

# Aboriginal Integrated Plan of Care

# Initial & Ongoing Circles

Client Name: \_\_\_\_\_

Date Plan of Care created/reviewed: \_\_\_\_\_

[Last name, First name]

[MM-DD-YYYY]

AIPC Lead: \_\_\_\_\_

## Client's Vision Statement:

## Goals Identified by Client:

## Goals Recommended by Supports:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

## Integrated Short Term Goals:

## Person Responsible to Support:

## Review Date:

[MM-DD-YYYY]

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Integrated Long Term Goals:

## Person Responsible to Support:

## Review Date:

[MM-DD-YYYY]

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Next Ongoing Circle:

\_\_\_\_\_

