

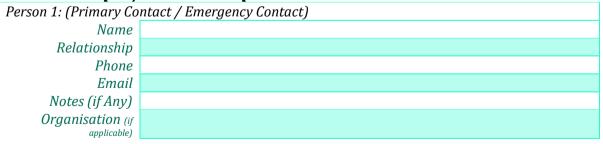
's Support Plan

Onboarding Date:

First Name			Last Name	
DOB (DD/MM/YYYY)			Age	
Address			Suburb	
State			Postcode	
Email			Phone	
Conditions	•			
Conditions				
Conditions Allergies (click the box if yes and specify)	■ Ves	No	•	
Allergies (click the box if	Yes		 all 000 first during emergencie 	es)

Recipient's Service Preferences / Requirements:

Contact People / Relationships:



Finders Keepers Info@finderskeeperswa.com.au 0400546061

Person 2: (Secondary	Contact)
Name	
Relationship	
Phone	
Email	
Notes (if Any)	
Organisation (if	
applicable)	

Risk Alerts & Hazards:

Onboarding Risk Assessment Alert / Hazard	Yes	No		
Occupational Violence Alert / Hazard	🗌 Yes	No		
Risk Management Strategies / Plan				

Service Recipient Premises:

Living Arrangements:				
Type of Premises:				
Condition of Home:				
Staff Access:				
Parking for Staff:				
Smoking:	🗌 Yes	No		
Pets (please Specify if Any):	🗌 Yes	No		

Support Details:	
Capacity Building/ Skills	
Employment Support:	•
Education / Programs	

Positive Behaviour Support Details:

Is Positive behaviour	Yes	No	
Support Applicable?			

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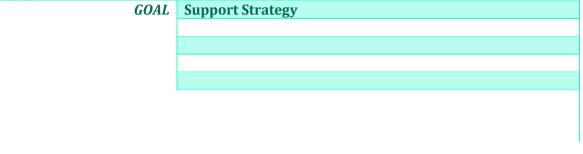
Is there a Positive	Yes No
Behaviour Support	
Plan?	
Supervision / Safety	•
Concerns:	
Behaviour Support	•
Strategies:	
Any Legal Orders	Yes No
applicable? (Please specify if	
any)	

Schedule of Supports

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

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.



Additional Notes:

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: