

PERSON CENTRED SUPPORT PLAN



MY PICTURE

My Name:

I was born on:

Who helped me to write this plan:

Date of Plan:

PERSON CENTRED SUPPORT PLAN

The information contained in this plan is personal and should not be given to anyone without my permission.

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PERSON CENTRED SUPPORT PLAN

PART 1

ABOUT YOUR PERSON CENTRED PLAN

Your person centred plan will give you the opportunity to think about what you consider most important in your life. As you go through the booklet, you will find a number of questions. Take time to fill them in. You may want some assistance when answering these questions. Ask someone who knows and cares about you to help. Only answer the questions that are important to you.

These people may be:

- Family
- Friends
- Carers
- Advocates
- Neighbours
- Work mates

Purpose of your Person Centred Plan

- To encourage you and those who support you to consider what is important to you in your life.
- To consider the quality of your life at this time in terms of where you live and what you do now.
- To find out what you would like to do in the future.
- To identify what support you will need to meet your goals and aspirations for the future.

We also are aware that your life and needs change. We will in arrangement with you meet on a regular basis to discuss these needs. This will be reflected in your Person Centred Plan and how best we might assist in helping to plan for your future.

ONLY ANSWER THE QUESTIONS THAT ARE IMPORTANT TO YOU.

PERSON CENTRED SUPPORT PLAN

MY PERSONAL DETAILS

My name is:

I like to be called:

My address and telephone number is:

Person to contact in an emergency:

Name

Telephone

Advocate:

Name

Telephone

My Doctor:

Name

Telephone

Please tick the box that applies:

I prefer to use my right hand.

I prefer to use my left hand.

My religion, race and beliefs:

The languages I speak and understand:

PERSON CENTRED SUPPORT PLAN

MY FRIENDS, RELATIVES AND ADVOCATES

It is important to keep a record of people who are close to you or who may be able to support you at meetings when discussing and reviewing your Person Centred Support Plan.

You may want to invite those people you consider closest to you to help in these meetings

NAME	ADDRESS	RELATIONSHIP (Relative Friend etc)	TELEPHONE NUMBER

PEOPLE I WOULD LIKE TO ATTEND MY MEETINGS

NAME	ADDRESS	RELATIONSHIP (Relative Friend etc)	TELEPHONE NUMBER

PERSON CENTRED SUPPORT PLAN

SOME GOOD THINGS ABOUT MYSELF

What I like about myself:

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Things I am good at:

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What I am proud of:

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PERSON CENTRED SUPPORT PLAN

PART 2 WHAT I DO NOW

WHERE I AM LIVING NOW

What I like about the place where I live:

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What I don't like about the place where I live:

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How could it be made better?

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Where I would like to live in the future?

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MY LIFE NOW

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PERSON CENTRED SUPPORT PLAN

What I Do During The Week

Can you give us some information on what kind of things you do on certain days at certain times?

Day and Time	Monday	Tuesday	Wed	Thurs	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

What I Like Doing During The Day

Likes	Dislikes	Would like

PERSON CENTRED SUPPORT PLAN

What I Like Doing During The Evening

Likes	Dislikes	Would like

What I Like Doing At The Weekend

Likes	Dislikes	Would like

PERSON CENTRED SUPPORT PLAN

PART 3

THE SUPPORT I NEED TO MEET MY NEEDS AND REACH MY GOALS

- friends, relatives and advocates
- communication
- health and wellbeing
- safety and security
- food
- daily living activities
- social activities
- work and education
- religious and cultural practices

In these areas we will discuss three basic questions with you:

- What can I do for myself?
- What support do I need?
- What support can be provided?

MY COMMUNICATION

Please tick the box that applies. The main ways I use to communicate are: **Speech:**
By sign: **Gesture:** **Writing:** **Symbols:** **Pictures:** **Other:**

My understanding of the spoken language

The options below may give you some help.

	Yes	No
I usually understand everything spoken to me	<input type="checkbox"/>	<input type="checkbox"/>
I understand some of what is spoken to me	<input type="checkbox"/>	<input type="checkbox"/>
I understand little of what is spoken to me	<input type="checkbox"/>	<input type="checkbox"/>
I understand some words but not sentences	<input type="checkbox"/>	<input type="checkbox"/>
I have difficulty in understanding any spoken language	<input type="checkbox"/>	<input type="checkbox"/>

WHAT SUPPORT DO I NEED WITH COMMUNICATION

THE SUPPORT THAT CAN BE PROVIDED

PERSON CENTRED SUPPORT PLAN

MY SAFETY AND SECURITY

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THE SUPPORT I NEED WITH MY SAFETY AND SECURITY

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THE SUPPORT THAT CAN BE PROVIDED

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PERSON CENTRED SUPPORT PLAN

MY DAILY LIVING ACTIVITIES SECTION 1 FOOD

The foods I like:

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The foods I don't like:

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THE SUPPORT I NEED TO ENJOY MY FOOD

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THE SUPPORT THAT CAN BE PROVIDED

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PERSON CENTRED SUPPORT PLAN

MY DAILY LIVING ACTIVITIES

SECTION 2

EATING AND DRINKING

How I manage

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What I can do for myself:

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THE SUPPORT I NEED WITH EATING AND DRINKING

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THE SUPPORT THAT CAN BE PROVIDED

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PERSON CENTRED SUPPORT PLAN

MY DAILY LIVING ACTIVITIES SECTION 3 MOBILITY AND DEXTERITY

How I get about:

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What I can do for myself:

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THE SUPPORT I NEED WITH MY MOBILITY AND DEXTERITY

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THE SUPPORT THAT CAN BE PROVIDED

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PERSON CENTRED SUPPORT PLAN

MY DAILY LIVING ACTIVITIES

SECTION 4

HOUSE WORK / COOKING

How I manage:

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What I can do for myself:

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THE SUPPORT I NEED WITH MY HOUSEWORK AND COOKING

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THE SUPPORT THAT CAN BE PROVIDED

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PERSON CENTRED SUPPORT PLAN

MY DAILY LIVING ACTIVITIES

SECTION 5

DRESSING, PERSONAL CARE AND HYGIENE

How I manage:

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What I can do for myself:

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THE SUPPORT I NEED WITH MY DRESSING, PERSONAL CARE AND HYGIENE

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THE SUPPORT THAT CAN BE PROVIDED

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PERSON CENTRED SUPPORT PLAN

MY DAILY LIVING ACTIVITIES

SECTION 6 GOING TO THE TOILET

How I manage:

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What I can do for myself:

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THE SUPPORT I NEED WITH GOING TO THE TOILET

THE SUPPORT THAT CAN BE PROVIDED

PERSON CENTRED SUPPORT PLAN

MY DAILY LIVING ACTIVITIES SECTION 7 MANAGING MY MONEY

How I manage:

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What I can do for myself:

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WHAT SUPPORT DO I NEED WITH MANAGING MY MONEY

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THE SUPPORT THAT CAN BE PROVIDED

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PERSON CENTRED SUPPORT PLAN

MY DAILY LIVING ACTIVITIES SECTION 8 CLOTHING AND SHOPPING

How I manage:

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What I can do for myself:

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THE SUPPORT I NEED WITH CLOTHING AND SHOPPING

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THE SUPPORT THAT CAN BE PROVIDED

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PERSON CENTRED SUPPORT PLAN

MY FAVOURITE SOCIAL ACTIVITIES

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Social activities that I don't like doing

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THE SUPPORT I NEED WITH MY SOCIAL ACTIVITIES

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THE SUPPORT THAT CAN BE PROVIDED

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PERSON CENTRED SUPPORT PLAN

MY WORK

The work I do:

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Work I would like to do:

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THE SUPPORT I NEED WITH MY JOB / WORK

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THE SUPPORT THAT CAN BE PROVIDED

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PERSON CENTRED SUPPORT PLAN

MY EDUCATION

DAY CENTRE	COLLEGE	TRAINING

Things I learn or have learned about:

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In future I would like to learn about:

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THE SUPPORT I NEED WITH MY EDUCATION

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THE SUPPORT THAT CAN BE PROVIDED

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PERSON CENTRED SUPPORT PLAN

MY RELIGIOUS AND CULTURAL PRACTICES

My religion:

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My culture:

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THE SUPPORT I NEED TO PRACTICE MY RELIGION AND ENGAGE IN MY CULTURAL ACTIVITIES.

THE SUPPORT THAT CAN BE PROVIDED

PERSON CENTRED SUPPORT PLAN

PART 4 THE SUPPORT THAT CAN BE PROVIDED

SUMMARY OF MY NEEDS

The outcome of assessment of my needs and goals has identified the following areas where I need support.

1	
2	
3	
4	
5	
6	
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8	
9	
10	
11	
12	

PERSON CENTRED SUPPORT PLAN

MY SUPPORT PLAN

My support worker is

AREA IDENTIFIED FROM ASSESSMENT:

What is happening now?	The support I need.	Our plan to support you to achieve your aims and aspirations	Date of next review

Staff Responsible:

Issue No: 1 Rev: 0 Issue Date: Approved by:

PERSON CENTRED SUPPORT PLAN

MY TIMETABLE OF ACTIVITIES

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Date My Timetable started:

Issue No: 1 Rev: 0 Issue Date: Approved by:

PERSON CENTRED SUPPORT PLAN

REVIEW OF MY SUPPORT PLAN

Review date:

Area	Specify any changes to plan	Continue objective New objective
Communication		
Health & wellbeing		
Safety and security		
Food		
Daily Living Activities		
Social Activities		
Work		
Education		
Religious & cultural practices		
Friends, relatives and advocates		

Signed Service user /representative:

Signed Staff member:

Date of next review:

Issue No: 1 Rev: 0 Issue Date: Approved by:

