Please complete this report and submit it to the client’s TAC Coordinator. This report should be submitted every three months during Outreach, Case Management or MACNM (Multiple and Complex Needs Model) service provision with a TAC client.

We are interested in the work and progress of your service in relation to the client’s goals and/or Independence Plan. Include your assessment and recommendations for the best support model for this client in the future. We will use this information to understand more about the client’s progress and as the basis for further discussions and decision making on the client’s support needs.

**Important: Please ensure all sections are complete.** Incomplete forms will be returned, so please provide reasons if you are unable to complete a section.

## 1. Client details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Claim number |  | Date of accident |  | Date of birth |
|  |  | / / |  | / / |

|  |
| --- |
| Client name |
|  |

## 2. Service type

|  |  |  |
| --- | --- | --- |
| Service type |  |  |

## 3. Service provider details

|  |
| --- |
| Provider name |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Author of report | | |  | Date of report |
|  | | |  | / / |
| Date of referral |  | Date of initial assessment |  | Date service commenced |
| / / |  | / / |  | / / |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Start date |  | End date |
| Current reporting period |  | / / | to | / / |

|  |  |  |
| --- | --- | --- |
| Has the lead support worker/s changed during the reporting period? |  |  |

|  |  |  |
| --- | --- | --- |
| Current lead support worker name | | |
|  | | |
| Current lead support worker email |  | Current lead support worker phone number |
|  |  |  |

## 4. Current services/supports (TAC funded and mainstream supports)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Service type | Have you had contact with provider in last 3 months? | Client support focus  (e.g. medication management) | Client engagement in last 3 months | Contact details |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## 5. Support provided and outcomes for reporting period

Please summarise the progress and outcomes achieved, including the goals developed in collaboration with and agreed to by the client that are SMART (Specific, Measurable, Achievable, Realistic and Timed).

When outcomes have not been achieved please provide a clear rationale to as to why this is with a description of the proactive strategies used to address this.

Please outline the strategies used to enable the client to exercise self- determination, choice and control.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Start date |  | End date |
| Current reporting period |  | / / | to | / / |

|  |  |  |
| --- | --- | --- |
| Total number of support hours used for the period |  |  |

|  |  |  |
| --- | --- | --- |
| Number of case conferences in this reporting period |  |  |

|  |
| --- |
| Primary goal upon TAC referral  (*If the primary referral goal is no longer current, please contact the TAC Coordinator to discuss)* |
|  |

If a new goal was agreed on with the TAC:

|  |  |  |
| --- | --- | --- |
| Date agreed |  | / / |

|  |  |  |
| --- | --- | --- |
| What was the new agreed goal? |  |  |

|  |  |  |
| --- | --- | --- |
| Reason for new goal: |  |  |

Please complete the below in regards to the current reporting period:

| # | Goal | Client goal  (In their own words,  considers SMART) | Strategies/Activities/Tasks completed or trialled  (Specific steps taken or activities completed, examples of proactive support, strategies utilised, examples  of encouraging self-direction, unsuccessful intervention) | Progress/  Outcome | Progress/Outcome details  (What has been achieved, client capability changes, reasons for not commenced or not achieved) |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| Add more information if required |
| 2 |  |  |  |  |  |
| Add more information if required |
| 3 |  |  |  |  |  |
| Add more information if required |

## 6. Number of critical incident reports submitted in period

|  |  |  |
| --- | --- | --- |
| Number |  |  |

## 7. Crisis/Risk management

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Risk factor | Risk progress in reporting period | Further explanation of risk | Risk mitigation approach/ support utilised  (Specifically detail approaches taken) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

## 8. Further Outreach / Case Management / MACNM service support

|  |  |  |
| --- | --- | --- |
| This client requires further Outreach / Case Management / MACNM services |  |  |

**If No**, please complete an Exit Report.

**If Yes**, please complete the information below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Start date |  | End date |
| Period for which services are requested |  | / / | to | / / |

|  |  |  |
| --- | --- | --- |
| Total hours requested for next 3-month period |  |  |

Use this section to request further Outreach / Case Management / MACNM services. The focus will be on client goals yet to be achieved and the specific strategy/activities/tasks which will be undertaken to support the client to achieve those goals. In instances where outcomes have progressed, but further support is still required please provide a clear rationale for the request with a description of the proactive strategies that will be used, and the proposed number of hours required.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Goal | Client goal  (In their own words,  considers SMART) | Strategies/Activities/Tasks completed or trialled  *(Specific steps to be taken or activities to be completed)* | Total hours required for this goal  (for next 3-month period) |
| 1 |  |  |  |  |
| Add more information if required |
| 2 |  |  |  |  |
| Add more information if required |
| 3 |  |  |  |  |
| Add more information if required |

## 9. Signature

|  |
| --- |
| Name of author of report |
|  |

|  |  |  |
| --- | --- | --- |
| Signature |  |  |
|  |  | Date |
|  | / / |

Insert image (jpg/png) of signature and submit by email.

## Privacy

The TAC will retain the information provided and may use or disclose it to make further inquiries to assist in the ongoing management of the claim or any claim for common law damages. The TAC may also be required by law to disclose this information. Without this information, the TAC may be unable to determine entitlements or assess whether the treatment is reasonable and may not be able to approve further benefits and treatment. If you require further information about our privacy policy, please call the TAC on 1300 654 329 or visit our website at [www.tac.vic.gov.au](http://www.tac.vic.gov.au)