

# Carers' Plan

## *for carers of people (aged 18-64) with mental health problems*

**To be completed by the assessor AND the carers**  
*possibly with a helper / advocate, or a carer support worker.*

<b>The Carers' Plan is about what is achievable: see Guidelines for details of what should be included</b>		
<b>Identified need</b>	<b>Action</b>	<b>Action by/and when</b>

**Attach a copy of this Carers' Plan to the CPA forms**

<b>Date:</b>	<b>➡➡➡ Please complete relevant section Page 13</b>
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<b>Assessor</b>		
Name:		
Signature:		
<b>Assessor's contact details</b>		
Name of agency:		
Address:		
Phone:	Fax:	E-mail:

<b>Next review:</b> <i>Date (maximum 12 months)</i>
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## Carers' Plan: Carers' Response

*To be completed by the carers,  
possibly with a helper / advocate, a carer support worker , another carer or a mental health professional*

<b>Unresolved issues which the carer would like recorded</b>	
Are there any unresolved issues about this Carers' Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, please say what they are</i>	

<b>I confirm that I have been fully involved in my Carers' Assessment and Carers' Plan</b>				
I/we agree to copies of the Carers' Plan being sent to:	<input type="checkbox"/> GP	<input type="checkbox"/> CPN	<input type="checkbox"/> Social worker	<input type="checkbox"/> Person being cared for
	<input type="checkbox"/> Other <i>please specify:</i> <i>(e.g. carers' support worker)</i>			
Name:		Name:		
Signature:		Signature:		
Date:		Date:		