



Review of my support & services

Who I am

Date:

Place meeting held:

These people were present at my meeting:

	Who	What they do	Where they work
Me			
Carer (Family/Friends)			
Key worker			
Chair person			
Others:			
Apologies from:			

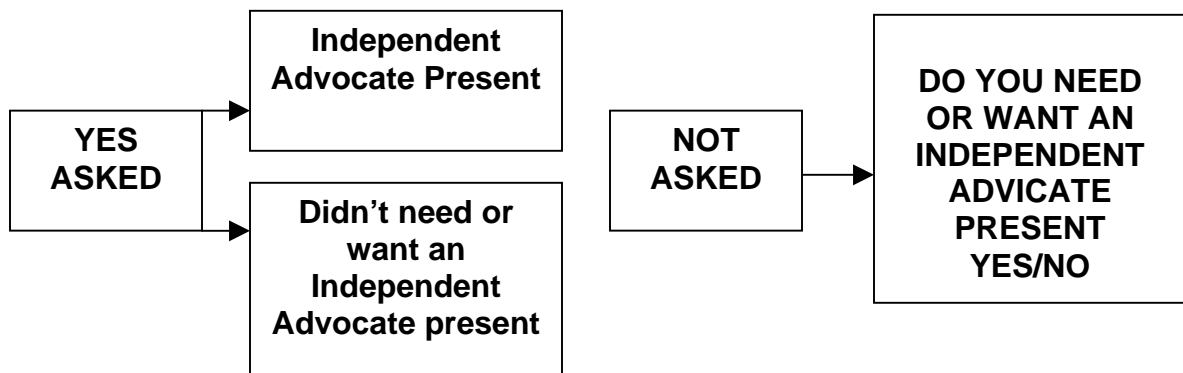
Other People who support me, but not present at this meeting:

Name	What they do	Where they work

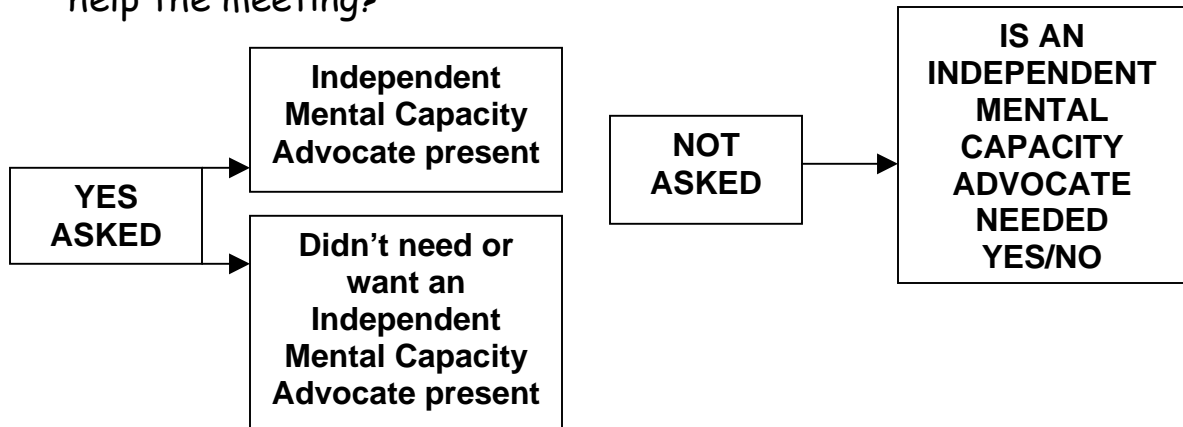
Review of my support & services

Who I am

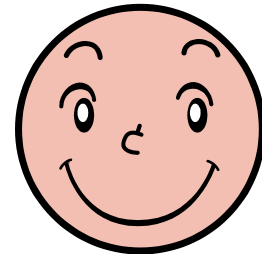
- Were you asked if you needed or wanted an independent advocate to support you during a review of your support & services?



- Are there some decisions/discussions that need an independent Mental Capacity Advocate to be present to help the meeting?

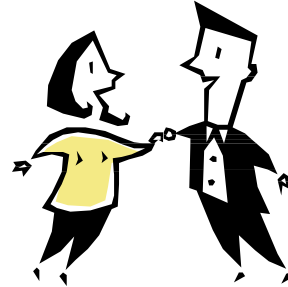


If you were not asked about advocacy support before your review meeting and you need or want this support, the review will need to be rearranged.



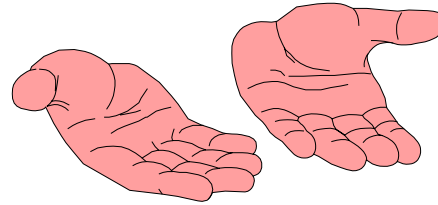
What I want to continue doing
& why?

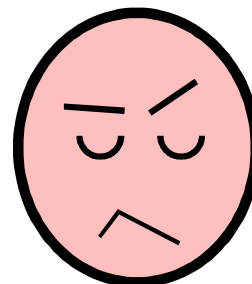




What my family carer(s)
Would like me to continue doing
& why?

What other people do to
support me & why?





What is stopping me from doing
The things I want to do & why?

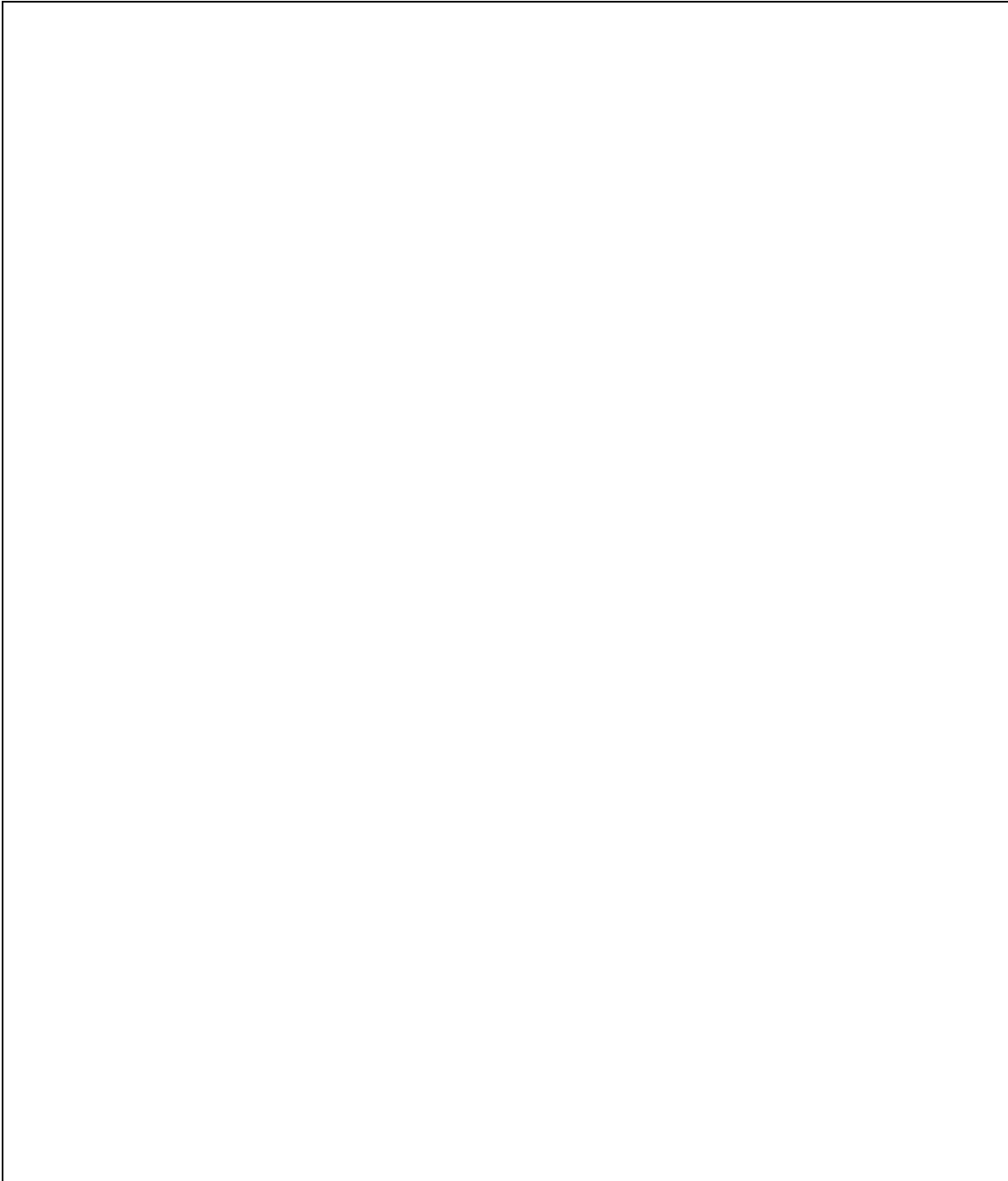


What my family carer(s) think
May be stopping me doing the things
I want to do & why?



What other people who
Support me think may be
Stopping me doing the things I want to do.

*Anything else we need to talk about (everybody
needs to get a chance to speak if they want to)*



Fair Access to Care

What is my current Fair Access to Care banding?

Critical

Substantial

Moderate

Low

Will it change after today's Review?

YES

NO

If YES, what is the new banding?

Critical

Substantial

Moderate

Low

My Family Carer

Have they had or been offered a Carers
Assessment?

Yes

No

Has one been completed?

Yes

No

Is it due for review?

(Has it been reviewed in the last 12 months?)


Yes

No

Is there any action to take, e.g. arrange a review?

Who will need this information?

Summary of my Person Centred Plan

	What I want to continue doing	What actions need to be taken & things changed	Who will help me to do these things & by when	Things that are stopping me achieving what I want to do.
<p>Work - in control Independent confident in the future</p> 				

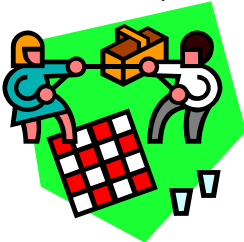
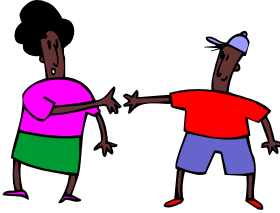


<p>Learning - in control Independent confident in</p>				
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the future				
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NORTH LINCOLNSHIRE COUNCIL –
Learning Disability Service

Adult Social Services

	What I want to continue doing	What actions need to be taken & things changed	Who will help me to do these things & by when	Things that are stopping me achieving what I want to do.
Leisure & Fun - involved and healthy 				
Choices, Control & Rights  Respect safe and in control				
Feeling well & good about myself.				




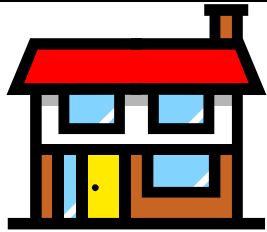
Healthy in control and independent

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NORTH LINCOLNSHIRE COUNCIL –
Learning Disability Service

Adult Social Services

	What I want to continue doing	What actions need to be taken & things changed	Who will help me to do these things & by when	Things that are stopping me achieving what I want to do.
Friends, family & relationships  Safe, respected, in control and independent				
Where & How I live				



In control, safe,
independent and
confident in the future

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If my individual care plan needs changing, who will be taking this from the meeting to make sure it happens?

Who will record my information?

Name:..... By when (Record 4 week deadline).....

(Care plans must be updated & returned within 4 weeks - all other paperwork completed & forwarded to everyone no later than 2 weeks after meeting, information recorded within 1 week)

DATE, TIME & PLACE OF MY NEXT REVIEW MEETING IS:

.....

Name of person filling in this form.....

What do they do?.....

Rights to complain - a copy of North Lincolnshire Council Procedure is available to you if at any time you are unhappy with any decision made regarding your care. If you require a copy please ask a member of staff.

Entered onto CareFirst by:.....

CareFirst No:
