



Service User Recovery Plan

The Richmond Fellowship
a community organisation providing supported accommodation for people with mental illness **OF NEW SOUTH WALES**

Service User name:

DOB

My strengths:

What I can do to stay well:

People who can support me:

Name and Relationship	Contact details
1.	
2.	

I have discussed this plan with the above people Yes No

I will share this plan with

Name and Relationship	Contact details
1.	
2.	

I have discussed this plan with the above people Yes No

More specifically I would like to:

Things that stress me	What I can do to reduce stress
Things I notice when I am feeling unwell	What I can do to make me feel better

If I become unwell:

Person/s to be notified (next of kin, family, friends, etc)

Name and Relationship	Contact details
1.	
2.	

Preferred Carer's for my child/children if I become unwell:

Name of Child	Name and Relationship of Preferred Carer	Contact Details (phone and address required)	Has this person been informed that they are the nominated carer?

Do you want your child/children to visit you when you are in hospital? Yes No

I have discussed this plan with the above people Yes No

I would only like the following people to be informed (such as work, landlord, etc)

Name and Relationship	Contact details
1.	
2.	

I have discussed this plan with the above people Yes No

If I get admitted to hospital, I would prefer to be admitted to Hospital/unit
I would also like the following to happen (who to visit, pay my rent, feed my dog, etc)

I would like a copy of this plan kept in my file Yes No

Plan completed on / / Plan completed by:

Service User: Signature:



Maintaining Wellness Individual Plan

The Richmond Fellowship
A charity of NEW SOUTH WALES
supporting accommodation for people
with mental illness.

Name: _____ Support Area: Maintaining Wellness Date: _____

Please refer to the woman's responses for the following CAN-M domains - 6 to 14, 17 & 18

Goal	Strategies/Interventions	Person Responsible	Timeframe	Expected Outcome

Service User Sign: _____ Date: _____ Staff Sign: _____ Date: _____

Service Coordination Meeting

Name:

Date:

Present:	Name	Organisation

Themes of discussion:

Outcomes:		
Action	Responsibility	Completion date



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Support Plan – Instructions for Staff

Service User Name: _____ Plan Developed by: _____ Date: _____

Issue/Behaviour	Intervention	Rationale	Review date