

Recovery Coordination Plan

For the person being supported by more than one organisation.

It shows who is involved in a person's recovery, goals developed, planned actions and who is responsible for each action.

Personal Details

Name:

[Other details]:

Person being supported consents to their information being shared Yes No

Before developing this plan, ensure consent to share information has been given using the 'Consent to Share Information' form.

Reason for Plan.

Participants in Recovery

This section lists people who currently support the person's recovery, including the individual, the 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)
	Person being supported				
	Carer				
	Recovery coach				
	GP				

Related Documents

These may include the person's 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.

Recovery Coordinator (could be the individual, carer, recovery coach, clinical coordinator, or some one else):

Name:

Position/Agency (if relevant):

Sign:

Date: dd/mm/yyyy / /

Contact number:

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Person being supported

Name:

[Other details]:

Issues/problems (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

Person being supported understands and agrees to this plan: Yes No

Signature if applicable:

Date: / /

Append more sheets as necessary.

Review of Coordination Plan

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

Person being supported

Name:

[Other details]:

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

Supporting Documentation

Review date: / /

Recovery Coordination Meeting: Yes No