Care Plan DPCCS –CAM 3

Registration Code Case Manager’s Code

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Identifies problem / Problems**  | **Interventions**  | **To Whom**  | **If referred – to whom?**  | **Responsibility**  | **Sponsorship** | **Time/time period**  | **Other** |
| Activity  | **Proposed** | **fulfilled** | Child  | Parents /Caregivers | Other children |
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Details of family group conferences /case conferences, if held

Date/Dates on which family group conferences held................................. Date/Dates on which case conferences held....................................................

Venue where family group conferences held................................... Venue where case conference held..................................................

 Care Plan Follow-up DPCCS –CAM 4

 Registration Code Case Manager’s Code

 **Follow-up time period: -** Quarterly annually other

 **Date/Dates of Follow-up: ..........................................**

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| **Identified issue**  | **Intervention carried out**  | **Whether the interventions are successful, failure or intermediate**  | **If successful, indicators of success** | **If failed, the reasons**  | **Future plans**  |
| To child | To mother /father/ caregivers  | To other children  |
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Child Rights Promotion Officer/ Assistant

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Divisional Secretary