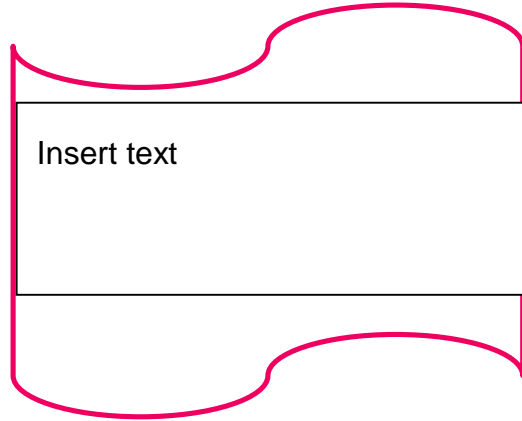


My Profile

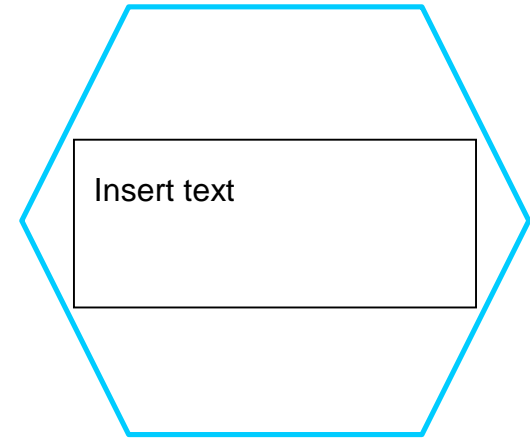
What Is Important
To Me?



Insert text

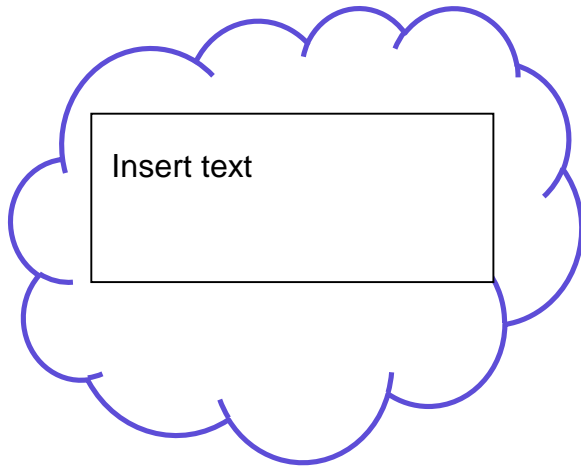


How Best To Support Me



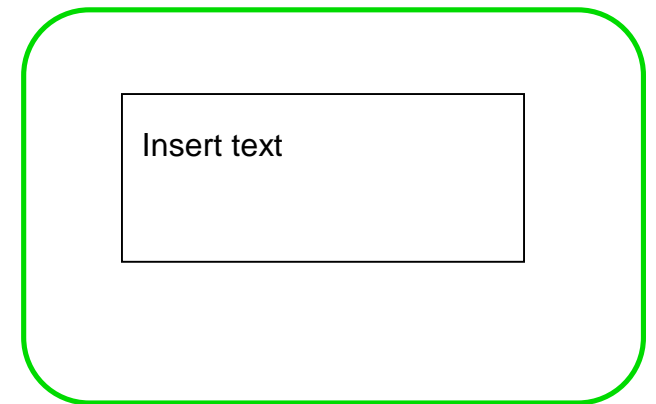
Insert text

My Goals and Dreams




Insert text

What People Like
& Appreciate about Me





Insert text



My Goals

<p>What my goals are</p> <p>What do I want to achieve?</p> 	<p>Steps to make it happen</p> <p>What do I need to do? How will I do it?</p>	<p>Will I need help?</p> <p>Who will help me and how? Family/ friends/community group/ support person</p>	<p>How funding will support me to achieve my goals</p> <p>What could funding purchase to assist me?</p>	<p>How I'll know I've achieved my goals</p> <p>What will be different?</p>
<p>1. Learn more about my city and culture and increase personal/ social development opportunities</p>	<ul style="list-style-type: none"> • Speak to school counsellor about applying for post school funding support options • Learn about different services and the type of support I would like • Work out my budget and schedule these activities 	<p>I need a support person to assist me to events and activities</p>	<p>My funding will help keep me engaged in my community and help me develop friendships and connections.</p>	<p>I will have engaged in activities that I enjoy doing and tell people more about other activities or knowledge I want to have</p>
<p>2. Be able to plan meaningful games nights and enjoy these activities or be able to create a flexible plan for engaging in activities.</p>	<ul style="list-style-type: none"> • Use my respite package to purchase the support I need • Identify a support person who likes the same activities as I. • Work out which days I would like to do activities or go to sporting matches 	<p>My mum will tell my provider what activities I enjoy doing</p> <p>My provider will plan with me the days I would like to do this</p>	<p>I will enjoy games night or outings with my own support person who also enjoys these</p>	<p>I will have a variety of different and exciting games to do and will learn more skills from these games</p>

Paid services and support I have right now

The type of service I have (Day program, respite, after school care, personal care)	The provider I use 	When I use this service (hours, days, months) 	The name of the funding package (Community Participation, respite, Home Care, private) How much funding I have a year \$	Comments
Respite	Sunnyfield	3 ½ hours per fortnight	Individual respite package \$4500	How do I use this package?
Overnight respite	Victoria Street	2 nights a month	Unknown \$	
Personal care	Home Care	1 hour x 3 days a week	Home Care \$15 an hour	
Total funding I receive a year?				\$

Unpaid support and service I have right now

What support I have (shopping, activities, personal care)	People who give me this support (family, friends, community group, others) 	When I have this support (hours, days, months) 	Will this change?
Going to the park and playing on the play equipment	My grandparents	Every Sunday	No, one of my favourite activities is to spend time with my grandparents.
Church group	My Church group	Every Saturday morning	No, I am active with my Church and will do outings regularly
School	My teachers (DEC)	Monday-Friday 9-2:30PM	I finish school this year and will work out what program I will join for 2016
School taxi	My taxi driver (DEC)	Monday-Friday 8:15-9am and 2:30-3:30pm	Yes, when I leave school
Personal care support	My mother	Every day in the morning and afternoon	My mother will keep helping me to maintain my hygiene and personal care needs.

My Vision for the Future | Weekly Plan

When I will use Paid (P) and Unpaid (U) support What support or service I will use Who will help me and when?							
Approx time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Park with my grandparents 10-12:30pm (U)	Community engagement grocery shopping and lunch 9-2:30pm (P)	Mystery activity with my support person 10:30-1:30pm (P)	At home day with my mum (U)	At home day or volunteering job (U)	Entertainment program - music, acting, singing 9-2:30pm (P)	Church group/ outings 9:30 – 3:30pm (U)
Afternoon	Family time (U)						
Evening	Personal care assistance 4:30-5:30pm (U)	Personal care assistance 4:30-5:30pm (P)	Personal care assistance (U)	Personal care assistance 4:30-5:30pm (P)	Personal care assistance (U)	Personal Care assistance 4:30-5:30pm (P)	Movie night at home (U)
	Family dinner (U)	Family dinner (U)	Family dinner (U)	Family dinner (U)	Family dinner (U)	In-home activities or Friday night footy 6-9:30pm (once a fortnight) (P)	
Overnight						Overnight respite 2 nights a month (P)	
Each week will not be the same throughout the year and one off appointments may happen such as medical appointments. The weekly plan is to show what my average week will look like and is not expected to cover all changes that may happen in my life.							

My Budget

What paid service/support I'll purchase Who I'll purchase from How much I'll need What it will cost					
My support outcomes	What I need	Who will provide it	How often/when	How many hours per week (hourly rates)	Estimate \$ per year
1. Learn more about my city and culture and increase personal/ social development opportunities	My support worker to assist me to access the community My support worker will do time management planning with me	My support person from the nominated service provider (ASPECT)	14 hours a week x 42 weeks	Weekday: 14hrs @ \$50/hr	\$29,400
2. Be able to plan meaningful and flexible activities I enjoy engaging in	To let my provider know what I like and don't like Work out a plan that is affordable and meets my needs	My support person from the nominated service provider (Sunnyfield)	Fortnightly 3 ½ hours x 26 weeks	Weekday: 3 ½ hrs \$42/hr = \$147	\$4,550
				Weekend: 3 ½ hrs \$50/hr = \$175	
Annual Cost					\$ 33,950
Administration fee for service (%)					12 %
Total Annual Cost					\$

Signatures		
My name:	My Signature:	Date:
Person/ people who helped me write my plan:	Signature:	Date:
Review		
Review date of my plan:	Date:	
The person/ people who will help review my plan (family member/ service provider):		
<p>Please note that there must be a review of your plan every 12 months to discuss what has been purchased and any outstanding funding available. It is recommended you review your plan at least 3 months before end of each financial year (30 June)</p>		

Contact details	
Persons name:	
Date of birth:	
Age:	
Address:	
Telephone number:	
Email:	
Carer name:	
Relationship to Person:	
Date of Birth:	
Address:	
Telephone number:	
Email:	

Notes:
(e.g tasks to follow up)