

P-Focused Plan (For P Living in Community)
 [Reporting Period : DD/MM/YYYY to DD/MM/YYYY]

General Profile of <P's name>

Name of P :

NRIC Number :

Court Case Number :

Date of Court Order:

S/N	Domain Areas	P's Wishes/ Preferences	Goal ¹	Task ²	Time Frame to Complete Task	Other Details Required: <ul style="list-style-type: none"> • Task performed as at <DD/MM/YYYY> by PD or other professionals <to state name and designation> • Breakdown of fees charged for each service • Outstanding tasks and expected completion date
(A) Personal Welfare Matters						
1.	Daily Living Needs <i>[e.g. transport, food, nutritional supplements, allowance, toiletries]</i>					
2.	Accommodation <i>[e.g. housing loan/ rental, utilities expenses, conservancy charges, phone bills, property tax, home furnishing, maintenance]</i>					

¹ i.e. what does the professional deputy / donee hope to achieve to realize the client's wishes and preferences in the identified domain areas? E.g. under the "Medical Services" field, a goal could be to ensure that P gets the appropriate medical treatment.

² i.e. what are the actions and steps the professional deputy / donee intends to take in order to achieve the goals identified? E.g. in order to ensure that P gets the appropriate medical treatment, the professional deputy / donee undertakes to bring P for his medical reviews on a regular basis of once every 6 months.

S/N	Domain Areas	P's Wishes/ Preferences	Goal ¹	Task ²	Time Frame to Complete Task	Other Details Required: <ul style="list-style-type: none"> Task performed as at <DD/MM/YYYY> by PD or other professionals <to state name and designation> Breakdown of fees charged for each service Outstanding tasks and expected completion date
3.	Caregiving Needs <i>[e.g. FDW salary & levy, respite care, home care, caregiver training]</i>					
4.	Rehabilitation/ Professional Support Needs <i>[e.g. physiotherapy, occupational therapy, speech therapy, music therapy, assistive devices]</i>					
5.	Medical Services <i>[e.g. medical consultations, dental, medication, medical supplies]</i>					
6.	Social and Recreation <i>[e.g. purchase of personal devices, holidays, leisure activities]</i>					
7.	Engagement with next-of-kin and/ or significant others <i>[e.g. correspondence, discussions]</i>					
(B) Property and Affairs Matters						
8.	Bank Accounts					

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	<i>[e.g. open, manage, close account]</i>					
9.	CDP/ Securities Accounts <i>[e.g. manage, close account]</i>					
10.	Safe Deposit Box <i>[e.g. manage, close account]</i>					
11.	Personal Effects <i>[e.g. manage, sell effects such as P's jewellery]</i>					
12.	Residential and Other Properties <i>[e.g. manage, sell property]</i>					
13.	Insurance Policies <i>[e.g. manage, close policies]</i>					
14.	CPF Accounts <i>[e.g. manage CPF account]</i>					
15.	SNTC or Private Trust Fund <i>[e.g. open, manage Trust Fund]</i>					

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16.	Inheritance received or to be received by P					
(c) Other Matters						
17.	Deputy Report <i>[e.g. preparation of report, records keeping, case recordings, preparing and updating of social reports, book keeping for expenses and disbursements]</i>					
18.	Court Applications relating to Deputy Appointment <i>[e.g. for appointment, discharge, variation of Order]</i>					

1. DEPUTY(S) DECLARATION

I/We declare that the information I/we have given in this report is true and correct to the best of my/our knowledge. I/We understand that I/we have obligations to the Office of the Public Guardian and that if I/we knowingly provide false or misleading information, there may be legal consequences.

I/We further declare that I/we are carrying out my/our duties as a professional deputy in accordance with the requirements of the Mental Capacity Act and the Code of Practice.

Signature of Professional Deputy	Signature of Second Professional Deputy (if applicable):
Name:	Name:
Date:	Date:

P-Focused Plan (For P in Institutional Care)
 [Reporting Period: DD/MM/YYYY to DD/MM/YYYY]

General Profile of <P's name>

Name of P :

NRIC Number :

Court Case Number :

Date of Court :

S/N	Domain Areas	P's Wishes/ Preferences	Goal ³	Task ⁴	Time Frame to Complete Task	Other Details Required: <ul style="list-style-type: none"> • Task performed as at <DD/MM/YYYY> by PD or other professionals <to state name and designation> • Breakdown of fees charged for each service • Outstanding tasks and expected completion date
(A) Personal Welfare Matters						
1.	Accommodation <i>[e.g. room fee, consumables]</i>					
2.	Rehabilitation/ Professional Support Needs <i>[e.g. physiotherapy, occupational therapy, speech therapy, music therapy, assistive devices]</i>					

³ i.e. what does the professional deputy aim to achieve to realise P's wishes and preferences in the identified domain areas? E.g. under the "Medical Services" field, a goal could be to ensure that P gets the appropriate medical treatment.

⁴ i.e. what are the actions and steps the professional deputy / donee intends to take in order to achieve the goals identified? E.g. in order to ensure that P gets the appropriate medical treatment, the professional deputy / donee undertakes to bring P for his medical reviews on a regular basis of once every 6 months.

S/N	Domain Areas	P's Wishes/ Preferences	Goal ³	Task ⁴	Time Frame to Complete Task	Other Details Required: <ul style="list-style-type: none"> Task performed as at <DD/MM/YYYY> by PD or other professionals <to state name and designation> Breakdown of fees charged for each service Outstanding tasks and expected completion date
3.	Medical Services <i>[e.g. medical consultations, dental, medication, medical supplies]</i>					
4.	Social and Recreation <i>[e.g. purchase of personal devices, holidays, leisure activities]</i>					
5.	Engagement with next-of-kin and/or significant others <i>[e.g. correspondence, discussions]</i>					
(B) Property and Affairs Matters						
6.	Bank Accounts <i>[e.g. open, manage, close account]</i>					
7.	CDP/ Securities Accounts <i>[e.g. manage, close account]</i>					
8.	Safe Deposit Box <i>[e.g. manage, close account]</i>					
9.	Personal Effects					

S/N	Domain Areas	P's Wishes/ Preferences	Goal ³	Task ⁴	Time Frame to Complete Task	Other Details Required: <ul style="list-style-type: none"> Task performed as at <DD/MM/YYYY> by PD or other professionals <to state name and designation> Breakdown of fees charged for each service Outstanding tasks and expected completion date
	<i>[e.g. manage, sell effects such as P's jewellery]</i>					
10.	Residential and Other Properties <i>[e.g. manage, sell property]</i>					
11.	Insurance Policies <i>[e.g. manage, close policies]</i>					
12.	CPF Accounts <i>[e.g. manage CPF account]</i>					
13.	SNTC/Private Trust Fund <i>[e.g. open, manage Trust Fund]</i>					
14.	Inheritance received or to be received <i>[e.g. from family members]</i>					
(C) Other Matters						
15.	Deputy Report <i>[e.g. preparation of report, records keeping, case recordings, preparing and updating of social reports, book keeping for expenses and disbursements]</i>					

S/N	Domain Areas	P's Wishes/ Preferences	Goal ³	Task ⁴	Time Frame to Complete Task	Other Details Required: <ul style="list-style-type: none"> Task performed as at <DD/MM/YYYY> by PD or other professionals <to state name and designation> Breakdown of fees charged for each service Outstanding tasks and expected completion date
16.	Court Application relating to Deputy Appointment <i>[e.g. for appointment, discharge, variation of Order]</i>					

2. DEPUTY(S) DECLARATION

I/We declare that the information I/we have given in this report is true and correct to the best of my/our knowledge. I/We understand that I/we have obligations to the Office of the Public Guardian and that if I/we knowingly provide false or misleading information, there may be legal consequences.

I/We further declare that I/we are carrying out my/our duties as a professional deputy in accordance with the requirements of the Mental Capacity Act and the Code of Practice.

Signature of Professional Deputy	Signature of 2nd Professional Deputy (if any):
Name:	Name:
Date:	Date:

