

**5 dd`jWU]cb`lc`h`Y7 UFYD`Ub`FYj`JYk`DUbY`Zf`UFYj`JYk`cZH`Y79C`Dj`8`YW]g]cb`bch`
to Provide a Copy of a Care Plan or Modification È s.93(2A)**

This application must be lodged within 14 days from the receipt of the written notice from the Department of Communities. This period can be extended in special circumstances.	Review No. _____
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Child's Name: _____ Date of Birth: _____

Applicant's Name: _____ Phone: _____

Address: _____

Email Address: _____

What is your relationship to the child? _____

Date of the care plan meeting: _____

District with case management responsibility: _____

Name of the person who chaired the meeting: _____

Have you discussed your concerns with the Chair of the care plan meeting or case manager in relation to you not being given a copy of the child's care plan or modification(s) made to the care plan?

Yes If yes, on what date? _____ No

What were the reason(s) for the Department of Communities not giving you a copy of the child's care plan or a copy of the modification(s) made to the care plan?

Do you understand why the Chair of the care plan meeting made this decision*? Yes No

* You are encouraged to contact the person who chaired the meeting as soon as possible to discuss you concerns. This will help you understand why the decision was made.

Signature

Date