# Plan Review Report

## To be used by Support Coordinators and participants

This pro-forma is to be used by Support Coordinators to support participants to review their current NDIS plan and prepare for their next plan.

All sections of the form are to be completed by engaging with the Participant and their informal support network (where appropriate). Many sections of this report have been pre-populated with current plan information to assist Support Coordinators with completing this report.

The NDIS is committed to building the capacity of participant to self-direct their supports and develop their goals. This form guides a participant to review their current plan and consider their goals for their next plan. It also enables participants to advise the NDIA of any changes that we need to be aware of.

**Date:** Click here to enter a date.

## Participant Details:

|  |  |
| --- | --- |
| Name: | Daniel McCudden |
| NDIA Number: | 431639412 |
| Plan Start Date: | 08/04/2021 |
| Date of Birth: | 08/04/2022 |
| Gender: | Male |
| Address: | 4/17 Lewis St Frankston VIC 3199 |
| State: | Victoria |
| Phone Number: | 0422726465 |
| Email Address: |  |
| Preferred Contact Person: |  |

## Contact Details for Participant:

Preferred contact may include current support worker/family member or other:

|  |  |
| --- | --- |
| Name: |  |
| Relationship to participant: |  |
| Address: |  |
| Contact phone number: |  |
| Email Address: |  |
| Special Considerations:  ATSI/CALD (Interpreter) |  |

## Support Coordinator Details:

|  |  |
| --- | --- |
| Service provider name: | Decent Care |
| Contact name: | **Adel Dafla** |
| Address: | 41 Hartnett Dr Seaford |
| State: | VIC |
| Phone Number: | 0432045552 |
| Email Address: | adel@decentcare.com.au |
| Is this a new or existing support coordination arrangement? | Existing provider |

## Participant statement

### Living arrangements, Relationships and supports

Describe your current living arrangements (For example: Who do you usually live with? Type of accommodation? Any changes to your living arrangements?)

Describe the family and friends you see regularly, the people who play an important role in your life and how they help you. Have your relationships and supports changed?

|  |  |
| --- | --- |
| Current Plan | I live in a private rental on my own. I speak to my parents who live in Queensland a couple times a week via the phone. |
| Any new information to be included |  |

### Daily life – Describe your day to day life

Describe the activities you participate in (For example: education, training, work, volunteering, social activities). What is working well for you? What would you like to change or improve? What do you enjoy? Have there been changes to your activities of daily life?

|  |  |
| --- | --- |
| Current Plan | I don't have a set time that I wake up, and routine is something I would like to work on.  I'm ok with getting dressed and washing up, but I need some supervision and prompting.  Although I haven't generally cooked, so I'm looking forward to learning how to better  manage my health. Sometimes its a challenge for me to have contact with the outside  world, and I can spend my days at home playing games or surfing the internet. I'd like to  get out the house more often, make new friends and discover new hobbies. |
| Any new information to be included | Participant has made some improvements since the supports have been put in place but due to personal and external challenges ( COVID lockdowns) participant still heavily relays on support workers for his day to day needs. |

## Current goals

Looking at your current NDIS plan, how do you think you have progressed towards your goals? Were there things that got in your way?

What are your goals for the next plan period?

| Goal | Achieved  Yes/No | Continue Goal  Yes/No | Evidence and Outcomes to achieving Goal  (For example: capacity building therapy; transport; equipment) | Barriers/impacts to achieving goal (if not achieved) |
| --- | --- | --- | --- | --- |
| I would like to have better access to the community and participate in social activities that  are of interest | No | Yes |  | Participant refuses to engage with allied health supports but after some encouragement, participant advised that he might consider it in the near future. |
| I would like to be as independent as possible in my home environment | No | Yes |  | Participant engages in household activities with the support of a worker. If left alone, participant will not engage and refuse to do any work |

## New goals

Are there any new goals that you would like in your new plan?

What are the things that are most important to you now? What are the things you would most like to change?

What would you like to do with less help from others? Are there new things you would like to try?

| Your New Plan Goal | Strategies (your steps towards this goal and who might help you) |
| --- | --- |
| Participant would like to find and maintain employment in a industry that he can stay with long term | Participant will need to continue developing new skills around public transport training, social interaction, budgeting and maintaining hygiene ( both personal and external) |

## **My Informal and Community/Mainstream Supports**

### Informal Supports - (Please add or remove supports as applicable)

| Support Type | Support Description | New or Current Support | Any Comments |
| --- | --- | --- | --- |
| Informal | Mum and dad ( who live in QLD) | Current | Although they speak to the participant over the phone, they are not able to support him with his day to day needs. |

### Mainstream Community Supports - (Please add or remove supports as applicable)

| Support Type | Support Description | New or Current Support | Any Comments |
| --- | --- | --- | --- |
| Psychologist | Dr **Jeni Kousoulinis** | Current |  |
|  |  |  |  |

## Funded Supports

Please review the current supports and provide justification for any proposed changes to current supports.

| Budget | Support Type | Frequency | Claim Method (eg, self-manage; provider claim; financial intermediary) | Expenditure  $...../$..... | Current Service Provider | Continue Support Yes/No | Request to adjust support (eg. increase; decrease; add new support). Include justification. |
| --- | --- | --- | --- | --- | --- | --- | --- |
| CORE | Support workers  Cleaning | 3 days weekdays  Both Satueday and Sunday  1 Day a week | Plan Managed |  | Current  Current | Yes  Yes | Participant has made some improvements and has engage well with his provider and support workers. When COVID lockdowns were in place, it did have some negative impact on the participant but slowly and after some work, his mental health has improved and he is beginning to show sings of improvement. |
| CAPACITY BUILDING |  |  |  |  |  |  |  |
| CAPITAL |  |  |  |  |  |  |  |

## Risks

Please identify any risks during the course of the current plan (e.g. health; safety in home/community; provision of supports; sustainability of informal supports; employment; exploitation; financial including ability to self-manage; decision making; home/accommodation; other).

| Risk | Description/Comments |
| --- | --- |
|  | Social isolation |
|  |  |
|  |  |
|  |  |

## Support Coordination

Please provide sufficient supporting information to inform the participant’s new NDIS plan.

|  |  |
| --- | --- |
| Support Coordination hours in current plan and expenditure to date? | 60 hours |
| Please provide justification for Support Coordination hours requested in new plan? | Provided the participant with support |
| Current level of engagement with participant? | High |
| Please list any barriers to implementation? | Participants mental health and his ability to engage |
| Please list all additional supporting evidence (eg, therapy reports) provided in preparation for plan review. |  |
| Any further comments? |  |