



Family Resource Kit – My Plan.

This part of the kit is designed for
Children to complete.



This project is a partnership between Womens Health Service (WHS), Western Australian Network of Alcohol and other Drug Agencies (WANADA), Alcohol Education and Rehabilitation Foundation Ltd (AERF). Training provided by Drug and Alcohol Office (DAO).

My Plan



Here is a place to draw your family and where you live.

My name is _____

I am _____ old.

My birthday is _____



I live at _____

I live with _____



My phone number is _____

The language I speak at home is _____

Other languages I speak _____

I filled this kit on _____ (date).



Special people in my life are:

Name _____ ph _____

Age _____

Name _____ ph _____

Age _____

Name _____ ph _____

Age _____

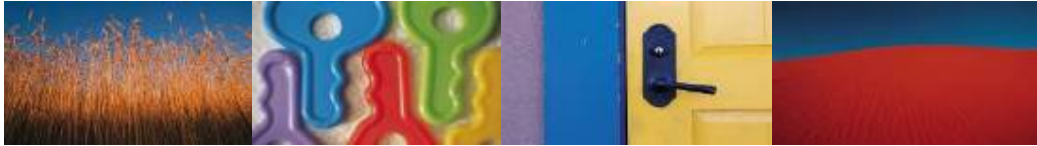
Name _____ ph _____

Age _____



Here is a place to draw the special people.





If _____ goes to hospital/away and I need someone to look after me then

✧ I want to stay with _____,
ph _____

relationship to me _____

Or _____,

ph _____

relationship to me _____

✧ Maybe _____, ph _____

relationship to me _____

can come and stay with me.

I want to stay there because _____

I have asked these people to make sure it is OK. 😊😊

My Mum/Dad/Nanna/Pop is ok with my choice. 😊😊

I want to be picked up by _____

I want to be dropped off by _____

Important things for me to take with me (favourite toys, clothes, blankets, books, music, etc)  

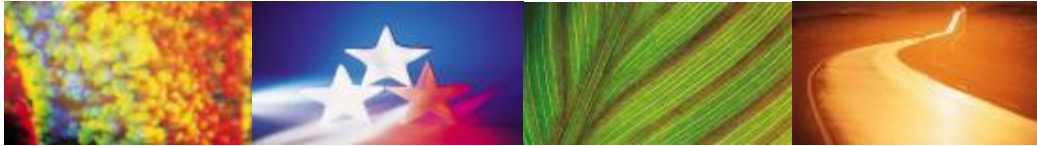
Other important things I want to remember (eg. Birthdays)



I want to be told about what is happening with my parent(s) by:

If my parent(s) are not available, I can talk to:

I want this plan put into action by:





A large rectangular area enclosed by a dashed green border, intended for drawing or writing.

My safe place

Where do you feel safe?



My school is _____ph _____

I am in grade _____and my teacher is _____

I can talk to _____ about my problems and what is going on.

☺☺☺ My friends are:

Am I allowed to play with my friends? Yes No

Am I allowed to stay with my friends? Yes No



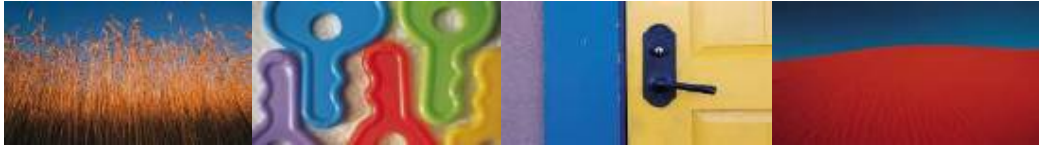
Special School Outings or projects



Out of school activities I am involved with:

Activities I like doing:

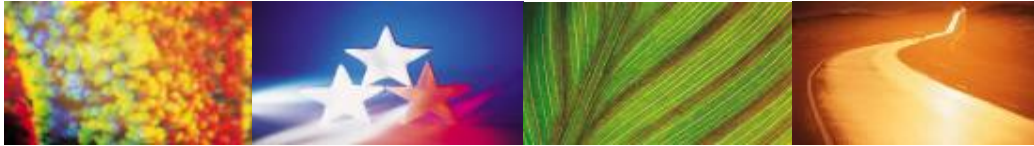
Things that I do to help around the house:





I like to eat:

I don't like to eat:



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My pets are _____ (type of animal) _____

_____ (type of animal) _____

They like to eat:



My pets will be/are looked after by:



I get worried when:

I get sad when:

When I am sad or worried I:

When I am happy I:





Important phone numbers for me!

Kids Helpline _____ 1800 551 800

Emergency _____ 000

Police _____ 13 14 44

Life line _____ 13 11 14

Princess Margaret Hospital _____ 9340 8222

(Child Sexual Abuse Team for children under 13 years old)

Family numbers

Friends' numbers

School



🌸 ‘No one ever ruined their eyesight – by looking on the bright side.’

🌸 ‘From little things, big things grow’

Paul Kelly

🌸 ‘To know that others have walked a similar road may not make the difficulties of the journey easier, but should give us hope.’


🌸 ‘In the depth of winter, I finally learned that there was within me an invincible summer.’


Albert Camus

🌸 ‘Life shrinks or expands in proportion to one's courage.’


Anais Nin

🌸 ‘A Smile is something that everybody says in the same language.’

 'The Future belongs to those who believe in the beauty of their dreams.'
Eleanor Roosevelt

 'Spending some time alone helps me recharge myself.'

 'Every long journey is made up of many steps.'


 'Happiness is not a state to arrive at, but a manner of travelling.'
Margaret Lee

 'Seeds of Greatness lie hidden in me.'

 'When I feel stressed, I will use my imagination to help me to stay relaxed.'

 "... and out of nowhere, little things happen."
Dr. Joseph Dispenza

 'The glory is not in never failing, but in rising every time you fall.'
Chinese proverb

 'Never fear shadows. They simply mean there's a light shining somewhere nearby.'



Feedback

We would welcome your comments about the content of this kit. Your information will provide us with the necessary feedback to modify future versions of the kit.

Your personal details are not required however some information is essential.

1. Are you a child? Yes No
2. Are you a parent? Yes No
3. Are you a carer? Yes No
4. Are you a worker? Yes No
5. Did you find the information helpful? Yes No
6. What other information would you like to see included in the kit?

7. Do you have any comments you would like to add?

Thank you for your time and effort in completing this feedback sheet.

Please forward it to:

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