# **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?** | Yes  No | | **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** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **PARTICIPANT’S STRENGTHS** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **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 Person  Name  Signature  Date: | | | | By Phone  Name  Date: | | | By Email  Name  Date: | | | |

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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 |