| Name: |  |
| --- | --- |
| NDIA Number: |  |
| Plan Start Date: |  |
| Date of Birth: |  |
| Gender: |  |
| Address: |  |
| State: |  |
| Phone Number: |  |
| Email Address: |  |
| Preferred Contact Person: |  |

| What is working well? |  |
| --- | --- |
| What is not working well?  |  |

**Changes:**

| Any changes to participant statement?  |  |
| --- | --- |
| Any changes to informal/ mainstream and community support?  |  |

**Goals:**

| Goal | AchievedYes/No | Continue GoalYes/No | Evidence and Outcomes to achieving Goal(For example: capacity building therapy; transport; equipment) | Barriers/impacts to achieving goal (if not achieved) |
| --- | --- | --- | --- | --- |
| 1. |  |  | 1.2.3. | 1.2.3. |
| 2. |  |  | 1.2.3. | 1.2.3. |
| 3. |  |  | 1.2.3. | 1.2.3. |
| 4. |  |  | 1.2.3. | 1.2.3. |
| 5. |  |  | 1.2.3. | 1.2.3. |

Any new goals?

| New goals?  |  |
| --- | --- |

Supports utilised in current plan:

| Supports utilised in current plan | Frequency  |
| --- | --- |
|  |  |

Requested supports for new plan/ justification:

| Requested supports for new plan | Justification ( link to section 34 - reasonable and necessary)  |
| --- | --- |
| CORE: CAPACTIY BUILDING: CAPITAL:  |  |

| Any risks?  |  |
| --- | --- |
| Any changes to functional capacity? |  |

| Requested plan management type ( self, plan or NDIA managed?) |  |
| --- | --- |
| Requested plan duration  |  |

| Supporting documents being submitted:  |  |
| --- | --- |