

INDIVIDUAL PLAN (SAMPLE)

Participant Details

First Name		Surname	
Date of Birth		Gender	

Residential Address

Address 1		Suburb	
State		Postcode	
Phone		Primary Email	

My Profile

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My Goals and Important Things

My Goals		Timeframe to Achieve	
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My Support Schedule

Task / Service (eg. Domestic, Showering, Dressing, Transfers, Gardening, Shopping, etc)	Day/s (M/Tu/W/ Th/F/Sa/ Su)	Length of service (# hours)	Start time	Equipment (eg Vacuum cleaner, steam mop, hoist, shower chair, ride on lawn mower, motor vehicle, etc)	Other (any other considerations such as more than 1 support worker for the task, any safety information they need to read)

My Budget			
What do I want (outcome)	What do I need (support)	Who will provide (category)	Annual Cost
Total Budget			

Review	
Last reviewed	Next review