Name of consumer:

Name of organisation consumer receives services from:

Date care plan was conducted:

Staff Member who completed the plan and role title:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Support Need** | **What the Consumer needs** | **Actions** | **Staff involved** | **Others involved (e.g. Family, Carers, Community Supports, Multicultural organisations)** | **Additional Comments** |
| Culturally or Spiritually appropriate community connections (including links to family and friends overseas) |  |  |  |  |  |
| Culturally or Spiritually appropriate rituals, significant days and events |  |  |  |  |  |
| Culturally or Spiritually appropriate personal care needs |  |  |  |  |  |

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| **Support Need** | **What the Consumer needs** | **Actions** | **Staff involved** | **Others involved (e.g. Family, Carers, Community Supports, Multicultural organisations)** | **Additional Comments** |
| Culturally or Spiritually appropriate music |  |  |  |  |  |
| Culturally or Spiritually appropriate media and entertainment (e.g. radio, newspapers, TV, movies) |  |  |  |  |  |
| Language support (e.g. interpreters, translations, other) |  |  |  |  |  |
| Culturally or Spiritually  appropriate food |  |  |  |  |  |
| Other cultural, linguistic or spiritual care needs identified |  |  |  |  |  |