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Preparing for your planning meeting with the NDIA



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Thank you for continuing to choose CPL - Choice, Passion, Life as your NDIS provider.

For nearly 70 years we've been helping people grow beyond expectations, seize new opportunities and do amazing things with their lives.

The stories from that journey have taught us that every moment, interaction and relationship is an opportunity to question, evolve and challenge ourselves and others to go beyond good enough. CPL can support you to be fully prepared for your plan meeting with the NDIA.

This workbook will help you to understand your current supports and identify additional supports or unmet needs.

It will also help you to identify your goals for your first plan and the supports you will need to work towards those goals.

The workbook is designed so that you can work with us to fill it in at a face to face meeting. Or, you can choose to fill it in yourself at home.

We can also review your equipment and allied health needs for the year ahead and provide you with an assessment to take to your plan meeting.



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1. My Accommodation

My current accommodation - Supported Independent Living (SIL)

The number of other people I live with:	
Is this Specialist Disability Accommodation (SDA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
I am happy with my current home and wish to continue living there at this time	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
I am thinking about a change and would like assistance to explore other housing options	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

OR

My current accommodation - independent living

The number of other people I live with:	
I am happy with my current home and wish to continue living there at this time	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
I am thinking about a change and would like assistance to explore other housing options	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

OR

My current accommodation - family home


The number of other people I live with:	
I am happy with my current home and wish to continue living there at this time	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
I am thinking about a change and would like assistance to explore other housing options	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

2. Client Profile

It's all about me!

<p>My background - basic details of where I was born, where I grew up, things that are very important to me and about me</p>	
<p>My current support needs - these are the general comments about the level of support I need each day</p>	
<p>The address where I live</p>	
<p>Who I live with</p>	
<p>My support arrangements for where I live</p>	
<p>My main family contact</p>	
<p>My current health - please comment generally</p>	

My current job or volunteer job – where I work, how many days per week, how I get there, what support I need to maintain my job	
My current transport funding (Mobility Allowance)	\$_____ per fortnight
My current transport costs per week	\$_____ per week
Risks that are of current concern to my health and wellbeing	
Other things I am concerned about	



3.0 My Current Supports

This is how I currently use my funded supports each week

		Support at Home		Support to Access the Community	
		Day	Evening	Day	Evening
Mon	Hours				
	Activities				
Tues	Hours				
	Activities				
Wed	Hours				
	Activities				
Thur	Hours				
	Activities				
Fri	Hours				
	Activities				
Sat	Hours				
	Activities				
Sun	Hours				
	Activities				

Other Supports in my life - extra information

3.1 My Current supports

<p>I have family and friends who are able to provide me with some informal supports</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Briefly explain the type of informal (unpaid) support these people provide to you, and if it's sustainable</p>	
<p>How is this support going, is it working well or not?</p>	
<p>People who help me make decisions</p>	
<p>Public Guardian is appointed for decision making</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Public Trust is appointed for my finances</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>People who help me to manage my money</p>	

Community groups that provide support to me (examples are schools, sporting or hobby clubs, community groups)	
Disability providers who support me	
Other	

3.2 Medical and/or therapy services that I currently use

List all of your services including: medical, dental, specialists, physiotherapy, occupational therapy, speech pathology, social work, counselling etc.

Name	Type of service	Location	Support I need to attend appointments	How many times per year?

3.3 Consumable supports I use in my daily life

Item	Estimated Annual Cost
Continence aids	
Wipes	
Gloves	
Mattress protectors	
Other (list here)	

3.4 Capital supports I use in my daily life - Assistive Technology

Think about what you need at home **and** also what you need when you are in the community.

Equipment that you use at home or at work - what type of equipment will you need in your home or at work (such as an electric bed, mattress, hoist and sling, bathroom and toilet equipment, furniture etc.)?

Item required	Reason - why this is needed



Equipment you use to get around - examples are things like a new walker, wheelchair, Ankle-Foot Orthoses (AFO's) etc.

Item required	Reason - why this is needed

Equipment you use to communicate - examples are things like Communication Boards, Speech Generating Device, Pragmatic Organisation Dynamic Display (PODD), computer applications etc.

Item required	Reason - why this is needed

Equipment that needs to be maintained/serviced/repared - such as hoist or wheelchair services, new slings, electric beds, commodes etc.

List all your equipment items that require maintenance	How often each year	Cost per year

4.0 My Goals

I would like to work towards achieving these goals with my first plan

My first goal: _____

Supports I need to achieve this goal:

Support Worker:

Therapy:

Aids or equipment:

Skill development or training:

Transport:

My second goal: _____

Supports I need to achieve this goal:

Support Worker:

Therapy:

Aids or equipment:

Skill Development or training:

Transport:

4.0 My Goals - continued

I would like to work towards achieving these goals with my first plan

My third goal: _____

Supports I need to achieve this goal:

Support Worker:

Therapy:

Aids or equipment:

Skill development or training:

Transport:

My long term goals and aspirations: _____

Supports I need to achieve my long term goals:

Support Worker:

Therapy:

Aids or equipment:

Skill development or training:

Transport:

5.0 My Future Supports

Core supports I need to manage my daily life

Area	How many hours per day	How many days per week	How many weeks per year
Day service (centre group based activities)			
Day service (centre based - amount of 1:1 support that is needed when in group setting)			
Community, social and recreational activities (1:1) support			
Support at home (1:1) (self care activities)			
Short term accommodation (respite)			
House and/or yard maintenance			
Other			
Other			
Other			
Other			

5.1 MY FUTURE SUPPORTS

Capacity building: Therapeutic supports that could improve my daily living

Which overarching goal does this address	What is required
<i>Example: Safe mealtime participation</i>	<i>Mealtime management guideline</i>

Think about your current situation and things that could improve your daily living. There are some therapy supports you may wish to consider. Do you have any specific needs such as mealtime management guidelines, manual handling support, behaviour management support, social support etc.?

Reason for why this is needed	Supports needed to attend this activity	Transport needed for this activity
<i>To document how I eat my meals and how best to support me.</i>	<i>Allied Health</i>	<i>Allied Health Professional will travel to my home</i>

5.2 My future supports - capacity building (other)

These are supports that I need to enable me to do things like:

- Improve my learning
- Improve my health and wellbeing
- Improve my relationships
- Finding and Keeping a Job
- Increased Social and Community Participation
- Support Coordination
- Plan Management

Support area	Things to consider
Positive Behaviour Support Plan	Do you already have a Positive Behaviour Support Plan in place? Will it need to be reviewed in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Behaviour support	Do you feel that you would benefit from strategies or recommendations to support positive behaviours and your emotional wellbeing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Assistance with medication	Do you require assistance to take medications? <input type="checkbox"/> Yes <input type="checkbox"/> No
Counselling or social work	Do you need support to develop confidence and wellbeing or engage in school or the community? Do you currently engage at times with a Social Worker or counselling services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Increased health and wellbeing	Do you need assistance for exercise or therapies that increase your physical capacity or general wellbeing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Improved learning	Do you need help with the transition through school and to further education? <input type="checkbox"/> Yes <input type="checkbox"/> No



Which goal does this address	Supports needed to attend this activity	Transport needed for this activity

5.2 My future supports - continued

Support Area	Things to consider
Increased Social and Community Participation	Do you need help to develop life skills to increase your independence? Is there a training program, short course, workshop, program that you wish to undertake? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you need help with developing skills to allow you to participate in community, social and recreational activities? <input type="checkbox"/> Yes <input type="checkbox"/> No
Finding and Keeping a Job	Do you need assistance with finding or keeping a job? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you need support while working on your job? This may include training, personal care or workplace modifications. <input type="checkbox"/> Yes <input type="checkbox"/> No
Coordination of Supports	Do you need help to coordinate your supports, participate in the community and develop a strong network of supports? <input type="checkbox"/> Yes <input type="checkbox"/> No
Training in Plan Management	Do you need training in how to manage your plan? <input type="checkbox"/> Yes <input type="checkbox"/> No

5.3 Staff training requirements

Do your support staff require additional specific training, if so, what?

Support needed	Training required

Which goal does this address?	Supports needed to attend this activity	Transport needed for this activity

Support needed	Training required

5.4 Modifications

Modifications	Why is this needed	Do you have supporting evidence?
Modifications required for my home		<input type="checkbox"/> Yes <input type="checkbox"/> No
Modifications required for my vehicle		<input type="checkbox"/> Yes <input type="checkbox"/> No
Modifications required for my equipment (i.e. cushion mods, wheelchair mods etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No



5.5 Employment - Choose your employment adventure!

SCHOOL LEAVERS (Yes, I want employment)	
Are you leaving school this year?	
Are you interested in looking for a job?	
Do you currently receive any employment support services (e.g. DES)?	
What sort of job are you looking for?	
Do you need skills development to assist you?	
What sort of skills development/supports/equipment/training/resources do you need?	
Do you think you need 1:1 on the job support?	
Will you need transport to be able to get to work?	
What are your concerns about getting a job?	

5.5 Employment - Continued

SCHOOL LEAVERS (No, I do not want employment)	
Are you leaving school this year?	Yes, I am
Are you interested in looking for a job?	No, I am not ready
Do you currently receive any employment support services (e.g. DES)?	
Is finding a job something that you are considering for the future?	
If yes, what sort of skills development/supports/equipment/resources do you think you would need?	
Would you like to start building your future employment capacity through developing some skills now?	
What are your concerns about getting a job?	
VOLUNTEERING OR WORKING but wanting to explore other employment options	
What is your current job/volunteer position?	
Is this supported employment?	

If yes, what is your Disability Maintenance Instrument (DMI) Level?	
Is this open employment?	
What current supports/ equipment/resources do you use at work/volunteering?	
What type of job/volunteer position would you like to do instead?	
What is stopping you from making a change?	
What supports/equipment/ resources/skill development do you need to reach your employment goal?	
Will your transport requirements change?	
What are your concerns about making a change?	

5.5 Employment - Continued

UNEMPLOYED CURRENTLY, but looking for an opportunity to work or volunteer	
Are you unemployed but looking for a job?	
Do you currently receive any employment support services (e.g. DES)?	
What do you think is stopping you from finding or keeping a job?	
What sort of job are you looking for?	
What sort of skills development/supports/equipment/training/resources do you think you need to help you find and keep a job?	
Do you think you need 1:1 on the job support?	
Will you need transport to be able to get to work?	
What are your concerns about getting a job?	

WORKING/VOLUNTEERING but wanting to slow down, reduce days, make community connections

What is your current job/ volunteer position?	
What current supports/ equipment/resources do you use at work/volunteering?	
Are you wanting to stop work completely?	
Are you wanting to reduce your days? If so, what would this be?	
What would you like to do instead of working?	
What sort of support would you need to begin reducing your workload?	
What support would you need on your days off work?	

6.0 Final things to consider

Think about what you need for a successful plan meeting.

Plan meetings generally commence approximately 2 months prior to the 'go live' date for NDIS in each region. Before you get the phone call from NDIA to arrange a meeting time, you may want to consider:

- Where do you want the meeting to take place (e.g. your home, NDIA office)?
- Who do you want to support you at the meeting?
- Do you want to have other people dialled in to the plan meeting with you?
- Are you willing to have your plan meeting over the phone?
- Or, is it important to you that the meeting is face to face?

Decide how you would like to manage your NDIS plan

Support Coordination

Tick the level of Support Coordination you would like to put in place to manage your plan.

- I don't need any support to find and work with service providers or mainstream supports.
- I would like some support to link me with service providers, mainstream supports and community activities so I can achieve the goals in my NDIA plan.
- I need assistance to coordinate my supports, work with service providers and resolve issues.
- I want training in planning and plan management so that I can learn how to do this myself.
- I have complex care needs and require specialist assistance to find the right supports and coordinate my services.

Financial Management

Tick the level of financial management you would like to put in place to manage your plan.

- NDIA MANAGEMENT** - I would like my NDIS funding to be managed by the NDIA. This means that service providers will invoice the NDIA directly. The NDIA will pay my service provider directly and I can monitor my funds through the NDIA website portal.
- SELF MANAGEMENT** - I would like to manage my NDIS funding myself. This means that I will be invoiced by service providers of my choice and have to directly pay these service providers. I will claim funds back through the NDIA website portal and monitor my own spending.
- REGISTERED PLAN MANAGER** - I would like to use a Registered Plan Management Provider to help me manage my plan and claim funds from the NDIA to pay my accounts for me from registered and unregistered providers.
- COMBINATION OF OPTIONS** - I would like use a combination of options to manage my plan.

This document is to help you prepare for your NDIS meeting.

CPL is ready to support you to set your goals, plan your supports and live the life you choose with passion.

Call us today to book a pre-planning meeting with one of our staff, face-to-face or over the phone.

Simply call 1800 275 753 or email info@cpl.org.au today!





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