



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.

How to use this tool: 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.

Client Information			Date (mm/dd/yyyy):
First name:	DOB (mm/dd/yyyy):	Gender: M F X	
Last name:	Band:		
MHSC#:	PHIN:	Status #:	
Address:		Phone:	
Mode of Communication (circle): Speech / Sign Language / Gesture / Augmentative (symbol-based)			
Pref. Spoken Language:	Interpreter needed?: Y / N	Language:	
Client attends (circle): Head Start / Daycare / School (Grade:____) / Other:			
Parent/Legal Guardian/Caregiver Information			
Name:		Relationship to Client: Parent / Legal Guardian / Caregiver	
Address:		Phone:	
Is Client involved with a child & family agency? Y / N		CFS Worker's Name:	
Agency:		Phone:	
Other Family Members Involved			
		Phone:	
		Phone:	
Consent Forms			
Enrollment Consent Form signed by: <input type="checkbox"/> Child <input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Not signed			
Information Exchange Consent Form signed by: <input type="checkbox"/> Child <input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Not signed			
Contact for Appointments			
<input type="checkbox"/> Child (16 yrs & older only) <input type="checkbox"/> Parent/Legal Guardian/Caregiver <input type="checkbox"/> Other:			
Wholistic Care Plan form completed by:			
Name, Role, Organization:		Ph/Email/Fax:	
Other Service Providers Involved			OK to share updates?
Jordan's Principle Case Manager:	Ph/Email/Fax:		Y / N
Primary Care Provider:	Ph/Email/Fax:		Y / N
Daycare/School Contact:	Ph/Email/Fax:		Y / N
Elder/Spiritual Care Provider:	Ph/Email/Fax:		Y / N
Mental Health Care Provider:	Ph/Email/Fax:		Y / N
Other:	Ph/Email/Fax:		Y / N
Other:	Ph/Email/Fax:		Y / N

What are the main things you want to change or want help with?

Physical:

Physical Goal 1:

Actions Needed (by Client, Family, Providers and Others) (Tomorrow, In a Month and In 3 Months)

Physical Goal 2:

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)

Mental Goal 2:
Actions Needed (by Client, Family, Providers and Others) (Tomorrow, In a Month and In 3 Months)

Emotional:
Emotional Goal 1:
Actions Needed (by Client, Family, Providers and Others) (Tomorrow, In a Month and In 3 Months)
Emotional Goal 2:
Actions Needed (by Client, Family, Providers and Others) (Tomorrow, In a Month and In 3 Months)

Spiritual:

Spiritual Goal 1:
Actions Needed (by Client, Family, Providers and Others) (Tomorrow, In a Month and In 3 Months)
Spiritual Goal 2:
Actions Needed (by Client, Family, Providers and Others) (Tomorrow, In a Month and In 3 Months)

Service Recommendations
<input type="checkbox"/> Manitoba Adolescent Treatment Centre Rural & Northern Telehealth
<input type="checkbox"/> St. Amant Central Intake
<input type="checkbox"/> Child & Adolescent Mental Health Service
<input type="checkbox"/> Manitoba First Nations Education Resource Centre
<input type="checkbox"/> Frontier School Division
<input type="checkbox"/> Non-insured Health Benefits
<input type="checkbox"/> Rehabilitation Centre for Children
<input type="checkbox"/> etc.
<input type="checkbox"/> etc.
<input type="checkbox"/> etc.
<input type="checkbox"/> etc.
<input type="checkbox"/> etc.

Additional Information