LIFE WITHOUT BARRIERS

NDIS LWB 5101 Lifestyle Support – Individual Support Plan

My Details

Name:		**CIRTS ID:**	
Date of ISP:		**ISP Review Date:**	

My Goals: These are the most important things I would like to achieve this year

Note: The goals must link to the NDIS Support Items listed in the person's LWB Service Agreement.

My Goals – What I want to achieve / do	
Goal Enter #	
Goal Enter #	
Goal Enter #	

Goal Breakdown and Action Plan:

Break down the goal into tasks starting with the first task, listing all tasks to be completed until the goal is achieved – refer to the NDIS LWB 5002 Lifestyle Support and Shared and Supported Living Individual Support Plan Procedure for assistance with this. The number of tasks required will depend on the goal.

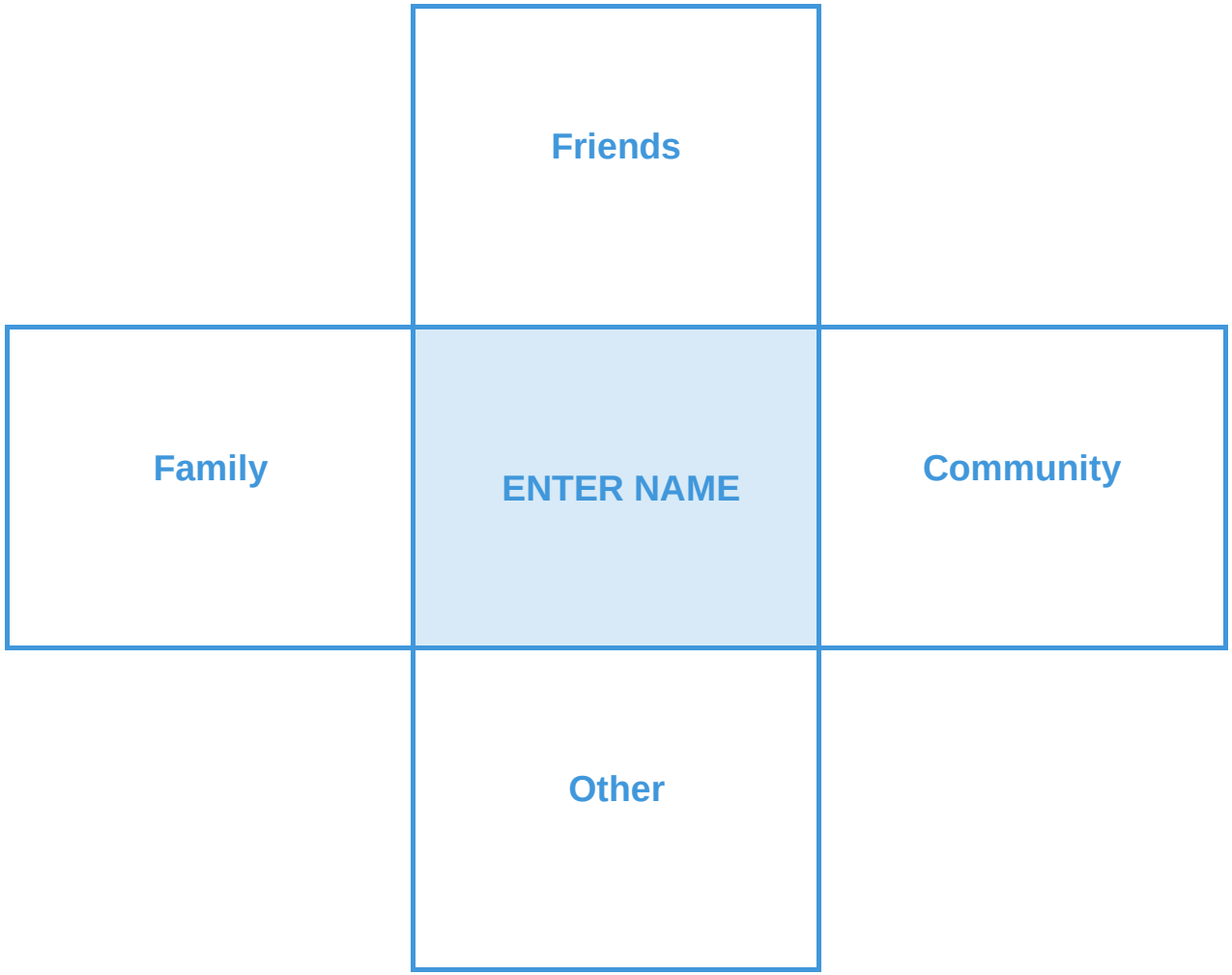
Use the tab key to move between sections in the below tables.

Enter number and name of goal.		Who: (person we support/ staff)	By when: (Date)	Completed: (Date)
Tasks to do: (Number and describe each task to be completed)				

Enter number and name of goal.		Who: (person we support/ staff)	By when: (Date)	Completed: (Date)
Tasks to do: (Number and describe each task to be completed)				

Enter number and name of goal.		Who: (person we support/ staff)	By when: (Date)	Completed: (Date)
Tasks to do: (Number and describe each task to be completed)				

My Support Network



People who can help me make everyday decisions

Example: *What to wear, who to see, where to go*

Type of decision	If I need it, who will help me with these decisions?	How will they be involved and what would it look like?	How must I be involved?	Who will make the final decision?

People who can help me make personal & sensitive decisions

Example: *Personal relationships, intimacy, sexuality and personal care*

Type of decision	If I need it, who will help me with these decisions?	How will they be involved and what would it look like?	How must I be involved?	Who will make the final decision?

People who can help me make decisions where formal consent is required

Example: Lifestyle – Services & Accommodation, Finances – Budgeting & Spending, Medical & Dental – Minor and Major treatments

Type of decision	Person Responsible / Guardianship Tribunal / Family / Guardian / Financial Manager	How will they be involved and what would it look like?	How must I be involved?	Who will make the final decision?

Characteristics and attributes of people who support me best

Include gender, age group, areas of interest etc.

Essential	Desirable

My History - My Story

Please list any information that you believe is important for people to know about you… include where you are from, achievements, special events etc. Tell us about how your journey to now and any extra support you have needed over the years.

What people like and admire about me

What makes me unique? What am I great at? What am I proud of that I would like others to know?

My Dreams/Aspirations for the future

What things do I want to do or learn about - what skills do I want to develop?

How I want to direct my life

What is important to me? How do I like to express myself? How do I want to achieve my goals and dreams? What do I want support with?

Key People

This Plan reflects the names of the key people involved in developing it. The LWB Key Worker has responsibility for recording the names of those stakeholders below, and where possible obtains their signatures.

Stakeholders in this Plan			
Name	**Relationship to Person**	**Signature**	**Date**
	Person using LWB services*		
	Guardian / Authorised Decision Maker		
	LWB Supervisor or Manager		
	NDIS Support Coordinator		
	Disability Support Worker		
	Disability Support Worker		
	Disability Support Worker		
	Other		

Upload to CIRTS as follows: Plans & Assessments>Plans Tab> Add New Plan>Select from dropdown: ISP- Lifestyle Support, Add New Attachment> SURNAME, First Name. YYYY.MM.DD

Note: Any previous ISP documentation is required to be finalised prior to new ISP documents being uploaded to CIRTS.

How I Went – Review

The LS ISP must be reviewed at least annually, regardless of the NDIS Plan Review periods minimum, and 8 weeks prior to the Service Agreement end date. A review is also required when any of the following circumstances occur:

- the person has become disengaged with the goal
- the person has achieved the goal
- the person has expressed choice and control
- the level of risk involved requires regular review
- the goal includes tight timeframes
- feedback requiring change has been received
- the person has cancelled related LWB supports
- the person has made a complaint

Goal	Reason for Review	Achieved	Continue Goal	What Worked Evidence and Outcomes to achieving the goal (e.g. capacity building)	What didn't Work Barriers / Impacts to achieving goal (if not achieved)
Enter #	Enter text.	Y ☐ N ☐	Y ☐ N ☐		
Enter #	Enter text.	Y ☐ N ☐	Y ☐ N ☐		
Enter #	Enter text.	Y ☐ N ☐	Y ☐ N ☐		

Upload to CIRTS as follows: Plans & Assessments > Plans > Select ISP-Lifestyle Support from list of saved plans > Add New Review > Complete details of review > Add New Attachment > SURNAME First Name. YYYY.MM.DD

Note: Any previous ISP documentation is required to be finalised prior to new ISP documents being uploaded to CIRTS.