

# Supporting **my** life choices

A Preparation Guide for my Plan



 **ParaQuad**  
Paraplegic & Quadriplegic Association of NSW  
Supporting people in our community

This Guide was created by ParaQuad NSW  
[www.ParaQuad.org.au](http://www.ParaQuad.org.au)

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NDIS Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

ParaQuad NSW Representative/Contact \_\_\_\_\_

# A National Disability Insurance Scheme (NDIS) Preparation Guide

## **Purpose:**

The purpose of this preparation guide is to help you to get your thoughts, ideas, goals and aspirations out onto paper ready for your NDIS planning meeting. When you meet with your planner, you are the expert in yourself, your disability and your goals. Going through this form is to help you structure what you know and what you need. Being prepared can help you to access a wide variety of supports, and this form is just a starting point. You might also like to talk with your family members and other people that provide informal supports. Talking to your formal supports, such as your carers and health professionals is another way you can clarify your thoughts.

## **Understanding the NDIS:**

For an overview of the NDIS, including your eligibility and the NDIS planning and approvals process, go to [www.ndis.gov.au](http://www.ndis.gov.au), or ask a ParaQuad NSW representative for more information. Your NDIS plan will be individualised for your needs and funds will be provided for supports that are considered 'reasonable & necessary'. It will include who supports you, what equipment you need, the environments you are in and services you access. As the NDIS rolls out, it will replace other schemes you may currently access, such as Community Support Packages (CSP), EnableNSW, CAPS, Mobility Allowance, and Community Health Services. Other community services (such as ParaQuad NSW) that provide therapy or clinical supports to people with disabilities will no longer directly receive government funding, but you will request funds through the NDIS to purchase those services. ParaQuad NSW will then charge you for the services accessed through your NDIS plan package of support.

## **What Does ParaQuad NSW Provide?**

ParaQuad NSW will support you as you prepare for your NDIS plan. Once you have your NDIS plan approved, we can assist you by providing services including nursing, occupational therapy, support and personal care. We can also help you find the right equipment, purchase things such as continence supplies or locate other types of services or information. If you are not sure, please make an enquiry by calling 1300 662 822.

## **The Form:**

The form will run through your home, your life, your environments and your supports, as follows:









## How to use the form:

Each section will have a simple prompt. As you go through the prompts in the form:

1. Tick 'Working Well', or 'Room for Improvement' (or both!).
2. Note down in the boxes a word or two to remind you of any services you currently access or new things you want to remember for your plan.
3. In the 'Last Review' column note approximately how long ago something was reviewed. Even if something is working well, if it hasn't been addressed for a long time, it might be worth discussing it as part of your plan.
4. Then if you identify that there is a new goal or a service you need to continue, tick the "Plan?" column. This will help you find the relevant sections later when you come back to your notes.
5. If in doubt, ask for funds for an assessment to help you determine what you need. This could include having an occupational therapist, a nurse, a physiotherapist or a social worker to help you assess your needs and explore what your options could be.

Below is an example of how to fill in the form.

	<b>Working well?</b> (eg care hours, equipment, services)	<b>Room for improvement?</b> (eg new equipment, more supplies, increase in personal care hours, a new service, or a specialised assessment such as Occupational Therapy, Speech Pathology, Orthotics, Physio or Clinical Nurse Consultant)	<b>Last review?</b>	<b>Plan?</b>
<b>My bedroom</b>			1 yr	
<b>Bathing/ showering</b>	2 Care hours	Commode chair has cracks	5 yrs	
<b>Pain</b>		Shoulder pain stopping me pushing chair out of the house	10 yrs	
<b>My transfers/ hoisting</b>	Carers & hoist		1 yr	
<b>Continence/ toileting – Bladder</b>	Intermittent catheterisation	Getting more dysreflexia, need a continence nursing review. Need more catheters per day (6)	10 yrs	



# MY HOME


I live in....my own family home/family member's home/Dept Housing/private rental/supported accommodation type

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I live with....

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As you go through this section, imagine yourself walking through your home and think about the way you use those spaces and the activities you do in them, or things you can't do because of the way things are set up.

	<b>Working well?</b> (eg care hours, equipment, services)	<b>Room for improvement?</b> (eg new equipment, a new service, more supplies, more assistance, therapy or a specialised assessment)	<b>Last review?</b>	<b>Plan?</b>
<b>My bedroom</b>				
<b>My bathroom</b>				
<b>My living spaces</b>				
<b>Access to outside</b>				

	<b>Working well?</b> (eg care hours, equipment, services)	<b>Room for improvement?</b> (eg new equipment, a new service, more supplies, more assistance, therapy or a specialised assessment)	<b>Last review?</b>	<b>Plan?</b>
<b>My kitchen</b>				
<b>Being able to move through doorways, rooms, halls, etc.</b>				
<b>Laundry</b>				
<b>Telephone</b>				
<b>Electronics &amp; Computers</b>				
<b>Heating &amp; Cooling</b>				
<b>Lighting &amp; Powerpoints</b>				

	<b>Working well?</b> (eg care hours, equipment, services)	<b>Room for improvement?</b> (eg new equipment, a new service, more supplies, more assistance, therapy or a specialised assessment)	<b>Last review?</b>	<b>Plan?</b>
<b>Household chores</b> (eg daily or weekly)				
<b>Major cleaning</b> (eg washing windows)				
<b>Home maintenance &amp; repairs</b>				
<b>My garden</b>				
<b>Having my own space</b>				
<b>Storage</b>				
<b>Emergency Planning</b>				
<b>Other</b>				




# MY SELF

My disability is \_\_\_\_\_

Other important conditions \_\_\_\_\_


As you go through this section, think about the things, people or services that help you to manage, and the things that stop you from being able to participate in your life.

## MY SELF CARE


	<b>Working well?</b> (eg care hours, equipment, services)	<b>Room for improvement?</b> (eg new equipment, a new service, more supplies, more assistance, therapy or a specialised assessment)	<b>Last review?</b>	<b>Plan?</b>
<b>Communication</b>				
<b>Eating &amp; drinking</b>				
<b>Managing medications</b>				
<b>Bathing/ showering</b>				




# MY SELF CARE

	<b>Working well?</b> (eg care hours, equipment, services)	<b>Room for improvement?</b> (eg new equipment, a new service, more supplies, more assistance, therapy or a specialised assessment)	<b>Last review?</b>	<b>Plan?</b>
<b>Getting dressed</b>				
<b>Skin care routine</b>				
<b>Continence/ toileting – Bladder</b>				
<b>Continence / toileting - Bowels</b>				
<b>Menstruation management</b>				
<b>Continence out &amp; about</b>				
<b>Equipment &amp; supplies</b>				


# MY SELF CARE

	<b>Working well?</b> (eg care hours, equipment, services)	<b>Room for improvement?</b> (eg new equipment, a new service, more supplies, more assistance, therapy or a specialised assessment)	<b>Last review?</b>	<b>Plan?</b>
<b>Personal grooming (eg hair, teeth, shaving, nails etc)</b>				
<b>Care package &amp; other services (eg catheter change)</b>				
<b>Other</b>				

# MY HEALTH AND WELLBEING NEEDS

	<b>Working well?</b> (eg care hours, equipment, services)	<b>Room for improvement?</b> (eg new equipment, a new service, more supplies, more assistance, therapy or a specialised assessment)	<b>Last review?</b>	<b>Plan?</b>
<b>Exercise and fitness</b>				
<b>Managing muscles and joints</b>				
<b>Nutrition and diet</b>				
<b>Sleep</b>				
<b>Positioning and posture</b>				
<b>Fatigue/ concentration</b>				
<b>Pain</b>				

# MY HEALTH AND WELLBEING NEEDS

	<b>Working well?</b> (eg care hours, equipment, services)	<b>Room for improvement?</b> (eg new equipment, a new service, more supplies, more assistance, therapy or a specialised assessment)	<b>Last review?</b>	<b>Plan?</b>
<b>Breathing &amp; coughing</b>				
<b>Understanding &amp; managing my disability &amp; related health complications</b>				
<b>My sense that I can achieve things</b>				
<b>My feelings about my disability &amp; self-image</b>				
<b>Spirituality</b>				
<b>Other</b>				

# MY MOBILITY


	<b>Working well?</b> (eg care hours, equipment, services)	<b>Room for improvement?</b> (eg new equipment, a new service, more supplies, more assistance, therapy or a specialised assessment)	<b>Last review?</b>	<b>Plan?</b>
<b>Around home</b>				
<b>Out and about</b>				
<b>My equipment</b>				
<b>My transfers/ hoisting</b>				
<b>In bed</b>				
<b>Equipment maintenance</b>				
<b>Other</b>				




# MY PARTICIPATION

This section is about how you participate in your life. Think about how you get out and about in your community and beyond.


## MY EVERYDAY TRANSPORT

	<b>Working well?</b> (eg care hours, equipment, services)	<b>Room for improvement?</b> (eg new equipment, a new service, more supplies, more assistance, therapy or a specialised assessment)	<b>Last review?</b>	<b>Plan?</b>
<b>Car (passenger or driver)</b>				
<b>Public transport</b>				
<b>Taxi</b>				
<b>Other</b>				

# MY COMMUNITY


	<b>Working well?</b> (eg care hours, equipment, services)	<b>Room for improvement?</b> (eg new equipment, a new service, more supplies, more assistance, therapy or a specialised assessment)	<b>Last review?</b>	<b>Plan?</b>
<b>My street &amp; neighbourhood</b>				
<b>Shopping</b>				
<b>Community services</b>				
<b>Spiritual and cultural places</b>				
<b>Other</b>				

# MY FINANCES, EDUCATION & VOCATION

	<b>Working well?</b> (eg care hours, equipment, services)	<b>Room for improvement?</b> (eg new equipment, a new service, more supplies, more assistance, therapy or a specialised assessment)	<b>Last review?</b>	<b>Plan?</b>
<b>Managing finances</b>				
<b>Career and further study planning</b>				
<b>Education and scholarships</b>				
<b>Work</b>				
<b>Volunteer</b>				
<b>Other</b>				




# MY LEISURE

	<b>Working well?</b> (eg care hours, equipment, services)	<b>Room for improvement?</b> (eg new equipment, a new service, more supplies, more assistance, therapy or a specialised assessment)	<b>Last review?</b>	<b>Plan?</b>
<b>Sports</b>				
<b>Going out (movies, eating out, galleries, museums, fairs, shows, exhibitions, etc.)</b>				
<b>Hobbies and interests</b>				
<b>Community groups</b>				
<b>Holidays</b>				
<b>Other</b>				



# MY RELATIONSHIPS

This sections is for you to identify things that can support you, your family & your relationships.

	<b>Working well?</b> (eg care hours, equipment, services)	<b>Room for improvement?</b> (eg new equipment, a new service, more supplies, more assistance, therapy or a specialised assessment)	<b>Last review?</b>	<b>Plan?</b>
<b>My family &amp; friends (Roles &amp; responsibilities)</b>				
<b>My informal support network (People who help)</b>				
<b>Intimacy, sexuality &amp; fertility</b>				
<b>Pets</b>				
<b>Replacement of Gratuitous Care (Respite)</b>				
<b>Other</b>				

# MY NOTES

A series of 20 horizontal lines for writing notes, each line is light blue with a white border.



## MY GOALS

The NDIS has a person-centred focus and your planning facilitator may ask you to describe your goals.

A goal is a way of describing something you want to achieve in life and the steps you need to take to make it happen.

Your NDIS plan will be based on your goals - you can include as many as you like, but keep in mind how much may be achievable in one year (the length of your first plan).

### Here is an example of how a need can be written as a goal:

I want to be able to...	I need these things to make it happen...	I am going to (list steps)...	Who else needs to do something?	I will know I have been successful if?
Get ready in the morning safely and in time to get to work by 9am	<p>Carer for 2 hours from 5:30am to help with showering, continence, grooming, dressing and breakfast</p> <p>New commode chair</p> <p>Taxi at 8am</p>	<p>Ask the NDIS for funds</p> <p>Ask for help to organise care</p> <p>Ask for clinical supports</p> <p>Tell my employer I will now be able to start by 9am</p> <p>Book an 8am taxi service</p>	<p>Care agency needs to change time to earlier (was previously at 7am)</p> <p>OT Assessment for new commode</p> <p>Nursing continence review</p>	I can get in a taxi by 8am to get to work by 9am

# MY GOALS

I want to be able to...	I need these things to make it happen...	I am going to (list steps)...	Who else needs to do something?	I will know I have been successful if?

# MY GOALS

I want to be able to...	I need these things to make it happen...	I am going to (list steps)...	Who else needs to do something?	I will know I have been successful if?

# MY CONTACTS

My Services	Name/Organisation	Contact Details
My GP		
My Care Provider		
My OT		
My Nurse		
My Physiotherapist		
My Social Worker		
My Peer Support		
My product supplier		
My equipment supplier		

# Contact Us



Peer Support/  
NDIS Information Line

1 300 66 28 22



Healthcare Products  
and Equipment

1 300 88 66 01



Clinical Services  
Referral Line

(02) 8741 5689



Personal Care Services

(02) 8741 5626



Accommodation

(02) 9646 3711

## Head Office

6 Holker Street,  
Newington NSW 2127  
(02) 8741 5600

## BrightSky Australia Brisbane Office

4 Parkview Dr  
Archerfield QLD 4108  
(07) 3276 1850

## Northern Region Office

27 Veronica St  
Cardiff NSW 2285  
(02) 4969 6388

## BrightSky Australia Darwin Office

23 / 16 Charlton Court  
Woolner NT 0820  
(08) 8914 8940



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**Contact ParaQuad NSW on 1 300 662 822 for assistance with NDIS Preparation, or to refer for clinical assessments, equipment prescriptions, therapy, care packages, healthcare products, or other supports.**

Disclaimer: Information in this guide is to assist you to think through your needs for your NDIS Planning meeting. The information you record within this guide does not serve as a guarantee of NDIS approved funds or support.

Completing this form does not guarantee that every potential need or service will be identified.

This document is a working document and is not an NDIS plan.