

Checking the Support Plan

Client Name: _____ Date: _____

Staff Name: _____ Staff Position: _____

The support plan is the foundation of the client's care plan. Use this checklist to ensure the support plan is understood and accepted by you, the client, and their support network.

Instructions

- Use the 'Yes/No' fields to confirm your client's understanding and agreement.
- Provide additional information in the 'Comments' section as needed.

Confidentiality statement

This document contains confidential information. Handle and store it securely in line with your organisation's privacy policies.

Please turn to the next page to begin Checking the Support Plan.

Action item	Yes	No	Comments
Did you review the support plan with your client?	Yes	No	
Does your client understand and agree with all aspects of the support plan, including:			
Service type (e.g., reablement, ongoing support, or a combination of both)	Yes	No	
Sub-type(s) (e.g., physiotherapy, general house cleaning)	Yes	No	
The documented goals	Yes	No	
Frequency and duration of approved services	Yes	No	
Does your client have any comments or concerns about the support plan that should be considered before care planning?	Yes	No	
Do you and your client agree that the services and strategies in the support plan will meet the client's needs?	Yes	No	If the answer is yes, proceed with care planning. If the answer is no, proceed with preliminary care planning as appropriate. If a review of the support plan is required, contact My Aged Care.

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