**NDIS Planning Tool**

Name:

What services/supports do I currently receive?

Areas to think about: personal care, respite, residential/overnight respite, therapies, continence products, equipment, maintenance, delivery of products, vacation care, recreational programs, HEN products, occupational therapists, speech therapists, communication equipment, visual aid programs, home modifications, vehicle modifications,

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| **Type of Support** | **Service Provider** | **Details of service e.g. hours, amounts etc.**  | **Cost (if known)** |
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Am I happy with these services/supports?

What additional services/supports I would like?

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| **Type of Support** | **Service Provider** | **Details of service e.g. hours, amounts etc.**  | **Cost (if known)** |
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Who do I live with?

Who are the important people in my life?

What does my daily life look like?

What do I like to do? What activities do I enjoy?

What might be my goals for the next 12 months?