

## Initial Support Assessment

Date: \_\_\_\_\_ Assessing Staff Member: \_\_\_\_\_

NDIS Plan attached (if applicable)

### PARTICIPANT DETAILS

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_

### GUARDIAN DETAILS (if applicable)

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

### SUPPORTER INVOLVEMENT

Does the participant or their guardian have a preference regarding family, friend and/or advocate involvement? If so, how will they be supported to participate?

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### DECISION MAKING

How does the participant (and their guardian, if applicable) want to provide input and be involved in decision-making?

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### COMMUNICATION AND ACCESSIBILITY NEEDS

Does the participant have any specific communication or accessibility needs? If so, list these along with strategies to support them.

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**HEALTH, WELLBEING AND SAFETY REQUIREMENTS**

Does the participant have any health, wellbeing or safety needs that need to be considered in service delivery?

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**JOINT PLANNING/CASE COORDINATION**

Is there any joint planning and case coordination with other services that involve the participant? How will Kairos Care Pty Ltd support this?

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**CONNECTION**

(IF APPLICABLE) Does the participant (or their guardian, if applicable) have any preferences regarding their connection to their Aboriginal and Torres Strait Islander culture and community?

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(IF APPLICABLE) Does the participant (or their guardian, if applicable) have any preferences regarding their cultural, spiritual and/or language connection?

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Does the participant (or their guardian, if applicable) have any preferences regarding their links to family, friendships and other support networks?

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What barriers to community participation exist for the participant? What strategies will be put in place to help the participant overcome these?

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**PERSONAL REFLECTION**

What are the participant's:

Goals?:

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Strengths?:

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Needs?:

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Wishes?:

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How can Kairos Care Pty Ltd support these things?

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How can Kairos Care Pty Ltd support the participant to develop, maintain and strengthen their independence, problem solving, social and self-care skills (appropriate to their age, developmental stage and cultural circumstances)?

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How can Kairos Care Pty Ltd support the participant to take control of and responsibility for their choices and enhance their autonomy, independence and community participation?

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## SERVICE DELIVERY

How, when and where will Kairos Care Pty Ltd supports be delivered?

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What other actions will be taken by Kairos Care Pty Ltd to support service delivery? Can referrals and linkages to other services and activities that will enhance the participant's community participation be provided?

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How often will service delivery be reviewed?

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Next Review Date:

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## RISK SUMMARY

Outline any potential risks identified and strategies to mitigate them (from this Assessment and/or Participant Risk Assessment).

Description of Risk	Risk Level (High/ Med/ Low)	Action	Person Responsible

## AGREEMENT

- All parties agree with this Initial Support Assessment.
- A copy of this Initial Support Assessment has been provided to the participant (or guardian, if applicable).

**Participant/Guardian**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant/Guardian: \_\_\_\_\_

**Assessing Staff Member**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Staff Member: \_\_\_\_\_