Please complete this report and submit it to the client’s TAC Coordinator.

This report should be submitted upon closure of Outreach, Case Management or MACNM (Multiple and Complex Needs Model) service provision with a TAC client.

We are interested in the work and progress your service has made in relation to the client’s goals and/or Independence Plan. Please 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, outcomes achieved, future risk management and further 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 details

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

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

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

|  |  |  |
| --- | --- | --- |
| Reason for closure |  |   |

|  |  |  |
| --- | --- | --- |
| Date of closure |  |  / /  |

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

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

## 5. Summary of overall supports provided to date (including the last 3 months)

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.

|  |  |  |
| --- | --- | --- |
| Date of last Progress Report  |  |  / /  |

|  |  |  |
| --- | --- | --- |
| Number of support hours provided in the last 3 months |  |   |

|  |  |  |
| --- | --- | --- |
| Number of case conferences in the last 3 months |  |   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | 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. Current status upon closure

|  |  |  |
| --- | --- | --- |
| What was the primary goal for referral? |  |   |

|  |  |  |
| --- | --- | --- |
| Was this goal achieved? |  |   |

|  |  |  |  |
| --- | --- | --- | --- |
|  | If a new goal was agreed on with the TAC: Date agreed: |  |  / /  |

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

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Was the new goal achieved? |  |   |

|  |  |  |
| --- | --- | --- |
| If the referral or new goal was not achieved, what was the primary reason?  |  |   |

|  |  |  |
| --- | --- | --- |
| Please provide more detail as to why the goal was not achieved (potential barriers and perpetuating factors) |  |   |

## 7. Total number of critical incidents forms submitted

|  |  |  |
| --- | --- | --- |
| Number of critical incident forms submitted |  |   |

## 8. Total number of hours utilised over service

|  |  |  |
| --- | --- | --- |
| Number of hours utilised over service |  |   |

## 9. Did Outreach / Case Management / MACNM support hours reduce over time?

|  |  |  |
| --- | --- | --- |
| Did support hours reduce over time? |  |   |

## 10. Client strengths / protective factors

Identify all applicable client strengths or protective factors. These can include behaviours of concern managed, client commitment, engagement, family/social support, independently managing, insight levels, linked in with suitable supports or risk management plan in place.

|  |
| --- |
|   |

## 11. Key future support needs

|  |  |  |  |
| --- | --- | --- | --- |
| # | Possible future risk factor / support need | Further explanation  | Recommended risk mitigation or support approach (Please specifically detail risk mitigation plan or please attach to report, including who is responsible) |
| 1 |   |   |   |
| 2 |   |   |   |
| 3 |   |   |   |
| 4 |   |   |   |
| 5 |   |   |   |

## 12. 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)