**Person Centred Lifestyle Plan for ………..**

Insert photo

 **Introduction:**

**Date of initial plan:**

**Significant review dates:**

**Who contributed to this plan?**

**Contact details:**

**Purpose of the Plan:** (what do you want the plan to achieve?)

 **Who is in …………..’s life:**

**Remembering what makes up a good life – How do the 5 valued experiences show up in your life now & how would you like it to look for the future:** (use another colour for future)

**Belonging**





**Choosing**

**Being**

**Respected**

**Contributing**

**Sharing**

**Ordinary Places**

****

**What others like and admire about ………..**

**……’s Gifts and Strengths**

**Vision & Values Statement**

**……..’s Vision for the future:**

**What’s important to ……….**

See attached for life areas to think about to prompt thinking.

 **What’s important to Mum & Dad….**

|  |
| --- |
| **What ….. is communicating to us:** |
| **At this time** | **…. Says / Does** | **We think it means** | **And we should** |
|  |  |  |  |

|  |
| --- |
| **What we are communicating to ……….** |
| **At this time** | **We want to let ….. know** | **We say / do** | **And Encourage / Support** |
|  |  |  |  |

|  |
| --- |
| **How …….. make decisions** |
| **How I like my information** | **How to present choice to me** | **How you can help me understand** | **When is it NOT a good time to ask** | **When is the BEST time to ask** |
|  |  |  |  |  |

|  |
| --- |
| **Important Decisions to be made** |
| **Decisions I make** | **How I must be involved** | **Who makes the final decision** |
|  |  |  |

**Characteristics of people that support …….. best:**

**Things to figure out, issue to solve…**

**What other’s need to know / do to support …………..**

See attached for life areas to think about to prompt thinking.

**Weekly Timetable**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TIME** | **Monday** | **Tuesday** | **Wednesday** | **Thurs** | **Friday** | **Saturday** | **Sunday** |
| **Early morning** |  |  |  |  |  |  |  |
| **Morning** |  |  |  |  |  |  |  |
| **Early afternoon** |  |  |  |  |  |  |  |
| **Late Afternoon** |  |  |  |  |  |  |  |
| **Evening** |  |  |  |  |  |  |  |
| **Overnight** |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Paid Supports** |  | **Unpaid supports** |  |

**What’s Working / What’s not working:**

|  |  |  |
| --- | --- | --- |
|  | **What’s working, makes sense, the up side right now?** | **What’s not working, doesn’t make sense, the down side right now?** |
| (Person’s) ……… Perspective |  |  |
| Families Perspective |  |  |
| Other’s perspective |  |  |

**Short Term Action Plan:**

|  |  |  |
| --- | --- | --- |
| **What needs to be done?** | **By Who** | **When** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Person’s Budget**

|  |
| --- |
|  |
| **Staff costs:** * Personal Assistant
* Living Skills Assistant
* Mentor
* Community Linker
* Support Worker

**Occasional staff costs:** | **Weekday 9am-6pm $ + 9.5% super = $ p.h.** **Weekday 6pm-12pm $ + 9.5% super = $ p.h.** **Saturday all day $ + 9.5% super = $ p.h.** **Sunday all day $ + 9.5% super = $ p.h.****Mileage: 78c per km with an average of ?km per week** **Evening monthly – 1pm – 10pm $ $ + 9.5% super = $ p.h.**  | **$****$****$****$**  |
| **Activity expenses** | **$ per week x 48** | **$** |
| **Therapies** | **$ per week x 48** | **$** |
| **One off purchases** |  | **$** |
| **Package management** * Plan Management
* Coordination of Support
* Additional training
* Insurance
* Work Cover
* Financial Intermediary Set up
* Financial Intermediary Monthly Processing
 | **On going** | **$** |
|  | **Sub-Total** | **$** |
|  |  **Total** | **$** |

**Goal Setting:**

Refer to the Life Areas to think about in the workbook – you may have as many goals within each life area as needed to achieve what is important to the person for the future.

|  |
| --- |
| **Goal:** Describe the actual goal |
|  |
| **How:** Short description of how you will achieve the goal |
|  |
| **Measure:** How will you know you have been successful in achieving the goal |
|  |
| **Strategies:** What steps will you take to achieve the goal |
|  |