**DELETE ALL HIGHLIGHTED TEXT AFTER COMPLETING EACH SECTION**

# NDIS Participant Information

|  |  |
| --- | --- |
| **Name:** |  |
| **NDIA Number:** |  |
| **Date of Planning Meeting:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **State:** |  |
| **Phone Number:** |  |
| **Email Address:** |  |
| **Preferred Contact Person (if not self):** |  |
| **Preferred Contact Method:** |  |

## Alternate Contact Details:

|  |  |
| --- | --- |
| **Name:** |  |
| **Relationship to Person:** |  |
| **Address:** |  |
| **Contact Phone Number:** |  |
| **Email Address:** |  |
| **Preferred Contact Method:** |  |

## Current or Proposed Support Coordinator Details:

|  |  |
| --- | --- |
| **Service Provider Name:** |  |
| **Contact Name:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **Email Address:** |  |
| **Is this an existing support coordinator for the NDIS participant?** |  |

**Background and Participant Statement**

*This section should be completed by both the NDIS participant and the people that are supporting the person.*

## Background Information:

|  |
| --- |
| *Provide a brief summary of the person’s health and disability background including details of current hospital admission or past history which relates to their disability. Include a summary of the person’s current functional capacity including how they participate in their daily tasks and what formal and informal supports they currently need.*  Type here |

## Participant Statement:

|  |
| --- |
| *The participant statement can be completed by the person and their informal or formal supports. The participant statement should include a description of:*   * *Your current living arrangements (e.g. who do you live with? What type of housing is it?)* * *Who are your informal and formal supports that play an important role in your life?* * *The activities you participate in (e.g. education, training, work, volunteering, social activities). What is working well for you? What would you like to change or improve? Have there been changes to your activities of daily life?* * *NB. Use first person/person-centred terminology to ‘paint a holistic snapshot’ as an introduction*   Type here |

## Participant Goals

*Participant goals should be documented in a broad way that allows for flexibility in the implementation of the NDIS plan, and should be written in the first person. Each support item recommended below is matched to these goals.*

|  |  |
| --- | --- |
| **My first goal is…** |  |
| **My second goal is…** |  |
| **My third goal is...** |  |

## Use these links below to jump to the relevant support category you are working on:

[**1.1 Support Category Name: Assistance with Daily Life**](#bookmark=id.1fob9te)

### [1.2 Support Category Name: Transport](#bookmark=id.2et92p0)

[**1.3 Support Category Name: Consumables (Continence & HEN)**](#bookmark=id.tyjcwt)

[**1.4 Support Category Name: Consumables (Low Cost Assistive Technology)**](#bookmark=id.3dy6vkm)

[**1.5 Support Category Name: Assistance with Social and Community Participation**](#bookmark=id.1t3h5sf)

[**2.1 Support Category Name: Assistive Technology**](#bookmark=id.4d34og8)

[**2.2 Support Category Name: Home Modifications (Design & Construction)**](#bookmark=id.2s8eyo1)

[**2.3 Support Category Name: Home Modifications   
(Specialist Disability Accommodation (SDA)**](#bookmark=id.17dp8vu)

[**3.1 Support Category Name: Support Coordination**](#bookmark=id.3rdcrjn)

[**3.2 Support Category Name: Improved Living Arrangements**](#bookmark=id.26in1rg)

[**3.3 Support Category Name: Increased Social and Community Participation**](#bookmark=id.lnxbz9)

[**3.4 Support Category Name: Finding and Keeping a Job**](#bookmark=id.35nkun2)

[**3.5 Support Category Name: Improved Relationships**](#bookmark=id.1ksv4uv)

[**3.6 Support Category Name: Improved Health & Wellbeing**](#bookmark=id.44sinio)

[**3.7 Support Category Name: Improved Learning**](#bookmark=id.2jxsxqh)

[**3.8 Support Category Name: Improved Life Choices**](#bookmark=id.z337ya)

[**3.9 Support Category Name: Improved Daily Living Skills**](#bookmark=id.3j2qqm3)

**Informal and Mainstream Supports**

*Informal supports refer to support provided by family, friends or people in the community. Generally, these supports are not paid for by the participant or another agency - e.g. assistance with shopping, cooking and transportation from a family member or friend.*

*Mainstream supports refer to supports provided by mainstream services such as health or education, e.g. outpatient appointments with a doctor, community health services such as GP or outpatient rehabilitation.*

*NB: Effective NDIS planning is based on a day when the person’s support needs are at the highest level, e.g. this may be a day where all informal supports are unavailable.*

|  |  |  |
| --- | --- | --- |
| **Support Type** | **Description of Support  (include contact details)** | **Comments (e.g. frequency,  support provided)** |
| Informal supports: |  |  |
| Mainstream supports: |  |  |
| Existing NDIS funded supports: |  |  |

## NDIS Support Plan

## Core Supports

*Core supports enable a person to complete activities of daily living. A person may choose how to spend their core support funding, but cannot reallocate core support funding to other support categories (i.e. capital or capacity building supports).*

*Core Supports are made up of 4 Support Categories:*

1. *Assistance with Daily Life*
2. *Transport*
3. *Consumables*
4. *Assistance with Social & Community Participation*

NB. Please refer to Daily Support Care Plan in the appendix for services / hours required.

|  |
| --- |
| **1.1 Support Category Name: Assistance with Daily Life**  *This support category relates to assisting with and/or supervising personal tasks of daily life to enable the participant to live as autonomously as possible. These supports are provided individually to participants and can be provided in a range of environments, including but not limited to, the participant’s own home.* |
| **Goal/s**  *Paste the goal/s description from the* [*Participant Goal’s section*](#bookmark=id.30j0zll) |
| * Paste here |
| **Support Item Name**  *Choose (copy) one or more from* [***this list***](#bookmark=id.2xcytpi) *and paste below (as per latest support catalogue)*   * Paste here (include hours and cost per hour – where relevant) * Paste here (include hours and cost per hour – where relevant) * Paste here (include hours and cost per hour – where relevant) |
| **Clinical Justification:** Type here |
| **How the support will be paid:**  *Choose one option and then delete the other two*   * Self-managed * Plan managed * Agency managed |

|  |
| --- |
| 1.2 Support Category Name: Transport*Transport enables participants to access disability supports outside their home, and to pay for transport that helps them to achieve the goals in their plan. Transport supports generally do not have price limits; however, participants should use the least expensive transport that meets their needs.* *Funding transport assistance is limited to those who cannot use public transport independently due to their disability. For details on transport funding click* [*here*](https://www.ndis.gov.au/participants/creating-your-plan/plan-budget-and-rules/transport-funding)*.* |
| **Goal/s**  *Paste the goal/s description from the* [*Participant Goal’s section*](#bookmark=id.30j0zll)   * Paste here |
| **Support Item Name**  *Choose (copy) one or more from* [***this list***](#bookmark=id.1ci93xb) *and paste below (as per latest support catalogue)*   * Paste here (include hours and cost per hour – where relevant) * Paste here (include hours and cost per hour – where relevant) |
| **Clinical Justification:**  Type here |
| **How the support will be paid:**  *Choose one option and then delete the other two*   * Self-managed * Plan managed * Agency managed |

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| **1.3 Support Category Name: Consumables (Continence & HEN)**  *Consumables are a support category available to assist participants with purchasing everyday use items. Supports such as continence and Home Enteral Nutrition (HEN) products are included in this category.* |
| **Goal/s**  *Paste the goal/s description from the* [*Participant Goal’s section*](#bookmark=id.30j0zll) |
| * Paste here |
| **Support Item Name**  *Choose (copy) one or more from* [***this list***](#bookmark=id.3whwml4) *and paste below (as per latest support catalogue)*   * Paste here * Paste here * Paste here |
| **Clinical Justification:** Type here |
| **How the support will be paid:** *Choose one option and then delete the other two*   * Self-managed * Plan managed * Agency managed |

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| **1.4 Support Category Name: Consumables (Low Cost Assistive Technology)**  *Participants who have AT needs can have funding included in their Consumables budget to enable them to purchase low risk, low cost AT (<$1500). This was previously known as ‘Daily Adaptive Equipment’.* |
| **Goal/s**  *Paste the goal/s description from the* [*Participant Goal’s section*](#bookmark=id.30j0zll) |
| * Paste here |
| **Support Item Name** *List relevant items recommended by referring to the latest NDIA Assistive Technology and Consumables Code Guide.*Type here |
| **Clinical Justification:**  Type here |
| **How the support will be paid:**  *Choose one option and then delete the other two*   * Self-managed * Plan managed * Agency managed |

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| **1.5 Support Category Name: Assistance with Social and Community Participation** *These supports enable a participant to engage in community, social or recreational activities. They may be provided in a centre or in community settings at standard or higher intensity rates. Price limits vary according to the support needs of the participant and the day of the week the support is provided.* |
| **Goal/s**  *Paste the goal/s description from the* [*Participant Goal’s section*](#bookmark=id.30j0zll) |
| * Paste here |
| **Support Item Name**  *Choose (copy) one or more from* [***this list*** *a*](#bookmark=id.2bn6wsx)*nd paste below (as per latest support catalogue)*   * Paste here (include hours and cost per hour – where relevant) * Paste here (include hours and cost per hour – where relevant) * Paste here (include hours and cost per hour – where relevant) |
| **Clinical Justification:** Type here |
| **How the support will be paid:**  *Choose one option and then delete the other two*   * Self-managed * Plan managed * Agency managed |

## 2. Capital Supports

*Capital supports refer to an investment, such as assistive technologies – equipment, home or vehicle modifications, or for Specialist Disability Accommodation (SDA).*

*Capital supports include:*

1. *Assistive Technology*
2. *Home Modifications*
3. *Specialised Disability Accommodation (SDA)*

|  |
| --- |
| **2.1 Support Category Name: Assistive Technology**  *This support category includes all aids or equipment supports that assist participants to live independently or assist a carer to support the participant. It also includes related delivery, set-up and some training support items.*  *Detailed information on assistive technology and consumables codes can be found in the Assistive Technology and Consumables Guide* [*here*](https://www.ndis.gov.au/providers/housing-and-living-supports-and-services/providing-assistive-technology)*.* |
| **Goal/s**  *Paste the goal/s description from the* [*Participant Goal’s section*](#bookmark=id.30j0zll) |
| * Paste here |
| **Support Item Name**  *Choose (copy) one or more from* [***this list*** *a*](#bookmark=id.qsh70q)*nd paste below (as per latest support catalogue)*   * Paste here * Paste here * Paste here |
| **Clinical Justification:**  Type here |
| **How the support will be paid:**  *Choose one option and then delete the other two*   * Self-managed * Plan managed * Agency managed |

***NB: Either Home Modifications (design and construction) OR Home Modifications (SDA) should be completed. Only one of these supports can be provided.***

|  |
| --- |
| **2.2 Support Category Name: Home Modifications (Design & Construction)**  *This support category includes home modifications and Specialist Disability Accommodation (SDA) supports.*  *Home Modifications: This includes design, construction, installation of or changes to equipment or non-structural components of the building, and installation of fixtures or fittings, to enable a participant to live as independently as possible or to live safely at home.*  *NB. Include all relevant builder / architect / project management lines if home mods are required.* |
| **Goal/s**  *Paste the goal/s description from the* [*Participant Goal’s section*](#bookmark=id.30j0zll) |
| * Paste here |
| **Support Item Name**  *Refer to the latest NDIA Support Catalogue to identify the specific Home Modifications items being recommended*  Type here |
| **Clinical Justification**  Type here  *Add if necessary:* Please refer to attached Complex Home Modifications Assessment report |
| **How the support will be paid:**  *Choose one option and then delete the other two*   * Self-managed * Plan managed * Agency managed |

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| --- |
| **2.3 Support Category Name: Home Modifications (Specialist Disability Accommodation (SDA)**  *This support category includes home modifications and Specialist Disability Accommodation (SDA) supports.*  *Specialist Disability Accommodation: SDA funding is intended for participants who require a specialist dwelling that reduces their need for person-to-person supports, or improves the efficiency of the delivery of person-to-person supports. SDA funding will only be provided for participants who meet the eligibility criteria. Participants who meet the eligibility criteria will have an extreme functional impairment and/or very high support needs. SDA does not refer to the support services, but the homes in which these are delivered. SDA may include special designs for people with very high needs or may have a location or features that make it feasible to provide complex or costly supports for independent living.* |
| **Goal/s**  *Paste the goal/s description from the* [*Participant Goal’s section*](#bookmark=id.30j0zll) |
| * Paste here |
| **Support Item Name**  Specialist Disability Accommodation (SDA). |
| **Clinical Justification:**  Type here  *Add this statement if necessary:* Please refer to attached Allied Health Housing Assessment report and/or Housing Planreport |
| **How the support will be paid:**  *SDA must be agency managed*  Agency managed |

## 3. Capacity Building Supports

*Capacity building supports enable a participant to build their independence and skills. Capacity building supports are not flexible.*

*Capacity building supports include:*

1. *Support coordination*
2. *Improved living arrangements*
3. *Increased social and community participation*
4. *Finding and keeping a job*
5. *Improved relationships*
6. *Improved health and wellbeing*
7. *Improved learning*
8. *Improved life choices*
9. *Improved daily living skills*

|  |
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| **3.1 Support Category Name: Support Coordination**  *Support coordination is a fixed amount for strengthening the participant's abilities to coordinate and implement supports in their plans and to participate more fully in the community.* |
| **Goal/s**  *Paste the goal/s description from the* [*Participant Goal’s section*](#bookmark=id.30j0zll) |
| * Paste here |
| **Support Item Name**  *Choose (copy) one or more from* [***this list***](#bookmark=id.3as4poj) *and paste below (as per latest support catalogue)*   * Paste here (include hours and cost per hour – where relevant) * Paste here (include hours and cost per hour – where relevant) * Paste here (include hours and cost per hour – where relevant) |
| **Clinical Justification:**  *Example:*  *Support Coordination is essential to minimise risk of hospital re-admission and mitigate barriers to accessing supports through ensuring XX*   * *Has effective access to funded and mainstream supports, including sustainability of their informal support network* * *Can identify a preferred living arrangement and explore available housing options including crisis support* * *Has support to prepare a housing plan that documents their preferences* * *Can strengthen their choice and control* * *Has effective communication between multiple providers (including other departments such as health or justice), so their support is coordinated* * *Can work towards their NDIS plan goals while mitigating barriers and risks* * *Can maximise their budget to access their priority supports* * *Can increase their use of NDIS portal*   Type here |
| **How the support will be paid:**  *Choose one option and then delete the other two*   * Self-managed * Plan managed * Agency managed |

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| **3.2 Support Category Name: Improved Living Arrangements**  *Support provided to guide, prompt or undertake activities to ensure the participant obtains and/or retains appropriate accommodation. This may include assisting to apply for a rental tenancy or to undertake tenancy obligations in line with the participant’s tenancy agreement.* |
| **Goal/s**  *Paste the goal/s description from the* [*Participant Goal’s section*](#bookmark=id.30j0zll) |
| * Paste here |
| **Support Item Name**   * Assistance with accommodation and tenancy obligations |
| **Clinical Justification:**  Type here |
| **How the support will be paid:**  *Choose one option and then delete the other two*   * Self-managed * Plan managed * Agency managed |

|  |
| --- |
| **3.3 Support Category Name: Increased Social and Community Participation**  *This involves supports for participation in skills-based learning to develop independence in accessing the community.* |
| **Goal/s**  *Paste the goal/s description from the* [*Participant Goal’s section*](#bookmark=id.30j0zll) |
| * Paste here |
| **Support Item Name**  *Choose (copy) one or more from* [***this list*** a](#bookmark=id.1pxezwc)*nd paste below (as per latest support catalogue)*   * Paste here (include hours and cost per hour – where relevant) * Paste here (include hours and cost per hour – where relevant) * Paste here (include hours and cost per hour – where relevant) |
| **Clinical Justification:**  Type here |
| **How the support will be paid:**  *Choose one option and then delete the other two*   * Self-managed * Plan managed * Agency managed |

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| **3.4 Support Category Name: Finding and Keeping a Job**  *This support is designed to provide workplace assessment and/or counselling to assist participants to successfully engage in employment. If a participant is employed on award wages, then in most instances a workplace assessment is available through the Employment Assistance Fund administered by JobAccess.* |
| **Goal/s**  *Paste the goal/s description from the* [*Participant Goal’s section*](#bookmark=id.30j0zll) |
| * Paste here |
| **Support Item Name**  *Choose (copy) one or more from* [***this list***](#bookmark=id.49x2ik5) *and paste below (as per latest support catalogue)*   * Paste here (include hours and cost per hour – where relevant) * Paste here (include hours and cost per hour – where relevant) * Paste here (include hours and cost per hour – where relevant) |
| **Clinical Justification:**  Type here |
| **How the support will be paid:**  *Choose one option and then delete the other two*   * Self-managed * Plan managed * Agency managed |

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| **3.5 Support Category Name: Improved Relationships**  *This support category is for specialised assessment where the participant may have complex or unclear needs, requiring long--term and/or intensive supports to address behaviours of concern. Behaviour support requires a behaviour support plan to be developed that aims to limit the likelihood of behaviours of concern developing or increasing once identified. This plan outlines the specifically designed positive behavioural support strategies for a participant, their family and support persons to eliminate or reduce behaviours of concern.* |
| **Goal/s**  *Paste the goal/s description from the* [*Participant Goal’s section*](#bookmark=id.30j0zll) |
| * Paste here |
| **Support Item Name**  *Choose (copy) one or more from* [***this list*** *a*](#bookmark=id.2p2csry)*nd paste below (as per latest support catalogue)*   * Paste here (include hours and cost per hour – where relevant) * Paste here (include hours and cost per hour – where relevant) * Paste here (include hours and cost per hour – where relevant) |
| **Clinical Justification:**  Type here |
| **How the support will be paid:**  *Choose one option and then delete the other two*   * Self-managed * Plan managed * Agency managed |

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| **3.6 Support Category Name: Improved Health & Wellbeing**  *This category includes physical wellbeing activities and dietetics. These activities support, maintain or increase physical mobility or wellbeing through personal training or exercise physiology. Physical wellbeing activities promote and encourage improved physical capacity and health. Dietetics supports provide individual advice to a participant on managing diet for health and wellbeing due to the impact of their disability.* |
| **Goal/s**  *Paste the goal/s description from the* [*Participant Goal’s section*](#bookmark=id.30j0zll) |
| * Paste here |
| **Support Item Name**  *Choose (copy) one or more from* [***this list*** *a*](#bookmark=id.147n2zr)*nd paste below (as per latest support catalogue)*   * Paste here (include hours and cost per hour – where relevant) * Paste here (include hours and cost per hour – where relevant) * Paste here (include hours and cost per hour – where relevant) |
| **Clinical Justification:**  Type here |
| **How the support will be paid:**  *Choose one option and then delete the other two*   * Self-managed * Plan managed * Agency managed |

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| **3.7 Support Category Name: Improved Learning**  *This support is for provision of skills training, advice, assistance with arrangements and orientation to assist a participant moving from school to further education.* |
| **Goal/s**  *Paste the goal/s description from the* [*Participant Goal’s section*](#bookmark=id.30j0zll) |
| * Paste here |
| **Support Item Name**  Transition through school and to further education  (Include hours and cost per hour – where relevant) |
| **Clinical Justification:**  Type here |
| **How the support will be paid:**  *Choose one option and then delete the other two*   * Self-managed * Plan managed * Agency managed |

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| **3.8 Support Category Name: Improved Life Choices**  *This support includes funding for plan management - financial administration, which applies to registered providers who undertake financial administration of a plan on behalf of a participant.* |
| **Goal/s**  *Paste the goal/s description from the* [*Participant Goal’s section*](#bookmark=id.30j0zll) |
| * Paste here |
| **Support Item Name**  *Choose (copy) one or more from* [***this list***](#bookmark=id.3o7alnk) *and paste below (as per latest support catalogue)*   * Paste here (include hours and cost per hour – where relevant) * Paste here (include hours and cost per hour – where relevant) * Paste here (include hours and cost per hour – where relevant) |
| **Clinical Justification:**  Type here |
| **How the support will be paid:**  *This category can only be agency managed – providers must be registered and able to access the NDIS portal for processing of invoices through plan management activities*  Agency managed |

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| **3.9 Support Category Name: Improved Daily Living Skills**  *This support category includes assessment, training, strategy development and/or therapy (including early childhood intervention) supports to assist the development or increase a participant’s skills and/or capacity for independence and community participation. Supports can be delivered to individuals or groups.* |
| **Goal/s**  *Paste the goal/s description from the* [*Participant Goal’s section*](#bookmark=id.30j0zll) |
| * Paste here |
| **Support Item Name**  *Choose (copy) one or more from* [***this list***](#bookmark=id.23ckvvd) *and paste below (as per latest support catalogue)*   * Paste here (include hours and cost per hour – where relevant) * Paste here (include hours and cost per hour – where relevant) * Paste here (include hours and cost per hour – where relevant) |
| **Clinical Justification:**  Type here |
| **How the support will be paid:**  *Choose one option and then delete the other two*   * Self-managed * Plan managed * Agency managed |

# Daily Support - Care Plan: *Align with NDIS funding time frames:*

* *Morning – between 6am – 8pm (hourly rate)*
* *Afternoon – between 8pm – 12am (hourly rate)*
* *Active overnight – between 12am – 6am (hourly rate)*
* *Inactive overnight – generally 8 hrs duration e.g. 10pm – 6am or 11pm – 7am (flat unit rate)*

*NB. Include any current informal supports that need to transition to formal supports*

| **SUPPORT TYPE** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Morning in home support**  *Example:*  *1:1 OR 2:1 ratio for*  *- supervision and assistance with morning self-care routine (e.g. bathing, dressing, grooming, manual transfers)*  *- breakfast (e.g. prepare / assist)* |  |  |  |  |  |  |  |
| **Household support / daily activities**  *Example:*  *- yard / garden maintenance*  *- household / domestic assistance / cleaning*  *- assistance with meal preparation* |  |  |  |  |  |  |  |
| **Capacity building / therapeutic supports**  *Example:*  *1:1 OR 2:1 ratio for*  *- therapy assistance for exercise physio home program to support mobility, movement, strengthening, physical functioning, independence and safety* |  | | | | |  |  |
| **Community access / social activities**  *Example:*  *1:1 or 2:1 ratio for*  *- assisting to access social & community activities/events, cultural establishments and social interactions safely*  *- assisting with car transfers and equipment navigation*  *- support to spend time with friends / peers*  *- assisting with shopping / groceries / errands* |  | | | | | | |
| **Vocational – Education / Employment / Mainstream**  *Example:*  *- work / school / non-NDIS funded scheduled activities* |  |  |  |  |  |  |  |
| **Evening in home support**  *Example:*  *1:1 OR 2:1 ratio for*  *- supervision and assistance with evening self-care routine (e.g. grooming, undressing, manual transfers)* |  |  |  |  |  |  |  |
| **Short term accommodation / flexible occasional supports**  *Example:*  *– flexible use either in short term facility or in-home additional support and inactive sleepovers* |  | | | | | | |

# Report Contributors:

This report has been completed by the following people who support the person with disability. Please don’t hesitate to contact [x] from this list if you have further questions.

|  |  |  |
| --- | --- | --- |
| **Name** | **Profession** | **Email** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## DELETE THIS SECTION AFTER COMPLETING FORM

**Support Item Reference List**

## 1. Core Supports

**1.1 Support Category Name: Assistance with Daily Life**

[**Go back to the Support**](#bookmark=id.1fob9te)[**Category table 1.1**](#bookmark=id.1fob9te)

**Support Item Name** – *Choose (copy) one or more from this list and paste into the Pre-plan tool document*

* Transitional support
* Assistance with self-care
* Assistance from live-in carer
* Assistance with personal domestic activities
* Specialised home-based assistance for a child
* On-call overnight monitoring
* House and/or yard maintenance
* Housing cleaning and other household activities
* Linen service
* Assistance with the cost of preparation and delivery of meals
* Assistance in living arrangements
* Assistance in a shared living arrangement
* Supported independent living
* Short-term accommodation and assistance
* Establishment fee for personal care/community access
* Cross billing payment for residential aged care (RAC)
* Assistance with daily life tasks provided in RAC
* Medium Term Accommodation
* Self-management capacity building
* Individual living option
* Delivery of health supports by an enrolled nurse
* Delivery of health supports by a registered nurse
* Delivery of health supports by a clinical nurse
* Delivery of health supports by a clinical nurse consultant
* Delivery of health supports by a nurse practitioner
* Capacity building supports for early childhood interventions – psychology
* Assessment, recommendation, therapy and/or training (incl. AT) – psychology
* Capacity building supports for early childhood interventions – physiotherapy
* Assessment, recommendation, therapy and/or training (incl. AT) – physiotherapy
* Capacity building supports for early childhood interventions – other therapy
* Assessment, recommendation, therapy and/or training (incl. AT) – other therapy
* Dietitian consultation and diet plan development

**1.2 Support Category Name: Transport**

[**Go back to the Support Category table 1.2**](#bookmark=id.2et92p0)

**Support Item Name** – *Choose (copy) one or more from this list and paste into the Pre-plan tool document*

* Specialised transport to school/educational facility/employment/community
* Transport

**1.3 Support Category Name: Consumables (Continence & HEN)**

[**Go back to the Support Category table 1.3**](#bookmark=id.tyjcwt)

**Support Item Name** – *Choose (copy) one or more from this list and paste into the Pre-plan tool document*

* Continence related equipment
* Equipment for eating and drinking
* Disability-related health equipment and consumables

**1.5 Support Category Name: Assistance with Social and Community Participation**

[**Go back to the Support Category table 1.5**](#bookmark=id.1t3h5sf)

**Support Item Name** – *Choose (copy) one or more from this list and paste into the Pre-plan tool document*

* Access community, social and rec activities
* Community, social and recreational activities
* Group activities in the community
* Group activities in a centre

**2. Capital Supports**

**2.1 Support Category Name: Assistive Technology**

[**Go back to the Support Category table 2.1**](#bookmark=id.4d34og8)

**Support Item Name** – *Choose (copy) one or more from this list and paste into the Pre-plan tool document*

* Assistive products for household tasks
* Assistive products for personal care and safety
* Communication and information equipment
* Assistive products for hearing
* Assistive products for vision
* Assistance animals
* Personal mobility equipment
* Prosthetics and orthotics
* Vehicle modifications
* Assistive equipment for recreation

**3. Capacity Building Supports**

**3.1 Support Category Name: Support Coordination**

[**Go back to the Support Category table 3.1**](#bookmark=id.3rdcrjn)

**Support Item Name** – *Choose (copy) one or more from this list and paste into the Pre-plan tool document*

* Level 1: Support connection
* Level 2: Coordination of supports
* Capacity building and training in plan and financial management by a support coordinator
* Level 3: Specialist support coordination

**3.3 Support Category Name: Increased Social and Community Participation**

[**Go back to the Support Category table 3.3**](#bookmark=id.lnxbz9)

**Support Item Name** – *Choose (copy) one or more from this list and paste into the Pre-plan tool document*

* Life transition planning Incl. mentoring, peer-support and individual skill development
* Skills development in a group
* Innovative community participation
* Individual skills development and training
* Community participation activities

**3.4 Support *Category Name: Finding and Keeping a Job***

[**Go back to the Support Category table 3.4**](#bookmark=id.35nkun2)

**Support Item Name** – Choose (copy) one or more from this list and paste into the   
Pre-plan tool document

* Employment related assessment and counselling
* Assistance in specialised supported employment
* Individual employment support
* Employment preparation and support in a group
* Supported employment start-up fee
* Support in employment
* School leaver employment supports

**3.5 Support Category Name: Improved Relationships**

[**Go back to the Support Category table 3.5**](#bookmark=id.1ksv4uv)

**Support Item Name** – *Choose one or more from this list and paste into the Pre-plan tool document*

* Specialist behavioural intervention support
* Behaviour management plan incl. training in behaviour management strategies
* Individual social skills development

**3.6 Support Category Name: Improved Health & Wellbeing**

[**Go back to the Support Category table 3.6**](#bookmark=id.44sinio)

**Support Item Name** – *Choose one or more from this list and paste into the   
Pre-plan tool document*

* Dietician consultation and diet plan development
* Dietician group session
* Exercise physiology
* Exercise physiology in a group
* Personal training

**3.8 Support Category Name: Improved Life Choices**

[**Go back to the Support Category table 3.8**](#bookmark=id.z337ya)

**Support Item Name** – *Choose one or more from this list and paste into the   
Pre-plan tool document*

* Capacity building and training in plan and financial management by a plan manager
* Plan management and financial capacity building – set up costs
* Plan management – financial administration

**3.9 Support Category Name: Improved Daily Living Skills**

[**Go back to the Support Category table 3.9**](#bookmark=id.3j2qqm3)

**Support Item Name** – *Choose one or more from this list and paste into the Pre-plan tool document*

* Capacity building supports for early childhood interventions – psychology
* Capacity building supports for early childhood – group – psychology
* Capacity building supports for early childhood interventions – physiotherapy
* Capacity building supports for early childhood – group – physiotherapy
* Capacity building supports for early childhood interventions – other therapy
* Capacity building supports for early childhood – group – other therapy
* Capacity building supports for early childhood Allied Health Assistant
* Assistance with decision-making, daily planning and budgeting
* Individual assessment and support by a nurse
* Individual skill development and training including public transport training
* Training for carers/parents
* Transdisciplinary early childhood intervention
* Counselling group
* Individual counselling
* Community engagement assistance
* Specialised driver training
* Selection and/or manufacture of customised or wearable technology
* Multidisciplinary team
* Community nursing care for continence aid
* Therapy assistant
* Assessment, recommendation, therapy and/or training (incl. AT) – psychology
* Assessment, recommendation, therapy and/or training (incl. AT) – physiotherapy
* Assessment, recommendation, therapy and/or training (incl. AT) – other therapy
* Group therapy – psychology
* Group therapy – physiotherapy
* Group therapy – other therapy
* Dietician consultation and diet plan development
* Dietician group session
* Exercise physiology
* Exercise physiology in a group
* Delivery of health supports by an enrolled nurse
* Delivery of health supports by a registered nurse
* Delivery of health supports by a clinical nurse
* Delivery of health supports by a clinical nurse consultant
* Delivery of health supports by a nurse practitioner