

ALL ABOUT ME

Date:

MY CASE & CARE PLAN

My name is:

My birthday is:

Here is a photo/drawing of me:

MY PHYSICAL HEALTH

At the moment I am physically feeling:

Important information about my health:

My allergies are:

My medications are:

Immunisations:

Special health conditions:

GP Name and Location:

Counselling:

Medicare Card Details

No.

Expire date:

Healthcare Card Details

No.

Expire Date:

Medical Appointments:

My eyes are:

My hearing is:

My teeth are:

MY FAVOURITE THINGS

My favourite food and drink:

My favourite TV show or movie or game:

My favourite book or magazine:

My favourite music or band:

My favourite sport or team:

My favourite animal:

THINGS I LIKE TO DO

Right now I like to do:

If I could I would like to:

Activities and things that I am involved in:

On the weekends I like to:

Things that I am good at:

MY ROUTINE

My bed time:

My wake up time:

What I eat for breakfast:

What I eat for lunch:

What I do when I get home from school:

Other things in my routine:

My religious and cultural customs:

MY EDUCATION

I am in grade:

I go to:

My favourite things about school:

My least favourite things about school:

I may need help with:

Special awards and certificates:

When I leave school I would like to:

WHERE I LIVE

My carer's name is:

The names of the people I live with are:

What I like about where I live is:

What I would change about where I live is:

If I had a magic wand I would live with:

I am living in my care home because:

FAMILY CONTACT

Who do I see for contact with my family:

What are the good things about family contact:

What I would like to change about family contact:

Other important people in my life that I would like to see:

What I would like to know about my family:

Other questions I would like to ask about my family:

My cultural background is:

What I would like to know about my cultural background:

INFORMATION I WOULD LIKE OTHERS TO KNOW

When a big decision is being made about my life, I
would like to find out from:

I would like to see/talk to my Child Safety Officer at least:

Who are the important people in my life:

I wish someone would ask me:

If I had a magic wand I would like to:

If I could change one thing about the world it would be:

LEAVING CARE

My Plan Forward

For young people 15 years and older

Getting a Personal Identification Card:

Getting a driver's licence:

Learning about Centrelink and getting a Tax File Number:

Learning how to budget:

Learning how to cook:

Education, a job or apprenticeship:

Housing and getting a bond:

Enrolling to vote:

What support services can help me:

Looking after my physical and mental health:

Goals I would like to achieve before leaving care:

Learning about After Care Support (TILA funding):