

# NDIS Pre-Planning checklist

This checklist is to be used with your Kyabra Pre-Planning workbook

| 1.  | Item required | Tick | Comments  |
|---|---------------|------|---|
| <b>Who is involved in providing current supports?</b>   |               |      |   |
|   |               |      | <i>How many hours of support per day? / Per week?</i> |
| <ul style="list-style-type: none"> <li>• Parent/s</li> </ul>  |               |      |   |
| <ul style="list-style-type: none"> <li>• Partner or spouse</li> </ul>   |               |      |   |
| <ul style="list-style-type: none"> <li>• Close family member</li> </ul>   |               |      |   |
| <ul style="list-style-type: none"> <li>• Child(ren)</li> </ul>  |               |      |   |
| <ul style="list-style-type: none"> <li>• Friend</li> </ul>  |               |      |   |
| <ul style="list-style-type: none"> <li>• Neighbour</li> </ul>   |               |      |   |
| <ul style="list-style-type: none"> <li>• Grandchild</li> </ul>  |               |      |   |
| <ul style="list-style-type: none"> <li>• Paid support workers</li> </ul>  |               |      |   |
| <ul style="list-style-type: none"> <li>• Other</li> </ul>   |               |      |   |
| <b>Who provides the most support?</b>   |               |      |   |
| Where does this person live? <ul style="list-style-type: none"> <li>• live with you</li> <li>• live somewhere else</li> </ul> |               |      |   |
| <b>What type of personal supports do they provide?</b>  |               |      |   |
| <ul style="list-style-type: none"> <li>• Getting out of bed</li> </ul>  |               |      |   |
| <ul style="list-style-type: none"> <li>• Showering and dressing</li> </ul>  |               |      |   |
| <ul style="list-style-type: none"> <li>• Cooking</li> </ul>   |               |      |   |
| <ul style="list-style-type: none"> <li>• Transport - driving places</li> </ul>  |               |      |   |
| <ul style="list-style-type: none"> <li>• Assistance with shopping</li> </ul>  |               |      |   |
| <ul style="list-style-type: none"> <li>• Assistance to participate in activities</li> </ul>                                   |               |      |   |
| <ul style="list-style-type: none"> <li>• Help at school</li> </ul>  |               |      |   |
| <ul style="list-style-type: none"> <li>• Other</li> </ul>   |               |      |   |

|  |  |             |                         |
|--|--|-------------|-------------------------|
| 2.   | <b>Item required</b>                               | <b>Tick</b> | <b>Comments</b>         |
|  | <b>What are other services/equipment are used?</b> |             |                         |
|  | • Travel subsidy                                   |             |                         |
|  | • Transport assistance                             |             |                         |
|  | • Medical aids subsidy scheme (MASS)               |             |                         |
|  | • Therapy – speech, OT                             |             |                         |
|  | •  |             |                         |
|  | •  |             |                         |
|  | <b>Item Required</b>                               | <b>Tick</b> | <b>Estimated amount</b> |
|  | <b>Everyday supplies needed</b>                    |             |                         |
|  | • Continance equipment (pads, catheters etc.)      |             |                         |
|  | • Special food supplements                         |             |                         |
|  | • Adaptive equipment                               |             |                         |
|  | • Communication aids / equipment                   |             |                         |
|  | • Other  |             |                         |
| <b>Transport costs</b>                       |  |             |                         |
| • Public transport costs                     |  |             |                         |
| • Taxi costs                                 |  |             |                         |
| •  |  |             |                         |
| <b>Mobility allowance &amp; Taxi subsidy</b> |  |             |                         |
| • Mobility allowance                         |  |             |                         |
| • Taxi subsidies                             |  |             |                         |
| •  |  |             |                         |
| •  |  |             |                         |

Strength in Community

| 3.                                 | Current disability funding | Tick                       | Amount |
|------------------------------------|----------------------------|----------------------------|--------|
| <b>Funding Type:</b>               |                            |                            |        |
| Used for:<br>•<br>•<br>•<br>•<br>• |                            | <i>Hrs of Support / \$</i> |        |
| <b>Funding Type:</b>               |                            |                            |        |
| Used for:<br>•<br>•<br>•<br>•<br>• |                            | <i>Hrs of Support / \$</i> |        |
| <b>Funding Type:</b>               |                            |                            |        |
| Used for:<br>•<br>•<br>•<br>•<br>• |                            | <i>Hrs of Support / \$</i> |        |
| <b>Funding Type:</b>               |                            |                            |        |
| Used for:<br>•<br>•<br>•<br>•<br>• |                            | <i>Hrs of Support / \$</i> |        |

Strength in Community

|  |   |             |   |
|--|---|-------------|---|
| 4.   | <b>Item Required</b>  | <b>Tick</b> | <b>Estimated amount</b>                         |
|  | <b>Equipment needs for next 12 months</b>                           |             |   |
|  | • Modified bed  |             |   |
|  | • Mattress  |             |   |
|  | • Hoist and sling   |             |   |
|  | • Bathroom and toilet equipment                                     |             |   |
|  | • Modified furniture  |             |   |
|  | • Wheelchair  |             |   |
|  | • Shower chair  |             |   |
|  | • Vehicle modification  |             |   |
|  | • Other   |             |   |
|  | <b>Communication equipment needed</b>                               | <b>Tick</b> | <b>Comments</b>                                 |
|  | • Communication board   |             |   |
|  | • Assistive technology  |             |   |
|  | • computer applications   |             |   |
|  | • Other   |             |   |
|  | <b>Other disability supports needed at home or in the community</b> | <b>Tick</b> | <b>Comments</b>                                 |
|  | •   |             |   |
|  | •   |             |   |
|  | <b>Community life at present</b>                                    | <b>Tick</b> | <b>Comments – do you enjoy these activities</b> |
|  | • Access library services   |             |   |
|  | • Education – school, post-school                                   |             |   |
|  | • Recreational day program  |             |   |
|  | • Volunteering  |             |   |
|  | • Employment  |             |   |
|  | • Gym/fitness programs  |             |   |
|  | • Hobbies/interest groups (art, craft, crocheting )                 |             |   |
|  | • Social supports/peer groups                                       |             |   |
|  | • Meeting with friends/family                                       |             |   |
|  | • Museums and galleries   |             |   |
|  | • Community programs  |             |   |
|  | • Recreational activities   |             |   |
| • Health and well-being (massage, acupuncture) |   |             |   |
| • Emotional Support/counselling                |   |             |   |
| • Music, drama, movies, festivals, events      |   |             |   |
| • Spiritual groups and services                |   |             |   |
| • Shopping and retail                          |   |             |   |
| • Other  |   |             |   |

| 5.  | My Goals For the Future | Tick | Comments |
|---|-------------------------|------|----------|
| <b>Home life and living arrangements</b>            |                         |      |          |
| • Continued living where I am                       |                         |      |          |
| • Living with friends                               |                         |      |          |
| • Living on my own                                  |                         |      |          |
| • Living with family                                |                         |      |          |
| • Location?   |                         |      |          |
| <b>Learning and education goals</b>                 |                         |      |          |
| • School  |                         |      |          |
| • Post-school courses                               |                         |      |          |
| • Post-school day program                           |                         |      |          |
| • Other   |                         |      |          |
| <b>Social and Community goals</b>                   |                         |      |          |
| • Meeting with friends/family                       |                         |      |          |
| • Library services                                  |                         |      |          |
| • Developing other relationships                    |                         |      |          |
| • Volunteering                                      |                         |      |          |
| • Hobbies/interest groups (art, craft, crocheting ) |                         |      |          |
| • Social supports/peer groups                       |                         |      |          |
| • Museums and galleries                             |                         |      |          |
| • Community programs                                |                         |      |          |
| • Music, drama, movies, festivals, events           |                         |      |          |
| • Spiritual groups and services                     |                         |      |          |
| • Shopping and retail                               |                         |      |          |
| • Other   |                         |      |          |

| 6.  | Item Required | Tick | Comments |
|---|---------------|------|----------|
| <b>Health and wellbeing goals</b>   |               |      |          |
| <ul style="list-style-type: none"> <li>• Recreational activities</li> <li>• (list):</li> </ul>                              |               |      |          |
| <ul style="list-style-type: none"> <li>• Health and well-being (massage, acupuncture)</li> </ul>                            |               |      |          |
| <ul style="list-style-type: none"> <li>• Gym/fitness programs</li> </ul>  |               |      |          |
| <ul style="list-style-type: none"> <li>• Therapy</li> </ul>   |               |      |          |
| <ul style="list-style-type: none"> <li>• Other</li> </ul>   |               |      |          |
| <b>Work goals</b>   |               |      |          |
| <ul style="list-style-type: none"> <li>• Continue current work</li> </ul>   |               |      |          |
| <ul style="list-style-type: none"> <li>• Support to find employment</li> </ul>  |               |      |          |
| <ul style="list-style-type: none"> <li>• Training opportunities</li> </ul>  |               |      |          |
| <ul style="list-style-type: none"> <li>• Other</li> </ul>   |               |      |          |
| <b>Choice and Control Goals</b>   |               |      |          |
| <ul style="list-style-type: none"> <li>• <i>E.g. Greater independence at home</i></li> <li>•</li> </ul>                     |               |      |          |
| <ul style="list-style-type: none"> <li>• <i>E.g. Greater independence in the community</i></li> <li>•</li> <li>•</li> </ul> |               |      |          |
| <b>Daily Living goals</b>   |               |      |          |
| <i>Additional support needed</i>  |               |      |          |
| <ul style="list-style-type: none"> <li>•</li> </ul>   |               |      |          |
| <ul style="list-style-type: none"> <li>•</li> </ul>   |               |      |          |
| <ul style="list-style-type: none"> <li>•</li> </ul>   |               |      |          |
| <ul style="list-style-type: none"> <li>•</li> </ul>   |               |      |          |