering

Person's view of supports and services required:

Actions:

By Whom

Review Date

Cultural and spiritual

Person's view of supports and services required:

Actions:

By Whom

Review Date

Other Services

Person's view of supports and services required:

Actions:

By Whom

Review Date

DO NOT WRITE IN THIS BINDING MARGIN

PARTNERS IN RECOVERY — PIR ACTION PLAN

My Health & Wellbeing Plan *(please consider mental health, physical health, housing, employment, education, family relationships, financial advice and support, etc.)*

PARTNERS IN RECOVERY ACTION PLAN

Name

Most important thing I want to achieve

Things I want to achieve second

Things I want to achieve third

Existing capabilities and strengths I can build on...

Existing capabilities and strengths I can build on...

Existing capabilities and strengths I can build on...

What I'll do...

What I'll do...

What I'll do...

I hope that...

I hope that...

I hope that...

Who will help?

Who will help?

Who will help?

When?

When?

When?

↑ DO NOT WRITE IN THIS BINDING MARGIN

Wellness Plan

Things I have already achieved

PARTNERS IN RECOVERY ACTION PLAN

Name

Matters I would like to address at another time

↑ DO NOT WRITE IN THIS BINDING MARGIN

Your Crisis Action/ Relapse Plan

Green Light – Signs that I am well & strengths to build on	Things I need to do to stay well	Things that I have done in the past to stay well	Things my supports have done to help me stay well
Yellow Light – Signs that I am becoming unwell	Things that help when I start to feel unwell	Things that make me feel worse when I am becoming unwell	Things that supports have done or tried that helped when I was becoming unwell
Red Light – Signs that I am unwell	Crisis response/ Actions to be taken when I am unwell	Things that I do not want done when I am unwell	Things that carers need to do when I am unwell

DO NOT WRITE IN THIS BINDING MARGIN

Emergency Arrangements

If I have an emergency please notify:

(1)Name:

Phone:

(2)Name:

Phone:

In an emergency I need help with:

Dependents:

Accommodation:

Financial Arrangement:

Pets:

Employment - Please Notify:

I have the following specific needs:

Speak to...

Involve...

Do not...

↑ DO NOT WRITE IN THIS BINDING MARGIN

Family/Supporter's Plan

(Completed by Support Facilitator and carer where possible, or may be completed with the carer, only as appropriate)

The Family/Supporter's Plan provides an opportunity to identify and describe the family/carer's level of involvement.

- Their role
- Their needs
- The support they may require
- Plans if there is a deterioration in health for either carer or individual

Children's Safety Plan

The children's safety care plan provides an opportunity for the needs of client's children to be identified.

- Plans if there is a deterioration in health of the client
- Any child protection orders
- Next of kin

Other Commitments Plan

The Other Commitments Plan provides an opportunity to identify and describe the who and how to take care of any additional commitments.

Example:

- Change of Details/Address
- Motor vehicle
- Mail Collection
- Bills
- Anything else...

Consent to sharing of PIR Action Plan information

I consent to information relevant to the implementation of my action plan be shared with the following agencies and /or people:

The following types of information in this Action Plan are NOT to be shared:

Are there any people with whom you do NOT want information in this Action Plan to be shared?

↑ DO NOT WRITE IN THIS BINDING MARGIN

I discussed this Action Plan with my PIR Support Facilitator and agree to its contents.

PIR Client/Guardian's Signature
(or verbal agreement recorded by Support Facilitator here if not given in writing)

Date: / /

PIR Support Facilitator's Signature

Date: / /

Last Review Date: / /

ADDITIONAL NOTES:

Next Review Date: / /

ADDITIONAL NOTES:

Name

Partners In Recovery

PIR Action Plan

PIR clients must receive a printed and signed copy of this Plan

↑ DO NOT WRITE IN THIS BINDING MARGIN

