

DATE

NAME

D.O.B.

Preparing for the
National Disability
Insurance Scheme
(NDIS)

My NDIS Planning Booklet

English



Funded by the National Disability Insurance Agency

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WHO IS YOUR LOCAL AREA COORDINATOR (LAC)

Your Local Area Coordinator (LAC) is a person who will help link you to the NDIS and to other mainstream and community supports in your local area.



If your NDIS application has been approved, they will help you to create your first NDIS plan.

- > They will ask you many questions and go through this booklet with you.
- > This information will then help them to create your NDIS Plan.

Your LAC's Contact Details

Name	
Phone Number	
Email Address	
Office Address or Location	

UNSURE WHO YOUR LOCAL AREA COORDINATOR IS?

To check which LAC is supporting people with a disability and their families in your area, follow the link below and type in your home address:

<https://www.ndis.gov.au/contact/locations>



What is 'My NDIS Planning Booklet' for?

'My NDIS Planning Booklet' is for people with a disability who have become successful NDIS participants. If you receive a letter to say you are successful in becoming a NDIS participant, a Local Area Coordinator (LAC) will contact you to organise a planning meeting. This booklet will help you prepare for this meeting. It is important to prepare as much information as possible as the LAC will ask you lots of questions about your life and your disability.

This booklet is designed to help you think about how you would like to live your life now... and in the future.

It includes information about your life, what is important to you, the supports you have in place and what you like doing in the community.

'My NDIS Booklet' is a really good start for helping you and others know what supports you might need now and in the future.

The more prepared you are for your planning meeting the more likely your new NDIS Plan will cover all your needs

Why should I use 'My NDIS Planning Booklet'?

How do I use 'My NDIS Planning Booklet'?

The following people can help you complete 'My NDIS Booklet':

- > Family / carer / friends
- > Local Area Coordinator

Or workers who know about NDIS from:

- > Community Organisations
- > Service Providers

You do not have to complete 'My NDIS Booklet' all at once. You can go back and change answers if you need to. You don't have to answer all the questions if they do not relate to your needs at the moment.

STICKERS

Page 23

REUSABLE STICKERS

There are photos and word stickers at the back of the booklet that you can use instead of writing your answers. You might find the photo stickers helpful if you can't read or write your own language or prefer to communicate in other ways.

Look out for the sticker sign throughout the booklet. It will have the page number you will find the stickers on for the activity.

The stickers are reusable which means you can stick them on the page and take them off again as many times as you like.

MY SUPPORTS ACTIVITY

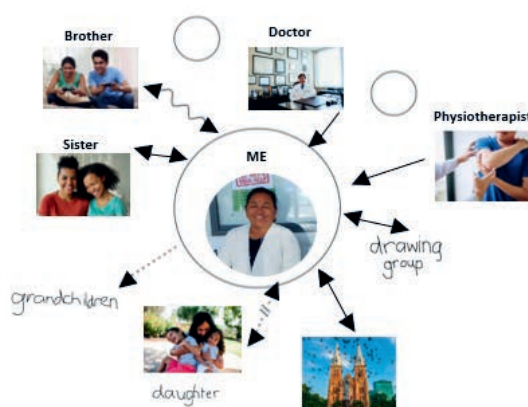
On page 11 of the booklet there is an activity that will help you work out what supports you have in your life. You can write your supports on the small circles surrounding the larger circle in the middle or use the reusable photos or word stickers at the back of the booklet.

Once you know your current supports, you can then draw a line to each support showing the strength of the relationship.

Not all supports are strong. Some supports are:

- > irregular
- > stressful
- > broken (maybe you often have arguments and fights with someone in your life).

This activity helps to show the full story of the supports in your life. Sometimes it might help show that you have lots of support, friends, family and community in your life or it might show you that you don't have many strong supports and you might need extra support in your NDIS plan.



STICKERS
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Relationship Key		Examples of systems	
Strong	—————	Extended Family	Friends
Stressful	~~~~~	Culture	Social Welfare
Weak	-----	Health Care	Courts
Broken/ended	- - - - -	Recreation	Hobbies
Relationship one-way	→ OR ←	School	Work
Relationship both ways	↔	Church/Temple/Mosque	



SUPPORT PERSON

A support person might need to help you complete this activity such as a family member, someone in the community, service provider or community organisation.



Languages I speak:

I can speak and understand English well? ☐ Yes ☐ No

I would like a translator / interpreter? ☐ Yes ☐ No



Is there someone who helps you make decisions about your life, for example where you live, your medical needs? ☐ Yes ☐ No

This person's name is:



Would you like to have someone with you during your planning meeting? Someone you trust?

Close Family/Friends ☐

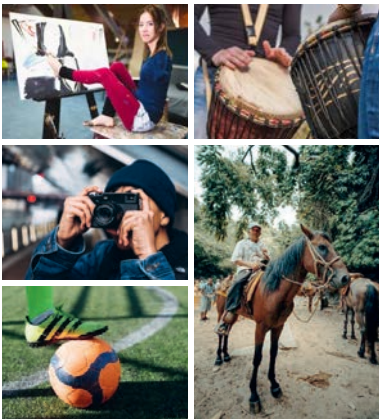
Current Service Providers ☐

Someone else I trust ☐

Name of person:

What makes you happy? What makes you smile?**What do you like to do? What are you good at? What are you interested in?**

e.g. horse riding, Soccer, photography, painting, Playing music

**What makes you sad? What makes you frustrated or angry?**

What is hard for you? What problems or challenges are you experiencing?



MY LIFE NOW:

Where do you live?



Who do you live with?

By yourself? With parents? With your Children?



What do you find hard to do in your home?



What are you finding hard to do in the community and when you leave the house?



MY LIFE IN 5 YEARS:

Where would you like to live?

Are you happy where you live now? Do you want to live somewhere else?



Who would you like to live with?

By yourself? With parents? With others in a shared house? With your Children?



Do you need help to manage your everyday activities?

☐ Yes ☐ No

Examples of everyday activities include:

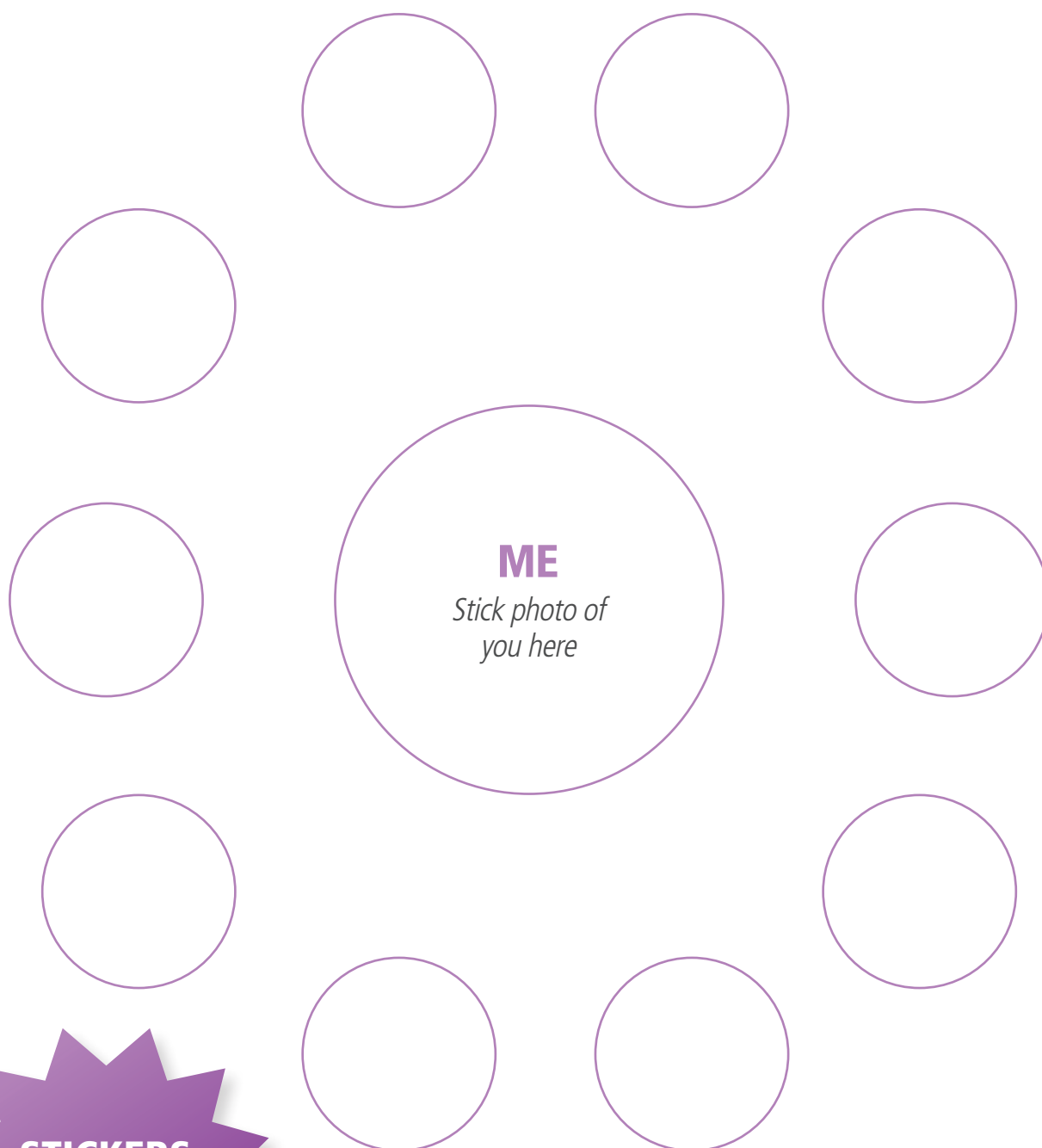
- > Cooking
- > Shopping
- > Cleaning
- > Gardening
- > Leaving the house
- > Washing your WHOLE body
- > Getting dressed
- > Getting to important appointments
- > Going to social events
- > Coping with stress
- > Health/Mental Health Support
- > Learning
- > Working
- > Communicating with other people
- > How to pay bills and manage finances
- > Reading and writing in your own language and in English
- > Using technology

I need help with these everyday activities:

Use the 'My wellbeing stickers' or write what everyday activities you need help with in the box below:

STICKERS

Page 23



STICKERS

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Relationship Key

Strong	—————
Stressful	~~~~~
Weak	- - - - -
Broken/ended	- - - // - - - // - - - // - - -
Relationship one-way	→ or ←
Relationship both ways	↔

Examples of systems

Extended Family	Friends
Culture	Social Welfare
Health Care	Courts
Recreation	Hobbies
School	Work
Church/Temple/Mosque	

My week looks like this at the moment...

Have a think about what you do each day:

DAY	 MORNING	 AFTERNOON	 NIGHT
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

My Perfect week would look like this...

What would you like to do each day:

DAY	 MORNING	 AFTERNOON	 NIGHT
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

STICKERS

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This is the equipment I use now and how often I use it:

	Type of aid or equipment I have	How often I use it? Daily, 1x week etc.	Does it need Replacing or Repairing? Yes/No
Mobility <i>Example: wheelchair</i>			
Communication <i>Example: Hearing Aids</i>			
Self-Care <i>Example: Special assistive Toothbrush</i>			
Access <i>Example: Ramp</i>			
Home <i>Example: Pressure relief chair</i>			
Other			

Are there any equipment, aids or modifications you do not use at the moment that you need? Things like:

- > Car modification
- > Ramp
- > Scooter
- > Wheelchair
- > Safety device
- > Continence aids
- > Pressure relief chair
- > Assistive eating products
- > Hearing Aid

The Equipment, aids and modifications I'm currently not using but need are:


STICKERS

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I am currently receiving some type of therapy to help me with my needs?

☐ Yes ☐ No

This is the therapy I am currently receiving and how often I see the therapist:

Type of therapy I receive	How often I see the therapist? 1x week, 1x month etc.
<div>Example:</div> <div>Physiotherapy</div> <div></div>	<div>Example:</div> <div>Every 2 weeks (fortnight)</div>

This is the type of therapy I would like to have to help me meet my needs and live a good life:



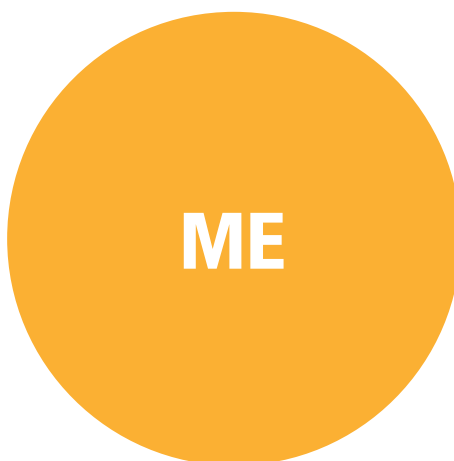
MY SUPPORTS NOW:

What type of supports do you receive now and how often do you get these supports?

Type of support	How much support do you get and how often do you get it?	What service currently provides your support?
Example: Assistance with everyday tasks	Example: 3 hours per week	Example: Community Access and Services SA

What is important to you? What do you want to improve in your life?
What do you want to change in your life?

Draw a line to 3 pictures that are most important to you



Why do you want NDIS Support?

For example:

- > to build my independence and skills to be able to things by myself
- > to help me complete activities I do daily such as shopping
- > to purchase things I need for my disability that helps me to move around, communicate, or complete activities



What do you hope for in your life?

For example, I hope that one day I can:

- > Get a job
- > Make friends
- > Learn the skills I need to live by myself
- > Join community groups and socialise more often

To help you, have a think about the 3 pictures that are most important to you on page 17.

What do you hope for in these areas of your life?



HOW I WOULD LIKE MY LIFE TO BE

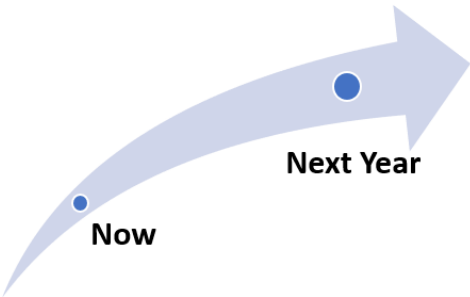
During your planning meeting, the Local Area Coordinator (LAC) will ask you what you want to improve and change in your life. Use your answers from page 18 and 19 to help you decide what is important to you and what you want to change.

Example: You may want to be happier, however what would you be doing or where would you be if you were happy?

My life in 1 year:

In 1 year, what do I want to improve/change?

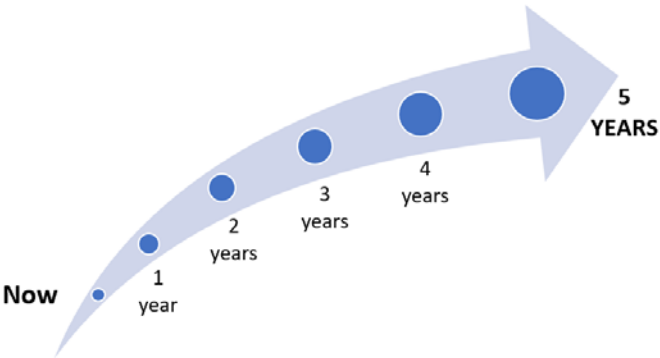
Example: I want to be able to shower myself, without a support worker. I want to have the skills and confidence to do this without someone reminding me.



	What I want to Change	How will I change this?	What Supports will help me?	What is stopping me from achieving this change?
1				
2				
3				

My life in 5 years:

In 5 years, what do I want to improve/change?
Example: I want to live independently in my own house. I want to live in a house that I can use safely by myself.



What I want to Achieve	How will I achieve this?	What Supports will help me?	What is stopping me from achieving this?
1			
2			
3			

Who would you like to manage the funds for the supports in your NDIS plan? How do you want people and services to get paid?

There are **4 options**, please tick the option you would prefer:

AGENCY (NDIA) MANAGEMENT

The NDIA (National Disability Insurance Agency) will manage your funds and pay all your invoices. You do not need to pay extra for this.

☐

You can only choose NDIS registered providers to provide your supports

SELF MANAGEMENT

You are responsible for requesting and paying the invoices for the supports you receive through your NDIS plan.

This is done on your Myplace Portal. You must be able to use a computer or smart phone to do this. Your total NDIS funds do not go into your bank account at once, only when you need to pay for a service.

☐

You can choose any provider to provide your supports, they do not need to be a NDIS registered provider

REGISTERED PLAN MANAGER PROVIDER

A registered organisation can manage your NDIS funds for you. They are like a book keeper who pays all your bills.

You need to ask your planner to include this in your plan if you are interested in this option.

☐

You can choose any provider to provide your supports, they do not need to be a NDIS registered provider

COMBINATION

You may choose any combination of the above 3 options.

For example: You may wish to self-manage one area of your plan but want a Plan Manager to manage the other areas.

☐

Cooking



Working



Shopping



Cooking



Working



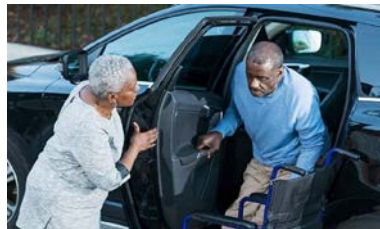
Cleaning



Gardening



Leaving the House



Getting dressed



Washing
your **WHOLE** body



Going to important
appointments



Going to social events



**Health/Mental
Health support**



Learning



**Learning/using
sign language**



**Reading and writing in your
own language and in English**



**Communicating
with people**



**Communicating
with people**



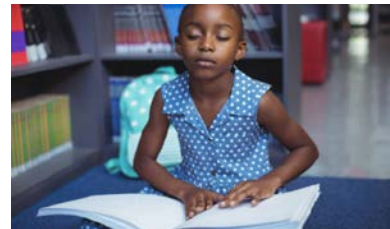
**How to pay bills and
manage finances**



Using technology



Learning to read Braille



Mum



Dad



Brother



Mum



Dad



Brother



Sister



Aunty



Uncle



Sister



Cousin



Cousin



Children



Grandparents



Friend



Children



Neighbour



Friend



Boss / Manager



Pet



Work Friends



Teacher



Pet



Workplace



School



Service Provider



Club / Social Group



School



Service Provider



Church



Temple



Mosque



Speech Pathologist



Doctor



Other Health Professionals



Occupational Therapist



Physiotherapist



Physiotherapist



Shop Assistant



Shop Assistant



Vietnamese Community



Bhutanese Community



Burundian Community



Congolese Community



Arabic Speaking Community



Afghan Community



Sudanese Community



Other Cultural Community



Get out of bed



Shower



Brush Teeth



Get dressed



Brush Hair



Cook Food



Family gathering



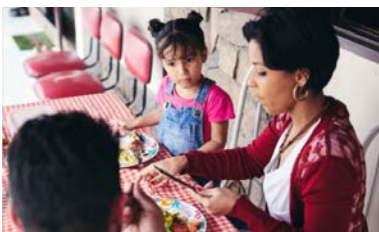
Go for a walk



Eat Breakfast



Eat Lunch



Eat Dinner



Watch TV or a movie



Go to the Beach



Go Shopping



Go fishing



Go to the gym



Play Sport



Watch a sports game



Study



Go to Work



Go out to eat or drink



Housework



Meet up with friends



Meet up with family



Gardening



Therapy Session



**Appointment with
Health professional**



Go to bed



Draw or paint



**Play or learn to
play music**



**Watch a movie
at the Cinema**



**Choir practice /
performance**



Get out of bed



Shower



Brush Teeth



Get dressed



Brush Hair



Cook Food



Family gathering



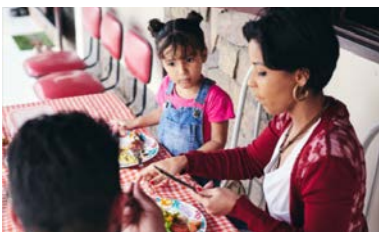
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Go to bed



Draw or paint



**Play or learn to
play music**



**Watch a movie
at the Cinema**



**Choir practice /
performance**



Continence related products



Equipment for eating and drinking



Assistive Products for household tasks



Transfer Equipment



Beds and Pressure Care Mattresses



Equipment or aids for dressing



Specialised household furniture



Beds and Pressure Care Mattresses



Equipment or aids for dressing



Bathroom and Toilet Equipment



Bathroom and Toilet Equipment



Personal Alarms



Communication and Information Equipment



Assistive Products for hearing



Assistive products for vision



Assistive Animals



Equipment related to walking



Equipment related to walking



Scooter



Wheelchair



Vehicle Modification



Prosthetics and Orthotics



Prosthetics and Orthotics



Assistive Equipment for recreation



Home modifications



Home modifications



**Occupational
Therapy (OT)**



Physiotherapy



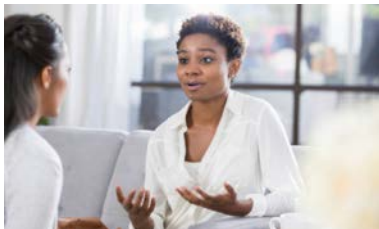
Psychology



Speech Pathology



Counselling



**Positive Behaviour
Support**



Water Therapy



Group Therapy



Dietician





**Connecting, empowering and supporting
people with a disability from culturally and
linguistically diverse communities in SA.**



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Funded by the National Disability Insurance Agency