**FAMILY/WHĀNAU CARE PLAN**

**Being a parent is an important role. This plan helps everyone support the children, family and whanau of people who are parents and who also use mental health and/or addiction services. The plan is about being prepared and talking through the wishes of everyone involved and also to ensure that the staff who are working with you know the people who are important to you.**

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| --- | --- | --- | --- |
| Name: | | Phone: Ethnicity/Iwi/Hapū  NHI: | |
| Other Parent/Caregiver: | | **Phone: Ethnicity/Iwi/Hapū** | |
| Child/Tamariki/Rangatahi | |  | |
| Name: | | **Date of Birth: Male/Female/Other** | |
| Child’s usual address and who lives with them: | | If child lives between 2 addresses: | |
| Important people in the Child’s/Tamariki/Rangatahi life who may need to be contacted  Names/Whānau /family support: Phone: | | | |
| Should I be temporarily unable to care for them, I would like the children to stay with one of the following adults: | | | |
| Name: | **Relationship to Child:** | | **Phone:** |
| This has been discussed with the people listed yes/no  The children know how to get there (e.g. bus, taxi, getting picked up) yes/no  I/we know how to contact them if they are there yes/no | | | |
| If I have to be away for a while (in hospital/rehabilitation/respite), I/we would like the following to occur, if possible:  (for example: children to visit when I am well enough, to speak with the children regularly by phone when I am well enough, the opportunity to write/email/text one another, to have photos of each other) | | | |

**Client/Tangata Whaiora:……………………………………………................. Date:…………………………………**

**Key Worker/Practitioner/Community Worker:…………………………… Date:…………………………………**

**Other Parent/Spouse/Caregiver (if applicable):……………………………. Date:…………………………………**