



Support Plan

Scheme Idt



Support Plan

This is a confidential document

This means that the only people that have access to this information are YOU and the staff on a need to know basis. We would only show the information on this support plan to professional agencies such as your GP, Social Services or CPN where you agree that we can. We will ensure that your right to be treated fairly and in the knowledge the service will be tailored to your individual needs.

Why do you need a support plan?

It will help to identify things that you need assistance with. It will also help us to provide you with the most appropriate assistance to help you stay independent and look after your health. This support plan is a requirement under the Supporting People legislation.

What if your circumstances change?

We will review your support plan every 6 months unless you wish it to be reviewed sooner. If you have changes in your circumstances please inform us by contacting your Scheme Manager. Reviews will be at a time and place that is convenient to you.



Support Plan

Name Idt

D.O.B. Paris No

National Insurance No Telephone

Mobile Religion

Ethnic Origin Language

Information

GP Tel

Address

CPN Tel

Social Worker Tel

Care Agency Tel

Occupational Therapist Tel

Any other support provider/advocate

Budgeting Support

1a Do you need help or support in claiming for benefits e.g. Housing Benefit, Disability or Attendance Allowance? Yes No

Reason for Support	Action Taken	Successful/Unsuccessful	Ongoing Support Required

Enjoy & Achieve

2a Do you need support to participate in any leisure/cultural/faith and/or formal learning activities or training? Yes No

Reason for Support	Action Taken	Successful/Unsuccessful	Ongoing Support Required

Budgeting Support

2b Do you need support with applying for benefits and managing your finances from external agencies/voluntary groups? Yes No

Reason for Support	Action Taken	Successful/Unsuccessful	Ongoing Support Required

Be Healthy

3a Do you need support to better manage your physical health? Yes No

Reason for Support	Action Taken	Successful/Unsuccessful	Ongoing Support Required

Stay Safe

4a Do you need support to maintain your accommodation? Yes No

Reason for Support	Action Taken	Successful/Unsuccessful	Ongoing Support Required

4b Do you require advice or support for protection from abuse? Yes No

Reason for Support	Action Taken	Successful/Unsuccessful	Ongoing Support Required

4c Do you require assistive technology or any aids and adaptations to help you maintain your independence? Yes No

Reason for Support	Action Taken	Successful/Unsuccessful	Ongoing Support Required

Making a positive contribution

5a Do you need support in developing confidence and ability to make a greater choice and/or control/or involvement? Yes No

Reason for Support	Action Taken	Successful/Unsuccessful	Ongoing Support Required

Support Plan Agreement Summary

This support plan details what I consider to be my main support needs at this present time.

I am signing this to say that I agree with its content. I also agree that the RVH staff can exchange confidential information about me, on a need to know basis, to other agencies e.g. GP, hospital staff, Social Services and other support staff.

Review Date

This Support Plan has been agreed by

Ribble Valley Homes

Scheme Manager - Signature **Date**

Customer - Signature **Date**

This Support Plan will be reviewed on or before (not more than 12 months):

Month **Date**

Referred items:

Month **Date**

Customer Disagreement Declaration

I disagree with the outcome of my support plan because:

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.....
.....
.....
..... **Date**

Signed by customer **Signed by Scheme Manager**

Disagreement reviewed by **Date**

Outcome:
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Signed by Housing Services Manager

Name **Date**

Notes:
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