

NDIS (National Disability Insurance Scheme)

Pre-Planning Booklet

Full Name:

Phone Number:

Email Address:

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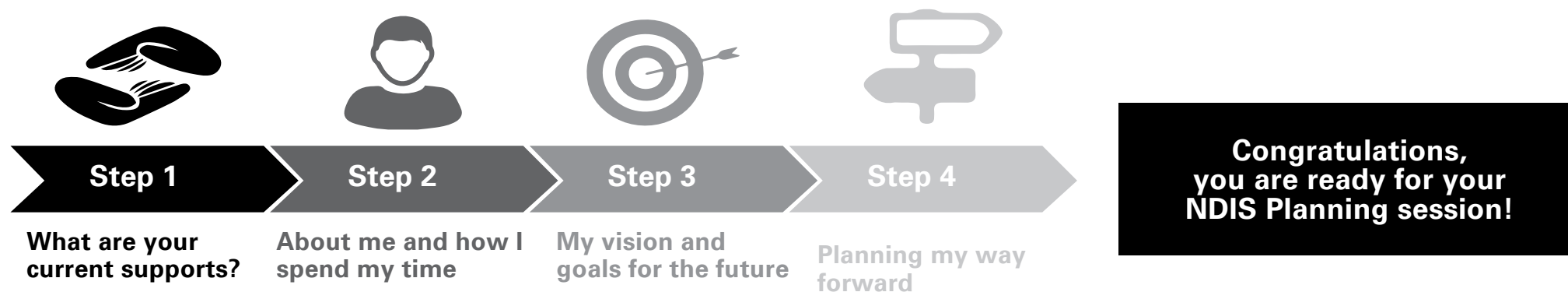
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What is this booklet for?

This booklet has been designed to get you thinking about how you'd like to live your life and your long term goals and aspirations. These are all important things which you'll get asked about at your first NDIS planning meeting with the National Disability Insurance Agency (NDIA), the government body that administers the NDIS.

Giving some thought to your needs and goals ahead of time will ensure you get the most out of the NDIS and that your program is tailored to suit you and your individual life goals.

You can start by filling in this Pre-Planning booklet which helps you to think about:



If you need some assistance, just ask a UnitedCare Queensland team member to go through the questions with you.

Alternatively, you may find it useful to attend one of our information sessions or pre-planning workshops. Contact your local UnitedCare Queensland office to find out when and where these sessions are being held.

Not planning to use UnitedCare Queensland as your supports coordinator but want to continue using us for the supports you already have? Just complete the list of current services on page 6. You may wish to prepare by reviewing the questions on page 36 which may get asked during your NDIA planning meeting.

Remember, you can always ask us for help or attend one of our pre-planning workshops, even if we're not your chosen Support Coordinator. We are here to help.

Step 1

What supports and services do you currently receive?



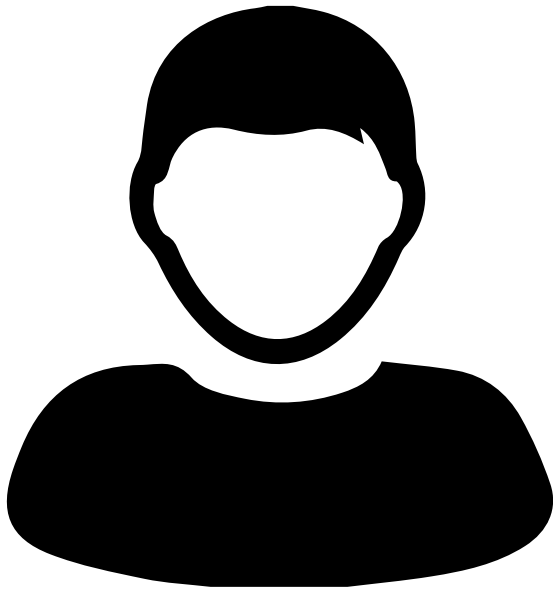
Services offered by Uniting Care Queensland	Tick all those you receive	Times Per Week	Hours per visit
Specialist Disability Services			
Goal setting and planning			
Support coordination and case management			
Supported living (which includes building competency and capacity) e.g. household support, community support, relationship support			
Employment, career and small business services			
Holiday and recreational services			
Centre based group activities – <ul style="list-style-type: none"> • Structured group activities in a centre based setting • Group excursions • Transport to and from centre 			
Community, social and recreational activities <ul style="list-style-type: none"> • Provision of support to enable a participant to independently engage in activities of their choice 			
Out and about in the Community - <ul style="list-style-type: none"> • Assist with shopping, access local services e.g. doctor, dentist • Attend local clubs or interest groups • Transport services 			
Family support and early intervention			
In home support			
Therapeutic Services			
Behavioural therapy			
Counselling			
Dietitians or dietetics and nutrition			
Exercise physiology			
Music therapy			
Occupational therapy			
Physiotherapy			
Podiatry			
Psychology			

Services offered by Uniting Care Queensland	Tick all those you receive	Times Per Week	Hours per visit
Social work			
Speech therapy			
Other related services			
Home and community support			
Diversional therapy			
Home care packages			
Home maintenance / modifications: <ul style="list-style-type: none"> • Minor renovations – hand and shower rails; installation of emergency alarms • Major renovations – stair lifts, complex bathroom modifications 			
Housework			
Meals			
Transport			
Nursing Care			
Chronic disease management			
Continence management / care			
Dementia management / care			
Diabetes management			
Medication management			
Nursing care - general			
Nursing care - post acute			
Palliative care			
Wound care management			
Pastoral care			
Spiritual and pastoral care			
Personal Care			
Medication monitoring			
Personal hygiene and grooming			

Respite Care			
Respite - in our aged care residences			
Respite - in our centres			
Respite - in your home			
Social Support			
Carers support			
Men's group			
Social activities - individual and group			
Other Services			
Education programs			
Multicultural services			
Aged Care Homes			
Residential aged care			
Residential dementia care / memory support			
Residential respite care			
Other			

Step 2

**About me and how
I spend my time**



Tips on how to approach this section

In this section you will review your current situation, which is an important step before you decide on your goals for the future.

Prior to filling in this section of the booklet, try the following exercise:

- First, mentally walk yourself through your typical week or month. Think about all of the different things you do during that time - they might be activities, outings, jobs or catch-ups - and note them all down.
- Highlight which activities are essential or particularly important and make a special note explaining why. This will remind you to make sure these activities feature prominently when it comes to setting your goals.

My primary disability is:

My secondary disability is:

Who's important in my life

Name	Relationship type (Family, Carer, Friend, Spouse, Partner)	How this person supports me

Who's important in my life

Name	Relationship type (Family, Carer, Friend, Spouse, Partner)	How this person supports me

Things I do every day

	What I do	What I do myself	What support I need and who does that
Morning	E.g. Get up, get dressed, eat breakfast, take my meds, have my physio session.	E.g. I wake and dress myself. I can feed myself.	E.g. My Carer helps with breakfast, gives me meds and performs physio.
Afternoon			
Evening			

Things I do sometimes

Don't forget to include things you do regularly, but not every day, like work and hobbies.

Activity	How often? (e.g. twice a month, twice a year, whenever I can)	What support do I need and who does that
E.g. Swimming	E.g. Every week in summer	E.g. Mum takes me

Things I do really well and would like to do more

Activity	How often I do this (e.g. once a month, never but I'd like to try)	What support I need	Who can support me with this
E.g. Bushwalking	I've done this once but I'd like to this monthly	Someone to drive me there and help me with stability	My friend or a support worker

Who supports me in my activities throughout the week

Daily activities	Who supports me to do this (e.g. my mum, my friend)	What do they do
Home (do you live at home or share accommodation with another person?)		
Respite (overnight care)		
Managing my home cleaning and shopping and cooking my meals		
Daily living		
Health and wellbeing		
Learning		
Social and community activities		

Who supports me in my activities throughout the week

Daily activities	Who supports me to do this (e.g. my mum, my friend)	What do they do
Work		
Transport		
Behaviour support		
Managing my money		
Other		
Other		
Other		

What's important when it comes to my health and wellbeing

E.g. Maintaining a healthy weight, being able to get around by myself

What is going well

E.g. I'm getting regular exercise

My current health concerns and challenges

Health Challenge	How are you currently managing this	Does this need review Yes/No
E.g. I have high blood pressure	E.g. Medication, eating right	E.g. No

My current equipment, aid or modification support

Make a note of the equipment, aids and modifications you currently use (e.g. continence aids, wheelchair, walker, hoist, alarms, communication devices such as Braille machine, iPad, programs such as Proloquo2Go).

Equipment, aid or modification support	What's it for?	When do I use it?	How often do I use it?

Additional equipment, aid or modification support that I need

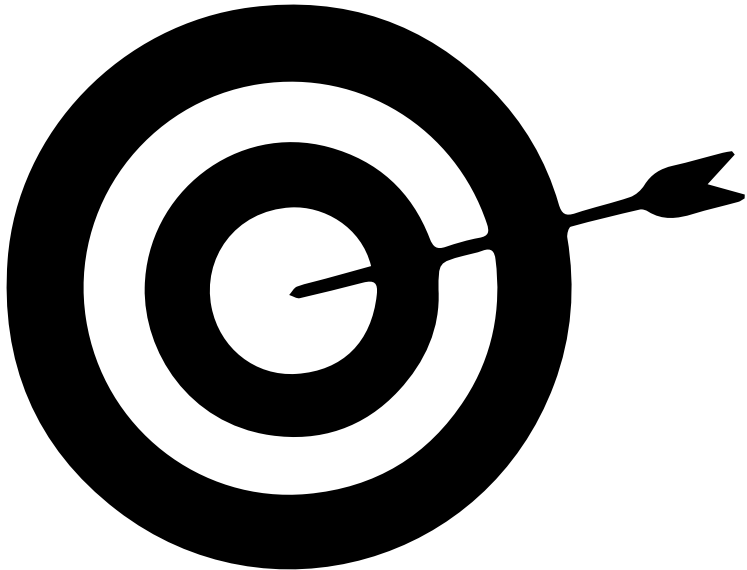
Think about additional equipment, aid or modifications that might improve your situation and write them down.

Equipment, aid or modification support	What's it for?	When do I use it?	How often do I use it?

Step 3

My vision and goals for the future

This section will help you map out your goals for the future and identify any obstacles that are standing in your way.



This section will help you map out your goals for the future and identify any obstacles that are standing in your way.

Tips on how to approach this section

Before you begin filling out this section, take some time to imagine what your life would be like if anything was possible. Where would you go and what would you do? How would you spend your time and with whom?

Once you've noted this down, take some more time to think about the opposite scenario. What things do you want to avoid in your life? What makes you unhappy? What's stopping you from doing what you want to do?

This exercise will help you identify goals that move your life in the right direction.

To get you started, think about:

1. What are your big goals? Ones that up until now, you've only dreamed about?
2. What could be the steps to achieve your goals? These will be your milestones to know you are on the way.
3. What support do you need to achieve your goals?

Tips on goal-making

- Try and think big picture, it's ok to have 'big goals in life' goals. Dare to dream.
- Don't worry about providing detailed, hour-by-hour goals. Instead, list your 'ultimate goals' then work backwards and establish what you'll need to do if you want to achieve those big ticket items.
- Do one section at a time. Start off by providing one goal for each area of your life and completing the questions which relate to it. You can always go back and add more goals for a particular area if you have several things you want to achieve. If there are sections which aren't relevant to you, that's fine - just skip over them.
- Try and provide as much detail and evidence as possible as your NDIA planner will want to see this. Go back and add notes as things come up and emphasise your priorities clearly.
- Leave time between each goal to think and reflect. Once you've finished, give it some time and then go back to what you've written with a fresh pair of eyes.
- Remember, you don't have to complete this section by yourself. It can often help to talk to people who know you and get them involved in the process.



My living situation goals

Do you like where you live at the moment?	Yes	No
What would you change if you could?		
Where do you want to live?		
Why is doing this important to you?		
What help do you need?		
Who could help you with this?		



My independence goals

What does Independence mean to you?

What do you need to be more independent?	Tick any that apply
I'd like to be self managing in my home	
I'd like to choose where I live	
I want to be able to travel independently	
I want to manage my own money	

I'd like to choose my own support people	
I want to make my own plans	
I want to choose my friends and who I spend time with	
I want to choose the activities I do	
Other:	



Support I need to achieve my independence goals

Tick any that apply

Support	
Health/ mental health support	
Transport	
Communication	
Ability to initiate social gatherings and conversations	
General tasks	
Financial management	
Independence in handling money	
Skills timekeeping and maintaining personal routine	
Communication	
Maintain and enhance communication	
Aids and communication devices	
Mobility	
Training to travel independently	
Use public transport independently	
Strategies for skill development	
Personal care	
Develop and maintain independent living skills	
Independence in personal hygiene	
Transferring/ weight bearing support	
Other supports that may help me achieve my independence goals	



My health and wellbeing goals

Do you need support with your health care?	Yes	No
Why is doing this important to you?		
How can you improve your health, fitness and wellbeing?		
What support do you need?		



Support I need to achieve health and wellbeing goals

Tick any that apply

Support	
Health/ mental health support	
Transport	
Communication	
Health Care	
Access to therapies for disability related health conditions	
Support with medical requirements and appointments	
Support with taking medications	
Aids for communication	
Strategies for skill development	
Mental health support	
Healthy living	
Make healthy food choices	

Education about food and cooking	
Support with diet requirements	
Exercise, relaxation and meditation	
Other supports that may assist with my health and wellbeing goals	



My social and relationship goals

My CURRENT relationships		My FUTURE relationships	
Who are the friends you spend time with?		Would you like to make new friends?	
What do you do?		What things could you do with new friends?	
How often do you get together?		Where could you go to meet new people?	
What would make this better?		How often would you like to get together?	



Support I need to achieve my social and relationship goals

Tick any that apply

Support	
Health/ mental health support	
Transport	
Communication/ ability to initiate social gatherings and conversations.	
Is there anything else I need to achieve or maintain this goal?	
Places to make friendships	
Where can I go to make friends or maintain my current friendships?	
How do I develop and maintain friendships?	
What things do I need to learn to maintain friendships? (i.e. Using a phone? Texting?)	
Develop a network of support and friends	
Emotional wellbeing	
Support a healthy expression of emotions (counselling)	
Develop confidence and self-esteem.	
I need support with my behaviours	
I need support or access to support me with education on sexuality	
Intimate relationships	
Intimate relationships e.g. counselling, relationship appropriateness, mentoring	
Sexual expression or intimacy support	
Support with current 'significant other' or partner relationships	
Other supports that may assist me in my social participation	



My social and community goals

Do you already participate socially and in the community?	Yes	No
	Please tell us more:	

Would you like to do anything else socially or in the community?	<p style="text-align: center;">Yes No</p> <p>Please tell us more:</p>
Why is doing this important to you?	



Support I need to achieve my social and community goals

Tick any that apply

Health/ mental health support	
Transport	
Communication	
Behaviour support	
Develop confidence and self-esteem	
Places to participate	
Develop and maintain friendships	
Develop a meaningful role within community	
Explore religion and spirituality	
Active citizenship (e.g. animal rights groups, political groups)	
The supports I need to start a new activity/ community involvement are:	



My education goals

Do you already attend school, TAFE or a course?	Yes	No	
	If yes, which one?		
What is good about this?			
Do you have someone to support you?	Yes	No	
	Who?		
How do they support you?			
What could be better about this?			
Would you like to learn something new?	Yes	No	
What would you like to learn?			
What things make this hard for you to do now?			
What support could there be to help you?			



Support I need to achieve my education goals

Tick any that apply

Support	
Health/ mental health support	
Transport	
Communication	
Literacy & Numeracy	
Able to identify the skills to be developed	
Ability to develop and maintain the right level of literacy and numeracy	
Ability to develop and maintain digital literacy (technology)	

Vocational preparation

Education to enhance work readiness skills

Develop confidence and self esteem

Implement strategies for skill development

Personal development

Develop confidence and self esteem

Develop friendships and relationships

Maintain social relationships

Other supports I need to achieve my education goals



Employment goals

Do you already have a job that you like?	Yes	No
	Tell us more about your job:	

What is good about your job?		What do you do really well?	
How often do you work?		What kind of job could you do this in?	
What is not so good about your job?		How often can you work?	
What would you like to be different?			
What I do really well is...			



Support needed to achieve my employment goals

Tick any that apply

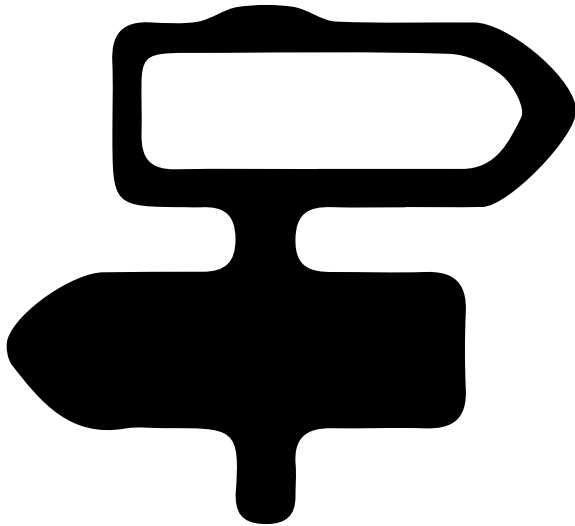
I have difficulty in talking, or people understanding me	
I need a Doctor to give me an OK to work	
I will need someone at work to support me	
I need help in understanding instructions from people in a work setting	
I need support in getting to work	
I need help to know what to wear and how to act at work	
I need help in finding a job	

Please outline the supports you need to help achieve your employment goals:

Step 4

Planning my way forward

This section brings together needs, goals and dreams together into a single plan to help make them a reality.



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How I want my week to look

Before you start to complete the next section, please revisit your answers in Steps 1, 2 and 3.

Be sure you capture all of your thoughts as you start planning your way forward

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

My goals and priorities: next 12 months

	Dream or goal	Score
The choices and control I'd like to have on things affecting my life		
Where I want to live and what I do		
Maintaining and growing relationships		
Health and wellbeing		
How I'd like to be part of my community		
Lifelong learning and the skills I'd like to learn		
The job I'd like to have		
Where I'd like to holiday		
Other		

Prioritise your goals by giving each goal a score out of 3:

3 = very important 2 = quite important 1 = less important, but I still want to achieve it

My ultimate wish list

Think about your 'big goals in life' goals, what you would do if anything was possible?

1.

2.

3.

4.

5.

Additional Notes: questions or things I want to talk about at my NDIS meeting

Congratulations!

You have now completed your pre-planning for the NDIS.

Pre-Planning is an important step in getting ready for your planning meeting with the NDIA.

Please talk to us if you have any questions about the next steps in your NDIS process.

NDIS Planning Meeting Questions

The NDIS Planning meeting questions have been included if you choose not to complete the pre-plan in this book, but you would like to think about what the NDIA may ask you in your planning meeting.

Our experience is that the NDIA planner may ask you a set of standard questions as they have a planning conversation with you.

If you have completed Steps 1 to 4 in this pre-plan book, there's no need to complete this section.

Question	Your answer
Can you stand for 30 mins?	
Can you perform household duties?	
What tasks can you do?	
Do you have problems joining in the community?	
What affects you emotionally?	
Can you concentrate?	
Can you walk?	
Can you wash yourself?	
Can you deal with difficult people?	
Has life been difficult in the past 30 days?	
How much independence as allowable?	
Times when you don't feel safe?	
Concerns about your disability?	
Who makes decisions?	
Do you need help with cleaning and support?	

Question	Your answer
Who would you like to help with support?	
Can you make choices who you want?	
Can use funding how you like?	
Would you worry about being taken advantage of?	
Who handles your finances now?	
Disability caused by? i.e. accident, born with etc	
Can't move money from area to another	
Claims must be relevant to disability if making a claim	
Informal supports providing routines	
Schooling standard?	
Are you home based?	
How much can you do at home?	
Do you earn an income and how much?	

To find out more about the NDIS and the services UnitingCare Queensland is offering, please call our friendly team on 1300 77 80 81 or look at www.unitingcareqld.com.au

