Care Needs Review Report (CNRR)

Use this form for Lifetime Care Scheme and the Workers Care Program

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| Once completed please e-mail this form to: Care-Requests@icare.nsw.gov.auAn Attendant Care Service Request (ACSR) should also be submitted with the CNRR if attendant care services are being requested. |
| **The Person** |
| **Name** | **Participant No. or Claim No.** |
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Date of review

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How did the review take place? (e.g. at the person’s home, over the phone, third party report)

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## Feedback on current care program

Are you satisfied with your current care program?

Are there any issues or feedback in relation to support workers, shifts, tasks?

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## Feedback from any other party

Are all other parties (family, care coordinator, CLF/ECM/RCM) satisfied with the current care program? Are there any issues or feedback in relation to support workers, shifts, tasks?

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## The person’s current situation

Have there been any changes to your living situation and what you do on a day to day basis? This could include any changes to your health, social circumstances, living arrangements, or care program

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## Feedback on support needs

If there have been changes in your mobility, self-care, day to day routines/responsibilities, participation activities or life and relationships, does this impact on the level of support or equipment required?

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If there is an increase or decrease to hours required for care tasks or equipment required, explain why

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If there has been changes to support needs, have alternatives to care been considered and what was the outcome? This includes realistic alternatives such as equipment, monitoring devices and personal alarms

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## **Additional considerations**

### Cultural and religious considerations

Provide information on any cultural or religious beliefs that impact on the person’s preferences for how support is delivered and by whom

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### Other considerations/risks

E.g. WHS issues, emergency situations and plans if needed

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### Any other comments/feedback

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### Comments/observations

Provide any additional comments or observations that may assist with the safe delivery of care

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| **Proposed dates for this care period** |
| **From** | **To** | **Number of weeks** |
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### Next review date

 (If 2 consecutive care needs reviews have occurred, a care needs assessment (standard) should be completed at the next review point)

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### Current Care

Previous care needs information – cut and paste assessed care and requested care from certificate

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### Minor changes to care if required

Note any minor changes to care and reasons for this

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### Findings/recommendations

[ ]  No change or minor change to current level of assessed care

 No care requested (ACSR not required)

[ ]  No change or minor change to current level of assessed care

 No change to requested care

 Completed ACSR attached

[ ]  No change or minor change to current level of assessed care

 Change to requested care (noted above)

 Completed ACSR attached

### Care needs reviewer

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| --- | --- |
| **Name** | **Role/position** |
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Organisation

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| **Phone** | **Email** |
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