# **NDIS SUPPORT PLAN**

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| **NAME** |  | **DATE OF BIRTH** |  |
| **ADDRESS** |  | **PHONE** |  |
| **NDIS NUMBER** |  | **NDIS PLAN PERIOD** |  |
| **PREFERRED PLACE OF INITIAL APPOINTMENT** home, school, in-rooms, local community |  | **WAS THE APPOINTMENT AT THE PREFERRED PLACE?** | YesNo | **DATE OF SERVICE AGREEMENT** |  |
| **PEOPLE CONTRIBUTING TO PLAN** Participant, family member, substitute decision maker, advocate |  | **REVIEW DATE****Is this the intended last plan? YES/NO** |  | **DATE REVIEW OCCURRED** |  |
| **PARTICIPANT’S GOALS (As documented on NDIS PLAN)** |
| e.g. To be able to go to the movies with my friends |
| **CULTURAL CONSIDERATIONS AND PREFERENCES** |
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| **PARTICIPANT’S STRENGTHS** |
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| **INTERVENTION GOALS** to achieve the participant goals above | **ACTIONS** e.g. Weekly Therapy, Liaison with Suppliers; Equip Trials, Assist Tech Request; School Visit | **HOURS****/COST** | **ACHIEVED? If Yes****DATE**  | **REASON NOT ACHIEVED**Refer to key below  |
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| **CONSENT**Is the Consent Section of The Service Agreement Completed?  **Yes / No** Is there limited consent? **Yes/ No***If* ***YES*** *– details:* |
|  **Risks identified in relation to implementing this plan** |
| **Risks** | **Management Strategy** |
|  |  |
| **Acceptance of Plan** | In PersonNameSignatureDate: | By PhoneNameDate: | By EmailNameDate: |

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| --- |
| **Reason Goal Not Achieved Key** |
| Inappropriate goal | 1 |
| Change in health status | 2 |
| Participant did not attend appoints as planned | 3 |
| Participant ceased services before end of plan period (reason unknown) | 4 |
| Participant ceased services before end of plan period (reason known and reasonable) | 5 |