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