

INDIVIDUAL CARE PLAN										
Sec.01. DETAILS OF THE CASE		Date of data collection			Date of Entry					
1.1 Name of Referring Authority/Details of refering letter					1.2 Admission no:				1.3 Date of Admission	
1.4 Who Brought to Home(Details)					1.5 Reason for Admission					
1.6 Details of person/guardian to be contact in case of any emergency		Name:		Age		Gender		Occupation		Relationship with Case
1.7 Contact details of guardian		Adress		Phone:						
1.8 Case Summery by Superintendent										
Sec.02. SOCIO DEMOGRAPHIC PROFILE		Date of data collection			Date of entry					
2.1.Name					2.2 Age		2.3. Gender		2.4. Education	
2.5. Religion		2.6 Date of Birth		2.7. Caste			2.8. Past occupation			
2.9 Marital status		2.10.Scio-Economic Status								
2.11.Identification Mark										
2.12. Domicile		2.13. Adress(Country/State/District)							2.14 Phone no if any	
Sec.03. PERSONAL DETAILS		Date of data collection			Date of entry					
3.1 Details of pension/Grants(Amount,type,authority)		Amount				Type				Authority
		Frequency of receiving				Other grants if any				
3.2 Details of personal assets (Money, Gold,document of properties etc.)		Details of assets			Quantity			Details, if any personal belongings were lost		
3.3 Details of police case if any:		Case number & Case summary			Police station			Current status		Remarks
3.4 Details of Identification proofs /Certificates(Item name, number)		Item name			Identification number			Details of documents/ID proof lost or absent		

3.5 Legal issues if any	<i>Summary of the problem/complaint</i>	<i>Any legal help aquired or not</i>	<i>Name of authority/ person providing support</i>	<i>Current status</i>	<i>Follow up details</i>

Sec.04 DETAILS OF FAMILY MEMBERS		Date of data collection	Date of Entry			
Name	Age (mention if person died)	Gender	Relationship	Education	Occupation	Bondintg/attach ment (Mention as; Strong,

Sec.05. FAMILY HISTORY	Date of data collection	Date of entry	
<i>Details of family members with Physical/Mental illness/Disability, if any</i>	<i>Name</i>	<i>Criteria/type</i>	<i>Remarks</i>
<i>Details of family members with criminal background / police case, if any</i>	<i>Name</i>	<i>Details</i>	<i>Remarks</i>
<i>Details of family members with drug/ substance abuse</i>	<i>Name</i>	<i>Details</i>	<i>Remarks</i>
<i>Details of any problematic/ traumatic events faced by the family</i>	<i>nature of the problem</i>	<i>Ways of dealt with the problem</i>	<i>outcome</i>
<i>Relationship between couples</i>	<i>Within parents</i>	<i>Within the case and spouse</i>	<i>Within children and their spouses</i>

<i>Family values</i>		<i>Religious beliefs</i>	<i>Believes about gender role</i>	<i>Parenting style practices</i>	<i>Major decisions, power role played by</i>	<i>Remarks</i>
<i>Family interaction pattern (Mention interaction type as; Direct, Indirect and switch board)</i>		<i>Inteeraction type</i>		<i>Remarks</i>		
Sec.06. OBSERVATION REPORT BY NURSE/OTHER		Date of data collection	Date of entry			
HEALTH CARE PROFESSIONAL						
<i>If any presenting complaints(mention the date)</i>			<i>History of present illness if any</i>			
<i>Past history of physical illness (H/O HTN, DM, Asthma,)</i>			<i>Treatment history(including the details of surgery if occurred)</i>			
Personal history						
<i>Diet</i>		<i>Bowel</i>		<i>Sleep</i>		<i>Substance abuse/addicti</i>
<i>Any others, Specify</i>			<i>Remarks</i>			
General health check up details						
<i>BMI</i>		<i>Pulse</i>		<i>Respiration</i>		<i>GRBS</i>
<i>Pallor</i>		<i>Cyanosis</i>		<i>Jaundice</i>		<i>Marks of Wound/physi cal abuse</i>
<i>Any others, Specify</i>			<i>Remarks</i>			
<i>Details of currently consuming medications</i>			<i>Mention if any drug allergy</i>			<i>Indicate Reaction</i>
Detailed health check up details (results of blood/ body checkup)					Entry date	
<i>Checkcup date & hospital name</i>	<i>Results/ Diagnosis</i>		<i>Prescribed medications</i>		<i>Remarks</i>	
Sec.07. HOME VISIT REPORT-SOCIAL WORKER		Date of visit	Date of Entry			

Sec.08- PSYCHOSOCIAL ISSUES IDENTIFIED		Date of data collection			Date of entry						
<i>Any Presenting psychiatric complaints(mention the Date)</i>					<i>Sign & Symptoms observed</i>						
<i>History of Present mental illness</i>					<i>Details of currently consuming medications, if any</i>						
<i>If available, history of past mental illness</i>					<i>Treatment history(with date)</i>						
Personal history (Mention as; Good, Satisfactory, Poor)											
<i>Childhood</i>		<i>Peers & Play</i>		<i>Education</i>		<i>Occupation</i>		<i>Remarks</i>			
Social Engagement Status(mention as; Engaged, partially engaged & not engaged)											
<i>Daily Activities</i>		<i>Educational & entertainment</i>		<i>General meetings</i>		<i>Interaction with inmates</i>		<i>Remarks</i>			
4.2.Physical Functional Abilities (Mention as; Self supervision, Need assistance, Completely dependent)											
<i>Dressing</i>		<i>Eating</i>		<i>Ambulating</i>		<i>Get in/out of bed</i>		<i>Toileting</i>		<i>Hygeine</i>	
<i>Remarks</i>											
4.3. Sensory/Expressive Impairment (mention as; No impairment, Partially impaired, fully impaired)											
<i>Auditory</i>		<i>Visual</i>		<i>Speech</i>		<i>Remarks</i>					
4.6. MMSE							<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>	<i>Extremely severe</i>	
4.7. EASI											
Loneliness Measurement Tools											
<i>The campaign to end loneliness measurement tool</i>				<i>The De Jong Gierveld Loneliness Scale</i>			<i>The UCLA Loneliness Scale</i>				
<i>sense of loneliness</i>	<i>Feeling of loneliness</i>	<i>Most sense of loneliness</i>									
				<i>Socially Lonely</i>	<i>Emotionally lonely</i>			<i>Not lonely</i>	<i>Lonely</i>		
4.8. DASS											
<i>4.8.1Depression</i>						<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>	<i>Extremely severe</i>		
<i>4.8.2Anxiety</i>						<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>	<i>Extremely severe</i>		
<i>4.8.3Stress</i>						<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>	<i>Extremely severe</i>		
<i>Overall Impression</i>											
Sec.09-GENERAL INTERVENTION PLANS							Date of entry				
<i>Area of Intervention</i>	<i>Intervention Plan</i>			<i>Implementation strategy & Resources needed</i>	<i>Assigned professionals/staff</i>	<i>implementation status(mention as; Completed, Ongoing, Not initiated)</i>		<i>Changes observed</i>			
<i>First quarter (Date of Intervention)</i>											

Second quarter (Date of Intervention)					
Third quarter (Date of Intervention)					
Fourth quarter (Date of Intervention)					
Sec.10- INTERVENTION PLAN FOR BIOLOGICAL & PSYCHOLOGICAL ISSUES				Date of entry	
<i>Area of Intervention</i>	<i>Intervention Plan</i>	<i>Implementation strategy & Resources needed</i>	<i>Assigned professionals/staff</i>	<i>implementation status(mention as; Completed, Ongoing, Not initiated)</i>	<i>Changes observed</i>
First quarter (Date of Intervention)					
Second quarter (Date of Intervention)					
Third quarter (Date of Intervention)					

Fourth quarter (Date of Intervention)

Sec.11- INTERVENTION PLANS FOR LEGAL SUPPORT **Date of entry**

<i>Complaints</i>	<i>Background investigation details</i>	<i>Date of filing complaint & Authority name</i>	<i>Assigned professionals/staff</i>	<i>Case status(mention as; Completed, Ongoing, Not initiated)</i>	<i>Outcome</i>
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First quarter (Date of Intervention)

Second quarter (Date of Intervention)

Third quarter (Date of Intervention)

Fourth quarter (Date of Intervention)

Sec.12- INTERVENTION PLANS FOR SOCIAL ISSUES EXPERIENCED BY ELDERLY **Date of entry**

<i>Area of Intervention</i>	<i>Intervention Plan</i>	<i>Implementation strategy & Resources needed</i>	<i>Assigned professionals/staff</i>	<i>implementation status(mention as; Completed, Ongoing, Not initiated)</i>	<i>Changes observed</i>
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First quarter (Date of Intervention)

Second quarter (Date of Intervention)

Third quarter (Date of Intervention)

Fourth quarter (Date of Intervention)

Sec.13- GROUP WORK WITH ELDERLY IN NEED **Date of Entry**

<i>Stages of group work</i>	<i>Sessions</i>	<i>OUTPUTS</i>
<i>Forming</i>	<i>Session1</i>	
	<i>Session2</i>	
	<i>Session3</i>	
	<i>Session4</i>	
	<i>Session5</i>	
<i>Storming</i>	<i>Session 1</i>	
	<i>Session 2</i>	
	<i>Session3</i>	
	<i>Session4</i>	
	<i>Session 5</i>	
<i>Norming</i>	<i>Session1</i>	
	<i>Session 2</i>	
	<i>Session3</i>	
	<i>Session4</i>	
	<i>Session 5</i>	
<i>Performing</i>	<i>Session 1</i>	
	<i>Session2</i>	
	<i>Session3</i>	
	<i>Session4</i>	
	<i>Session 5</i>	
<i>Adjourning</i>	<i>Session 1</i>	
	<i>Session 2</i>	
	<i>Session3</i>	
	<i>Session 4</i>	
	<i>Session5</i>	

Sec.14- DAILY ROUTINE PLANNING **Date of Entry**

Activity planned	Activity time					Execution		Remarks
	Morning	Day time	afternoon	Evening	Late evening & Night	Yes	No	

Sec. 15- INDIVIDUAL COUNSELING/ THERAPY SESSION WITH ELDERLY Date of entry

Date	Therapy	Objective	Number of Days taken for each phases			Participation (1= Good,2= Average, 3=Poor)in each Phases			Outcome	An y Ref er al nee ded
			Phase 1	Phase 2	Phase 3	Phase 1	Phase 2	Phase 3		

Sec. 16 - LIFE SKILL EDUCATION/PSYCHO EDUCATION FOR THE ELDERLY Date of Entry

Day	Date	Life skills/Psycho-education	Participation (1= Good,2= Average, 3=Poor)			Major outputs from the session
Day 1			1	2	3	
Day 2			1	2	3	
Day 3			1	2	3	

Sec. 17- NETWORKING WITH OTHER GOVERNMENT AND NON GOVERNMENT AGENCIES DEPARTMENTS AND OFFICES Date of Entry

Date	Agency	Purpose	Remarks

Sec.18- After Death Date of entry

Date and time	Reason for Death	Remarks

<i>Time of Information passed</i>	<i>To Superintendent</i>	<i>To Relatives</i>	<i>To Dsjo</i>	<i>Body accepted by:</i>	
<i>Time</i>					
<i>Death certificate details</i>	<i>issue date</i>	<i>certificate No</i>	<i>Reporting & submitting to</i>		
Sec. 19 - QUARTERLY REVIEW BY SOCIAL JUSTICE DEPARTMENT					Date of entry
<i>Quarter</i>	<i>Observation</i>				
<i>Quarter 1</i>					
<i>Quarter 2</i>					
<i>Quarter 3</i>					
<i>Quarter 4</i>					
<i>Intervention completed by: (Name and Designation)</i>					






