Cover ImageCover Image

|  |  |  |  |
| --- | --- | --- | --- |
| My name: | Click here to enter text. | | |
| Today’s date: | Click here to enter text. | | |
| The best way to contact me or my representative is | | | Click here to enter text. |
| Phone: | Click here to enter text. | | |
| Email: | Click here to enter text. | | |
| Representative name and relationship: | | Click here to enter text. | |

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# About this booklet

What is this booklet for?

The booklet is a guide to help you think about how you would like to live your life in the future.

It also includes information about your life at the moment, what is important to you, the supports you have in place and your social and economic participation.

Why should I use this booklet?

It helps us understand how we might work with you to help you with your goals.

You may like to take this along to planning meetings with a funding agency such as ADHC or NDIA.

If you have more information you would like to provide, you can attach extra pages or any documents you think may be relevant.

This tool forms the foundation of more detailed planning for your future and how we might support you.

How do I use this booklet?

House with No Steps will provide you with assistance to complete the booklet. You might also ask for assistance or include a carer, family member or close friend.

You do not have to complete the booklet all at once. You can go back and change answers if you need to.

You can choose to leave questions unanswered although we have indicated the information that HWNS must collect if you would like us to provide your supports with this sign.

# My Self

Who I am as a result of my unique life experiences

## My one page profile

If you already have a one page profile, you can attach it here. If you do not have a one page profile, answer the questions below and let’s get started!

|  |  |  |
| --- | --- | --- |
| What is important to me | What people like about me | How best to support me |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

What is important for me

What must people supporting you know to help you stay safe and well?

|  |  |  |  |
| --- | --- | --- | --- |
| Health | Safety | Behaviour Support | I have the following plans that help me stay safe and well: |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Epilepsy Management Plan  Nutrition and Swallowing Plan  Mental Health Care Plan  Restrictive Practice Authorisation  Positive Behaviour Support Plan  Incident Prevention and Response Plan  Other health plan  Click here to enter text. |

## Important people in my life

Who are the people who play an important role in your life?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Family | Friends and non-paid relationships | Education and Work | Paid Supports |
| Who am I close to?  *People in my life that I cherish, it would be hard to think of life without them* | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Who else is in my life?  *People in my life I enjoy spending time with, I see from time to time, acquaintances.* | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## My support network

How do the important people in your life support you?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Important Person / Support \* | Relationship to me | How they help me | How often they  help me | Contact Details including phone, address, email |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

\* Include formal guardians, carers, person responsible, or nominated representative

## My health

|  |
| --- |
| What my best possible health looks like: |
| Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Things I do for my health that are: | | To have my best possible health,  I need support for : |
| Important to me | Important for me |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

# My Rights

The rights that are most important to me are:

|  |  |  |  |
| --- | --- | --- | --- |
| My rights | Ways that I exercise this right at the moment | Ways that I would like to exercise this right | What skills, resources and supports do I need to fully exercise this right? |
| EXAMPLE –  To make decisions about my life | I choose which services I access and decide day to day things I would like to do | I have a financial guardian who supports me make decisions about how I spend my money- I would like more control over my money | My staff need to support me to speak to the guardian about what I need to demonstrate in order to take control of my finances then support me with a plan to work toward achieving this goal |
| To make decisions about my life | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| To practice my religion | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| To have visitors at anytime | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| To have privacy | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| To access food/ fridge | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| To voice my opinion | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| To express myself | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| To vote | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| To file complaints-do you feel like you are treated fairly? | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| To access communication supports | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| To be protected and safe from abuse, mistreatment, neglect and exploitation | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| To free movement at home and in the community | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Other rights that are important to you | Click here to enter text. | Click here to enter text. | Click here to enter text. |

# My World

Where I work, live, socialise, belong or connect

## Where and whom I live with

|  |  |
| --- | --- |
| Describe your current living arrangements | |
| I live in (type of home): | Click here to enter text. |
| Who I live with: | Click here to enter text. |
| To make things easier at home I need: | Click here to enter text. |

## Everyday living

|  |
| --- |
| I am really good at or enjoy: |
| Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| What I do now: | | | Things I would like to try that I am not doing yet |
| Work | Social/Community | Education |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## My daily routine at the moment

### What are important routines in your life at the moment?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Morning | Midday | Afternoon | Night |
| Monday | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Tuesday | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Wednesday | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Thursday | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Friday | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Saturday | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Sunday | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## My equipment

### This is the equipment I use and how often I use it:

|  |  |
| --- | --- |
| Aid, equipment or modification | How often you use it |
| Example:  Manual Wheelchair | Example:  Daily |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

|  |
| --- |
| Is there any equipment, aides or modifications you don’t use at the moment that you need? |
| Click here to enter text. |

## My Supports

### What type of supports do you receive now and how often do you get these supports?

|  |  |  |
| --- | --- | --- |
| Type of support | How much support do you get and how often do you get it? | What service currently provides your support? |
| EXAMPLE:  Assistance with daily personal activities | 3 hours per week | House with No Steps |
| Assistance with daily personal activities | Click here to enter text. | Click here to enter text. |
| Centre based group activities | Click here to enter text. | Click here to enter text. |
| Transition supports | Click here to enter text. | Click here to enter text. |
| Supported employment | Click here to enter text. | Click here to enter text. |
| Employment | Click here to enter text. | Click here to enter text. |
| Community activities group | Click here to enter text. | Click here to enter text. |
| Supported living in a shared arrangement | Click here to enter text. | Click here to enter text. |
| Individual flexible supports – in home or community | Click here to enter text. | Click here to enter text. |
| Case management or Support Coordination | Click here to enter text. | Click here to enter text. |
| Therapies | Click here to enter text. | Click here to enter text. |
| Behaviour support | Click here to enter text. | Click here to enter text. |
| Respite | Click here to enter text. | Click here to enter text. |
| Other, specify: Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Other, specify: Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Other, specify: Click here to enter text. | Click here to enter text. | Click here to enter text. |

## What’s working and what’s not working in my life right now

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | What’s Working | What’s not working | How I would like things to change |
| Daily living | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Relationships | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Living arrangements and home | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Social and community participation | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Work | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Lifelong learning | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Health and wellbeing | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Choice and control | Click here to enter text. | Click here to enter text. | Click here to enter text. |

# My Dreams

How I want my life (and self and world) to be.

What are the things you most want to change or achieve in your life **in the next few years**?

On the next page write these down under the heading that best describes the area it relates to.

**You don’t have to write down a goal under every heading – just the ones that are most important to you:**

* Work
* Daily living
* Social and Community participation
* Choice and control
* Home
* Health and wellbeing
* Learning
* Relationships

What I want to achieve this year

Thinking about your goals, what do you want to achieve this year? This could be the first step towards achieving a goal listed above.

How I will achieve it

This could include the strategies that you or your family or friends could undertake to help you make your plan work for you.

What supports I have to help me

This includes your family and friends and other informal supports and disability supports you may have that can help you to implement your plan.

What is stopping me from achieving my objective?

What barriers resulting from your disability are stopping you from achieving your objective?

## My goals and dreams for the next 12 months

If you have a PATH or other goal plans you can attach them here. Otherwise let’s get started!

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Goal | What I want to achieve this year | How will I achieve this | What supports will help me | What is stopping me from achieving this objective |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What my routine might look like in the future | | | | |
| Monday | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Tuesday | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Wednesday | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Thursday | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Friday | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Saturday | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Sunday | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

# My Focus

What is most important to me now

|  |  |  |
| --- | --- | --- |
| My focus area | What I need and want to happen in this area | Who is going to support what? |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

Progress tracker - optional

How are you going with reaching your goals?

You can use this page to celebrate your achievements along the way! You can also add photos, pictures, even record a video!

|  |  |  |
| --- | --- | --- |
| Timeline | What has happened? | How did I celebrate? |
| In the first three months… | Click here to enter text. | Click here to enter text. |
| In the first six months… | Click here to enter text. | Click here to enter text. |
| For the whole year… | Click here to enter text. | Click here to enter text. |

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