

# INDIVIDUAL PLAN

## Participant Details

First Name		Surname	
Date of Birth		Gender	

## Residential Address

Address 1		Suburb	
State		Postcode	
Phone		Primary Email	

## My Profile

--	--	--	--

## My Goals and Important Things

My Goals		Timeframe to Achieve	
----------	--	----------------------	--

## My Support Schedule

<b>Task / Service</b> (eg. Domestic, Showering, Dressing, Transfers, Gardening, Shopping, etc)	<b>Day/s</b> (M/Tu/W/ Th/F/Sa/ Su)	<b>Length of service</b> (# hours)	<b>Start time</b>	<b>Equipment</b> (eg Vacuum cleaner, steam mop, hoist, shower chair, ride on lawn mower, motor vehicle, etc)	<b>Other</b> (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
<b>Total Budget</b>			

Review	
Last reviewed	Next review