

Recovery Coordination Plan

For the person being supported by more than one organisation.

It shows who is involved in my recovery, goals developed, planned actions and who is responsible for each action.

Personal Details

Name:

[Other details]:

I consent to my information being shared Yes No (attach consent form)

Reason for Plan.

Participants in Recovery

This section lists people who currently support my recovery, including my carer/advocate, the recovery coach, and others such as GP, health/community care providers, substitute decision maker, family members, volunteers or friends who provide assistance.

Name	Role or area of support	Contact phone number/s	Other relevant contact details (e.g. agency, email)	Participant in planning process (yes/no)	Copy of plan provided (yes/no)
	Me				
	Carer				
	Recovery coach				
	GP				

Related Documents

These may include my recovery plan (eg WRAP), summary of values and strengths, GP plans, advance recovery plans, emergency plans, behavior support plans and other documents. List appropriate documents and source or location.

I have provided a copy of my Recovery Coordination Plan to:

Name:

Position/Agency (if relevant):

Sign:

Date: dd/mm/yyyy / /

Contact number:

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[Other details]:

Aims (list in order of priority)	Agreed goal (measurable)	Action/s to be taken & by whom	Target date
1	1.1		
	1.2		
2	2.1		
	2.2		
3	3.1		
	3.2		
4	4.1		
	4.2		

Plan developed: / / Target Review date: / / Recovery Coordination Meeting: Yes No

Append more sheets as necessary.

Review of Coordination Plan

For use when the Recovery Coordination Plan is reviewed.
It shows the outcomes/progress of my agreed goals and planned actions

Name:

[Other details]:

Goal (Refer to Recovery Coordination Plan):	Progress	Source of information

Supporting Documentation

Review date: / /

Recovery Coordination Meeting: Yes No