

Finders Keepers
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0400546061



Finders Keepers
NDIS Life Skills Specialists

's Support Plan

Onboarding Date:

Service Recipient's Details:

<i>First Name</i>		<i>Last Name</i>	
<i>DOB (DD/MM/YYYY)</i>		<i>Age</i>	
<i>Address</i>			
<i>State</i>		<i>Postcode</i>	
<i>Email</i>		<i>Phone</i>	

<i>Conditions</i>	▪	
<i>Allergies (click the box if yes and specify)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	▪

<i>Emergency Management</i>	1. Call 000 (always call 000 first during emergencies) 2.
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Recipient's Service Preferences / Requirements:

<i>Preferred Name</i>			
<i>Preferred Pronoun</i>			
<i>Preferred Communication (please Specify if Any)</i>	<input type="checkbox"/> Verbal	<input type="checkbox"/> Non-Verbal	<input type="checkbox"/> Aids:
<i>Interpreter Requirements:</i>			
<i>Visual Requirements (please Specify if Yes)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>Hearing Requirements (please Specify if Any)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>Mobility Requirements (please Specify if Any)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>Cultural Requirements (please Specify if Any)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Contact People / Relationships:

<i>Person 1: (Primary Contact / Emergency Contact)</i>	
<i>Name</i>	
<i>Relationship</i>	
<i>Phone</i>	
<i>Email</i>	
<i>Notes (if Any)</i>	
<i>Organisation (if applicable)</i>	

Person 2: (Secondary Contact)

Name	
Relationship	
Phone	
Email	
Notes (if Any)	
Organisation (if applicable)	

Risk Alerts & Hazards:

Onboarding Risk Assessment Alert / Hazard	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Occupational Violence Alert / Hazard	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Risk Management Strategies / Plan		

Service Recipient Premises:

Living Arrangements:	
Type of Premises:	
Condition of Home:	
Staff Access:	
Parking for Staff:	
Smoking:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pets (please Specify if Any):	<input type="checkbox"/> Yes <input type="checkbox"/> No

Support Details:

Capacity Building / Skills	▪
Employment Support:	▪
Education / Programs	▪

Positive Behaviour Support Details:

Is Positive behaviour Support Applicable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<i>Is there a Positive Behaviour Support Plan?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Supervision / Safety Concerns:</i>	▪
<i>Behaviour Support Strategies:</i>	▪
<i>Any Legal Orders applicable? (Please specify if any)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Schedule of Supports

Day	Start Time	Finish Time	Hours	Service Goals
Mon				
Tue				
Wed				
Thurs				
Fri				

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Service Recipient's Goals:

Goals should be identified via NDIS Goal Page. Where a Client refuses to communicate goals, consult with a guardian / family / friends.

GOAL	Support Strategy

Additional Notes:

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Support Plan Agreement:

This Support Plan has been developed in consultation with me. I understand the goals, tasks and direct care activities described in this support plan.

Service Recipient Name:

Support Plan Developed by:

Participant Signature:

Signature

Date:

Date: