Independent Living Centre Tasmania

Local call: 03) 6335 9200
Email: referrals@ilct.com.au

Independent Living Centre Tasmania (ILCT)

Service Plan

Client / Participant name: _____

DOB: _____

Address: _____

ILCT Staff: _____

Plan Dates: _____ to _____

Participant's Communication Requirements

Cultural, Diversity, Values & Belief Considerations and Preferences

What would you like us to help you with?

_____

_____

_____

We will help you by:

- Talking to you and the people who help you about what you want to do.
- Some of the people we might need to talk to are your family, support workers, teachers, therapists, and anyone one else who helps you.
- You can tell us who to talk to.
- Finding out what makes it hard for you to do the things you want.
- Helping you find the right strategies, solutions and/or equipment.

To help you reach your goal we may:

- Try different types of equipment or ways of doing things.
- Talk to suppliers to make sure you get the right equipment (if needed).
- Write a report or support letter if needed for funding bodies.
- Help you (and the people who help you) learn to use the equipment or a new way of doing things.
- Problem solve any issues you may have.

What else might we do?

- Write assessment reports. The reports may include:
  - What things you can do and what things you need help with.
  - What you tried – what worked and what didn't.
  - What features the equipment needs to have or instructions about what you need to do.
  - What we think will help you the most.
- We keep progress notes and statistical data.

Who needs to be involved?

PROPOSED ACTIONS

Participants Reported Heath Risks / Disease Status	
Reported item	**Management strategy**
e.g., choking risk, communicable disease	e.g. how to respond if XX occurs, additional PPE above standard precautions required, training required/completed

Risks identified in relation to implementing this plan	
Risks	**Management Strategy**

Risks created by an interruption to planned services (include max. possible time of service delay, appropriate alternative service delivery options & required participant/support network actions as a minimum)

Risks	Management Strategy

We will talk to you and complete periodic reviews to check that this plan is ok.

Plan developed on:	
☐ In Person ☐ Phone ☐ Other _____	
By ILCT staff member name: Signature:	Date:
With (Client): Signature:	Date:
Or Verbal Consent obtained Who:	Date:

Copy provided to client on _____