NOVA SCOTIA

Department of Health and Wellness

Self Managed Care
Proposed Client Care Plan

Continuing Care 1-800-225-7225 toll free across Nova Scotia 8:30 a.m. to 4:30 p.m., 7 days a week

Name: _____	Health Card Number: ☐☐☐☐ ☐☐☐ ☐☐☐

1. Summary of my situation, current supports and needs:

2. My Goals of Care

- ☐ to remain at home
- ☐ to manage my own home
- ☐ to live independently
- ☐ other

Name: _____	Health Card Number: ☐☐☐☐ ☐☐☐ ☐☐☐	
3. Care Plan Activities	Request	Review
Personal Care	Hours per _____ Day _____ Week _____ Month	
Meal Preparation	Hours per _____ Day _____ Week _____ Month	
Housekeeping / Laundry	Hours per _____ Day _____ Week _____ Month	
Transportation / Shopping	Hours per _____ Day _____ Week _____ Month	
Other	Hours per _____ Day _____ Week _____ Month	
Total Hours Per Month	Hours per _____ Month	

Name: _____	Health Card Number: ☐☐☐☐ ☐☐☐ ☐☐☐

4. Specialized Equipment That I Use

- ☐ Lift
- ☐ Braces
- ☐ Walker
- ☐ Bath Chair
- ☐ Wheel Chair
- ☐ Transfer Board
- ☐ Other: _____

5. Back Up / Contingency Plan

Signature: _____ Date: _____

Signature: _____ Date Revised (If Applicable): _____