Jordan's Principle MANITOBA Jordan's Princip

WHOLISTIC CARE PLAN

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Jordan's Principle aims to reduce barriers experienced by First Nations children when trying to access support and care required to maintain a safe and healthy lifestyle. Jordan's Principle in Manitoba applies to First Nations children aged 0 to 17 and can help with a wide range of health, social and educational needs. For more information and specific eligibility criteria go to www.jordansprinciplemb.com.

<u>How to use this tool</u>: The Wholistic Care Plan is meant to be used when meeting with a client to discuss goals of care, after intake or throughout the client's journey. Progress in achieving goals can be tracked using the Care Plan Check-In Form.

eneric jeurney. Fregress in demoving ge	are dari pe traditor t	Clie	ent Informa	tion			Date (mm/dd/yyyy):
First name:			DOB			Gender:	1
			(mm/dd/yyyy):		MFX	
Last name:	<u> </u>		Band:		<u> </u>		
MHSC#:	PHIN:				Status #:		
Address:						Phone:	
Mode of Communication (circle): S	Speech / Sign La	nguag	ge / Gesture	/ Augment	ative (symb	ol-based)	
Pref. Spoken Language:			Interpreter	needed?:	Y/N	Language	
Client attends (circle): Head Start	/ Daycare / Scho	ool (Gr	ade:) /	Other:			
	Parent/Leg	al Gua	ardian/Care	giver Info	rmation		
Name:			Relationsh	ip to Client	: Parent / I	Legal Guard	lian / Caregiver
Address:					Phone:		
Is Client involved with a child & fa	amily agency? Y	/ N	CFS Work	er's Name:			
Agency:			•		Phone:		
	Othe	r Fam	ily Membe	rs Involve	d		
					Phone:		
					Phone:		
		Co	onsent For	ms	•		
Enrollment Consent Form signed	by: □ Child	□ Pa	arent/Legal	Guardian	□ Not sig	ned	
Information Exchange Consent F		□C		rent/Legal	Guardian	□ Not sigr	ned
			t for Appoi				
☐ Child (16 yrs & older only) ☐ Pare					al lave.		
Name, Role, Organization:	vvnoiisti	c Care	Plan form	complete	Ph/Email/Fa	ıx.	
					,		
	Other	r Serv	ice Provide	ers Involve	d		OK to share updates
Jordan's Principle Case Manager:				Ph/Email/Fax	K:		Y / N
Primary Care Provider:				Ph/Email/Fax	X:		Y / N
Daycare/School Contact:				Ph/Email/Fax	x :		Y / N
Elder/Spiritual Care Provider:				Ph/Email/Fax	x :		Y / N
Mental Health Care Provider:				Ph/Email/Fax	K:		Y / N
Other:				Ph/Email/Fax	K:		Y / N
Other:				Ph/Email/Fax	K :		Y / N
							1 / 11

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What are the main things you want to change or want help with?
Physical:
Physical Goal 1:
Astisas Needed (by Client Femily Providers and Others) (Temerrow In a Month and In 2 Months)
Actions Needed (by Client, Family, Providers and Others) (Tomorrow, In a Month and In 3 Months)
Physical Goal 2:
Astrono March and In 2 Months)
Actions Needed (by Client, Family, Providers and Others) (Tomorrow, In a Month and In 3 Months)
Mental:
Mental Goal 1:
Actions Needed (by Client, Family, Providers and Others) (Tomorrow, In a Month and In 3 Months)
Actions Needed (by Client, Family, Froviders and Others) (Tomorrow, in a Month and in 3 Months)

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Mental Goal 2:	
	0. \
Actions Needed (by Client, Family, Providers and Others) (Tomorrow, In a Month and In 3 Mo	ntns)
Emotional:	
Emotional.	
Emotional Goal 1:	
Actions Needed (by Client Family Providers and Others) (Temorroy In a Month and In 2 Ma	nth a)
Actions Needed (by Client, Family, Providers and Others) (Tomorrow, In a Month and In 3 Mo	nins)
Emotional Goal 2:	
Astiona Needed (by Client Family, Providers and Others) (Tanggreen) In a Month and In 2 Ma	n fle a
Actions Needed (by Client, Family, Providers and Others) (Tomorrow, In a Month and In 3 Mo	nins)
Spiritual:	

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Spiritual Goal 1:
Actions Needed (by Client, Family, Providers and Others) (Tomorrow, In a Month and In 3 Months)
reache record (by cheric, running, revidere and carers) (remenew, in a menural and in e menure)
Spiritual Goal 2:
Opintual Goal 2.
Actions Needed (by Client, Family, Providers and Others) (Tomorrow, In a Month and In 3 Months)
Our in December 11 in a
Service Recommendations
□ Manitoba Adolescent Treament Centre Rural & Northern Telehealth
St. Amant Central Intake
□ Child & Adolescent Mental Health Service
□ Manitoba First Nations Education Resource Centre
□ Frontier School Division
□ Non-insured Health Benefits
□ Rehabilitation Centre for Children
□ etc.
□ etc.
□ etc.
□ etc.
□ etc.
Additional Information
Additional information