



Checklist – Person's current and future supports

Checklist – Person’s current and future supports

Name: _____

Current support needs	Number of hours of support (per day/ week / month)?	How do they support the person?	How they rate the support:				
			Very bad	Bad	Good	Really good	Excellent
Family or friends			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Support Worker/ Personal Care Assistant			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allied health professionals			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical team For example, GP, Neurologist			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home and living supports For example, laundry, gardening, house cleaning.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community services For example, meals on wheels.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive aids and strategies For example, paper-based calendar, customised signs for key reminders (e.g. to remind you to take your medication)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Current support needs	Number of hours of support (per day/ week / month)?	How do they support the person?	How they rate the support:				
			Very bad	Bad	Good	Really good	Excellent
Assistive Technology			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Modifications			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supports to help with person's goals			
Person's Goals	How they will achieve this goal?	What support they will need to support this goal?	What are the financial costs they need to consider?



For further information, please contact:

Associate Professor Libby Callaway
T: +61 421 356 359
E: libby.callaway@monash.edu

School of Primary and Allied Health Care
Rehabilitation Ageing and Independent Living Research Centre
Faculty of Medicine, Nursing and Health Sciences
Monash University, Peninsula Campus
47-49 Moorooduc Hwy
Frankston VIC 3199

monash.edu.au