



MY NDIS PLANNING WORKBOOK

NAME:

DATE:

NDIS TRANSITION
DATE:

PEOPLE WHO HELPED ME
FILL OUT THIS BOOK:

orana
Creating Opportunities

MY NDIS PLANNING WORKBOOK

ORANA AND THE NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

Orana creates opportunities for people with disability to live and work within their local community, fulfill their dreams and become valued and productive community members.

We currently provide employment, housing, respite and life skills support to over 650 South Australians living with disability.

The National Disability Insurance Scheme (NDIS) is a new way of providing disability support in Australia.

The NDIS will provide people with disability the reasonable and necessary supports they need to live an ordinary life and achieve their goals.

Everyone's needs and goals are different.

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01

ABOUT THIS WORKBOOK



This workbook is designed to help you prepare for your NDIS planning meeting.



This workbook will talk about your life now and also how you would like your life to be in the future.



You can take this workbook with you to your NDIS planning meeting to help remind you of things you need to include in your NDIS plan.



You can ask people who are close to you to help you fill out the workbook.



AREAS OF LIFE

The NDIS will provide the reasonable and necessary supports you need to live an ordinary life. It is important that you think about all areas of your life, what is important to you and the things you may need support with.



HEALTH & WELLBEING

Do you need support to maintain your health, take medications, attend appointments, nutrition support or physical activity?



SKILL DEVELOPMENT

Do you need assistance to learn new skills for independent living? This could include learning how to cook, clean and go shopping etc.



COMMUNITY PARTICIPATION

Would you like to become more involved in your local community? Join a new sports or interest group and meet new people in your community?



MONEY MANAGEMENT & FINANCIAL PLANNING

Do you need support to do your banking or manage your daily budget?



LEARNING & EDUCATION

Do you want to learn something new and need support? This could be learning to use computers, literacy classes, or a course for employment.



RECREATION, LEISURE & HOLIDAYS

Do you need support to look for recreation or leisure options or to plan for your next holiday?



SPIRITUALITY

Do you need support to maintain your spirituality or religious needs?



RELATIONSHIPS & INFORMAL SUPPORTS

Who are the important relationships in your life? Do you need support to help maintain these relationships? Does your family need support to help maintain their relationships or informal support arrangements?



PERSONAL CARE

Do you need support to maintain your personal care or assistance with daily living, for example, help to get ready in the morning or meal assistance?



EMOTIONAL WELLBEING

Do you need support to manage your behaviour, for example with anger management, managing your feelings, or positive behaviour support planning?



WORK OR VOLUNTEERING

Do you need support with your work or volunteering? Would you like to improve your work skills or help to explore new opportunities?



LIVING ARRANGEMENTS

Do you need support to explore living arrangements such as living with others or independent living? Do you need help with finding a new home or looking after your tenancy?



TRAVEL & TRANSPORT

Do you need support to get places? Do you need someone to travel with you, to help you learn how to travel independently or help to book taxis?



ABOUT ME

Think about and write down what is most important to you, this could be things, people, activities etc.

WHAT IS IMPORTANT TO ME:

Handwriting practice area for 'WHAT IS IMPORTANT TO ME:' with a solid green header, a dashed line, and four sets of solid green top and bottom lines with a dashed middle line.

WHY IT'S IMPORTANT TO ME:

Handwriting practice area for 'WHY IT'S IMPORTANT TO ME:' with a solid green header, a dashed line, and four sets of solid green top and bottom lines with a dashed middle line.

Where I live and who I live with

I LIVE IN (TYPE OF HOME):

Handwriting practice area for 'I LIVE IN (TYPE OF HOME):' with a solid green header, a dashed line, and two sets of solid green top and bottom lines with a dashed middle line.

I LIVE WITH:

Handwriting practice area for 'I LIVE WITH:' with a solid green header, a dashed line, and two sets of solid green top and bottom lines with a dashed middle line.

ABOUT MY DISABILITY

MY DISABILITY / DISABILITIES ARE:

Think about and write down the ways that your disability affects different parts of your life.

AREAS OF LIFE:	EFFECT OF DISABILITY:	WHAT I DO TO MANAGE THIS:
Health		
Communication		
Learning		
Decision making		
Relationships with others		
Community participation		
Independent living		
Mobility		
Other		

IMPORTANT PEOPLE IN MY LIFE

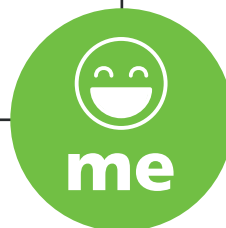
Think about and write down who the important people in your life are.

FAMILY:

PAID SUPPORTS:

EDUCATION, WORK, VOLUNTEERING:

FRIENDS AND NON-PAID RELATIONSHIPS:



04 MY LIFE NOW

In this section, you need to think about what your life is like at the moment.

Think about and write down all the things you do in your normal week.

DAY:	MORNING:	MIDDAY:	AFTERNOON:	NIGHT:
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

MY SUPPORT NETWORK

Think about and write down the people in your life who support you and the different ways they support you.

PERSON / SERVICE:	RELATIONSHIP TO ME:	HOW THEY HELP ME (emotional support, supported decision making, support with daily activities, support with medical appointments, social support etc.)	HOW OFTEN THEY HELP ME:

AIDS & EQUIPMENT I USE TO HELP ME

Think about and write down the types of equipment or aids you currently use. This could include equipment or aids for mobility, communication, independence, continence aids, hygiene, etc.

TYPE OF EQUIPMENT:	WHAT I USE IT FOR:	HOW OFTEN I USE IT OR HOW MANY DO I USE:	IS IT WORKING WELL FOR ME?:

HOW I GET TO PLACES

Think about and write down the types of transport you use to get to places, for example, to work, day placements, appointments, visit friends and family, social activities, shopping, etc.

WHERE I GO:	HOW OFTEN I GO THERE:	HOW FAR IT IS (KMS):	TYPE OF TRANSPORT I USE:	DO I DO THIS ALONE OR WITH SOMEONE:	WHO HELPS ME:

SUPPORT I RECEIVE NOW

Think about and write down the type of supports you receive now and how often you receive these supports.

TYPE OF SUPPORT:	HOW MUCH SUPPORT I GET AND HOW OFTEN:	WHO CURRENTLY PROVIDES THIS SUPPORT:
EXAMPLE: <i>Assistance with daily personal activities</i>	EXAMPLE: <i>Three hours per week</i>	EXAMPLE: <i>Orana Accommodation Services</i>
.....
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SUPPORT I RECEIVE NOW



TYPE OF SUPPORT:

HOW MUCH SUPPORT I GET AND HOW OFTEN:

WHO CURRENTLY PROVIDES THIS SUPPORT:

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Handwriting practice lines for the 'HOW MUCH SUPPORT I GET AND HOW OFTEN:' column. Each row consists of a solid green top line, a dotted midline, and a solid green bottom line. There are 10 rows in total.

Handwriting practice lines for the 'WHO CURRENTLY PROVIDES THIS SUPPORT:' column. Each row consists of a solid green top line, a dotted midline, and a solid green bottom line. There are 10 rows in total.

05 HOW I WANT MY LIFE TO BE

In this section you can think about how you want your life to be. To help you, below are some of the areas Orana can provide support with to help you achieve what you want.

AREAS OF SUPPORT



EMPLOYMENT

Support to attend or participate in employment, transition to employment, develop work skills, or provide work experience opportunities.



EDUCATION

Support to attend or participate in education or training opportunities.



INDEPENDENCE

Support to develop independent living skills such as cooking, cleaning, household maintenance, shopping, transport training etc



COMMUNITY PARTICIPATION

Support to find, attend or participate in social or recreational activities of your choice, developing social skills and networks.



LIVING ARRANGEMENTS

Support to explore living arrangements such as living with others or independent living and looking after your tenancy.



HEALTH AND WELLBEING

Support to develop or manage your health including medication administration, personal care and hygiene, sleep, mobility and exercise, nutrition, positive behaviour support, sexual health etc.

WHAT I WANT TO ACHIEVE

Think about all the different areas of your life and what you want to achieve. Write down what you want (your goals).



My FIRST goal is:..... Area of support:.....

What I want to achieve:.....

What supports do I need to achieve this:.....

.....



My SECOND goal is:..... Area of support:.....

What I want to achieve:.....

What supports do I need to achieve this:.....

.....



My THIRD goal is:..... Area of support:.....

What I want to achieve:.....

What supports do I need to achieve this:.....

.....



My FOURTH goal is:..... Area of support:.....

What I want to achieve:.....

What supports do I need to achieve this:.....

.....

MY LONG TERM GOALS

Think about and write down any long term goals you might have (e.g. move out of home, retire).

LONG TERM GOAL:

WHEN I WANT THIS TO HAPPEN:

WHAT STEPS DO I NEED TO TAKE NOW TO GET READY:

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06

PREPARING FOR MY NDIS PLANNING MEETING



IMPORTANT

When you attend your NDIS planning meeting it is important that you bring relevant information with you to help explain what you want and need.

If you have any of these documents available, we recommend you bring them along to your NDIS Planning meeting.

- My NDIS Planning Workbook
- Support Plan provided by Orana Accommodation & Respite Services
- Vocational Plan provided by Orana Employment Services
- Positive Behaviour Support Plan
- Occupational Therapy Report
- Psychology Report
- Speech Pathologist Report
- Medical / Doctor's Report
- Other





MY NOTES

A series of horizontal dotted lines for writing notes, spanning the width of the page.

A series of horizontal dotted lines for writing, spanning most of the page width. A solid vertical line is on the left side.

QUESTIONS TO ASK THE NDIA PLANNER

A large area for taking notes, consisting of 20 horizontal dotted lines. A solid green vertical line is positioned on the left side of this area.



CONTACT ORANA

CONTACT PERSON:

ROLE AT ORANA:

PHONE NUMBER:

EMAIL ADDRESS:

POSTAL ADDRESS:



ORANA PROVIDES PERSON CENTERED SERVICES TAILORED TO INDIVIDUAL NEEDS INCLUDING:

Accessing Employment Opportunities
School to Work Transition
Accommodation Support
Training and Development
Advocacy
Specialised Assessments
Assistance with Transport
Personal Care
Nutrition Support

Health and Wellbeing
Access to Community Activities
Support with Daily Activities
Respite
Positive Behaviour Support Planning
Anger Management Programs
Life Out Loud Program – feelings, rights, hygiene, sexual health
Garden and Household Maintenance
Case Management and Support Coordination

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