***A MULTI AWARD TEAM THAT YOU CAN TRUST FOR YOUR SUPPORT CARE NEEDS***

***Logo

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GETTING TO KNOW YOU

AICSs appreciates that everyone is unique, please help us to get to know you by answering the following:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **General Info** | | | | | | | |
| Today’s Date: | |  | | |  |  | |
| Participant Name: | |  | | | Participant DOB: |  | |
| Address: | |  | | | | | |
| Contact Number: | |  | | | Name of Enquirer: |  | |
| My preferred emails: | |  | | | Enquirers Contact #: |  | |
| How is Enquirer related: | |  | | | | | |
| ATSI Information | Aboriginal but not Torres Strait Islander origin | | Torres Strait Islander but not Aboriginal origin | Both Aboriginal and Torres Strait Islander origin | | Neither Aboriginal or Torres Strait Islander origin | Prefer not to answer |
| Which services are you interested in? | |  | | | | | |

|  |  |
| --- | --- |
| **NDIA Funding Info** | |
| How is Funding Managed: | Self-Managed / Fin Plan Man / NDIA Agency - (Please highlight) |

|  |  |
| --- | --- |
| **Personal Care and Mobility Support Requirements** | |
| Assistance with toileting | Assistance with feeding (PEG feed) |
| Assistance with mobility | Support with managing feminine hygiene |
| Wheelchair or mobility aid | Bowel or bladder incontinence |
| Assistance with transfers | Other requirements of care |
| Further information: | |

|  |  |
| --- | --- |
|  | |
| No dietary requirements |  |
| Vegetarian |  |
| Vegan |  |
| I am allergic to (please list foods) |  |
| I am unable to eat (sensory/intolerances) |  |
| My favourite food is |  |
| AICSs can assist me during meal times by……  I can identify what foods are safe for me to eat (if required due to allergy or dietary requirements).  If I have a food allergy, I have provided AICSs with a management plan.  If required I will bring any medications to assist me with my allergy and have completed the relevant medication forms.  I prefer to provide my own food and will do so. | |

|  |  |
| --- | --- |
|  | |
| Depression | Anxiety |
| Psychosis | Schizophrenia |
| Bipolar | Other |
| |  | | --- | | I would like AICS to help me manage this by …  My triggers may include …  I am supported/linked with the following organisations who assist me…  Please supply relevant management plans.  I receive medical support to assist me and AICS has a copy of any relevant management plans to help me manage | | |

|  |  |
| --- | --- |
|  | |
| Diabetes | Sleep Apnoea |
| Epilepsy | Allergies to ……………………… |
| Asthma | Dietary Needs |
| Visual Impairment | Blood Disorders |
| Cognitive Impairment | Hearing Impairment |
| Heart Conditions | Other |

A BIT ABOUT YOU AND YOUR GOALS

To help our us understand you better, please fill the below:

|  |
| --- |
| Text, whiteboard  Description automatically generated**My strengths are (what I am really good at) …..** |
| Logo  Description automatically generated with medium confidence**I like ……** |
| Shape  Description automatically generated**I don’t like…….**  (Please include any sensory considerations) |
| A yellow smiley face  Description automatically generated with medium confidence**You will know when I am happy by ……** |
| Shape, circle  Description automatically generated**You will know when I am unhappy by …….**  **I prefer to communitcate by……..** |
| **Anything else should we know about you?** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **Behaviour** | **I Can Do Independently** | **I Need a Little**  **Help** | **I Cannot Do Independently** |
| Traffic awareness |  |  |  |
| Staying with the group |  |  |  |
| Communicating appropriately |  |  |  |
| Looking after property |  |  |  |
| Being aware of personal space |  |  |  |
| Keeping my hands to myself |  |  |  |
| Travelling safely in a car |  |  |  |
| Following instructions |  |  |  |
| Swimming and safety around water |  |  |  |
| I can handle my own spending money |  |  |  |
| I am comfortable in my sleeping routine |  |  |  |
| AICSs can assist me by …… | | | |

***Once completed please email this to*** [***enquiries@aics.org.au***](mailto:enquiries@aics.org.au)

***We will organise a free meet and greet prior to the service if required.***