**COMMUNITY SPONSORSHIP - SUPPORT PLAN**

**FAMILY NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ 3 Month Review Date: \_\_\_/\_\_\_/\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Support Area** | **Community Sponsorship Group will:** | **By**  **(date)** | **You have agreed to:** | **By**  **(date)** |
| Housing |  |  |  |  |
| Benefits & Money |  |  |  |  |
| Education & Training |  |  |  |  |
| Employment & Volunteering |  |  |  |  |
| Physical & Mental Health |  |  |  |  |
| **Support Area** | **Community Sponsorship Group will:** | **By**  **(date)** | **You have agreed to:** | **By**  **(date)** |
| Social & Leisure |  |  |  |  |
| Feeling Safe |  |  |  |  |
| Family, Friends & Contacts |  |  |  |  |
| Self-Care & Life Skills |  |  |  |  |
| Anything Else |  |  |  |  |
|  |  |  |  |  |
| **Signed** | **Signature** | **Date** | **Signed** | **Signature(s)** |
| **Team Member** |  |  | **Family** |  |
| **CS Group Leader** |  |  |