NDIS LWB 5113 Short Term Accommodation – Support Assessment Tool

Instructions

Complete this Tool for use in developing the final Short Term Accommodation (STA) quote based on the person's support needs and required staff ratio.

If the person requires support in any of the following areas, refer to the risk management strategies as outlined in the NDIS LWB 5001 Client Profile and acquire the relevant supporting documentation/plans to support the person safely.

Area of Support	Support Required Score	Additional information
1. Eating and Drinking	Choose an item.	
2. Medication Administration	Choose an item.	
3. Behaviour Support	Choose an item.	
4. Mobility	Choose an item.	
5. Communication Skills (If the person requires support, request copy of their communication profile or similar)	Choose an item.	
6. Self-care / Personal-care (dressing, toileting, bathing etc.) (If person requires support, request a copy of their personal care plan, continence plan, manual handling plan or similar)	Choose an item.	
7. High Intensity Daily Personal Activities (HIDPA)	Choose an item.	
8. Cognitive and Perceptual (reading, writing, orientation to time, place and person etc.)	Choose an item.	

9. Night Support		
Person requires turning during the night? ☐ No ☐ Yes **Wanders at night** ☐ No ☐ Yes **Incontinent at night** ☐ No ☐ Yes	Choose an item.	
TOTAL SCORE		

Complexity Level	Support Required Score	Suggested staff ratio range (STAA only)
Standard	**0 to 17**	**1:3 or 1:4 or 1:5**
Complex	**18 to 36**	**1:1 or 1:2**

Possible Support Variations - Provide recommendation on level of support and staff ratio for STAA quote:

Staff Member	Name	Signature	Date
Person Completing Form			
Approving Manager			

Save completed form to CIRTS - Plans & Assessments > Assessments >Add New> Service Type – Respite >Assessment Name – STA Support Assessment Tool. SURNAME, First Name. YYYY.MM.DD