|  |  |  |
| --- | --- | --- |
|  | My AC&S PlanMy Attendant Care and Support Plan |  |



# My Details:

|  |  |
| --- | --- |
| **Name** |  |
| **NIISQ case number** |  |
| **Address** |  |
| **Phone number**  |  | **Email** |  |

## My NIISQ Support Planner is:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Phone** |  |
| **Email**  |  |

**My Attendant Care and Support Plan**

# What is an AC&S Plan?

My AC&S Plan is between me, [participant name/ Legal guardian] and [service provider name]. It shows the attendant care services I will receive based on my care needs assessment.

NIISQ Agency will pay for all services included in my AC&S Plan. When a care worker provides my services, they may ask me to sign a form which states I have received these services. This form is provided to NIISQ Agency to ensure I am getting the care and support I need according to my AC&S Plan.

I can adjust my services at any time so that they continue to meet my needs. If I have any questions about this I can talk to my NIISQ Support Planner.

# What do I need to do?

[service provider name] will discuss my AC&S Plan with me so that I understand and agree with the services that are included.

If my plan is not clear or I do not agree with the information included, I can talk to my service provider or contact my NIISQ Support Planner

Once I agree to the attendant care and support services in my AC&S plan, I need to sign my plan and give it back to [service provider name]. They will also provide a copy of my signed plan to my NIISQ Support Planner.

**If at any time I need to change or cancel my shift/service, I need to contact [service provider] at least [service provider to insert hours] hours beforehand. My shift/service may not be able to be filled if I do not provide this notice.**

# Summary of my attendant care services

My NIISQ Support Plan also has a summary of my attendant care and support services.

I can contact my NIISQ Support Planner if I would like further information.

## My AC&S services

|  |  |
| --- | --- |
| **My service/s** | [ ]  Personal Care [ ]  Community Support [ ]  Respite Care [ ]  Family Unit Support[ ]  Domestic Assistance [ ]  Home / Garden Maintenance Services  |
| [ ]  Nursing Care [ ]  Assistant Nurse (AN) [ ]  Enrolled Nurse (EN) [ ]  Registered Nurse (RN) |
| **What’s included** | **What’s not included** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Service**  | **Scheduled days** | **Scheduled hours** | **Start / finish times** | **Worker** |
| e.g. *Personal Care* | *Monday, Tuesday, Wednesday* | *Monday: 6 hours* | *8am – 10am, 12pm – 2pm, 6pm – 8pm* | *Sally, Michelle, Sally* |
| *Tuesday: 6 hours* | *8am – 10am, 12pm – 2pm, 6pm – 8pm* | *Sally, Michelle, Sally* |
| *Wednesday: 4 hours* | *8am – 10am, 6pm – 8pm* | *Sally, Michelle* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Please call [enter phone number] if you have any questions about your shifts or workers. If you need to change a shift you need to provide [xxxx] hours’ notice. [Enter service provider name] will try to reschedule another time for your services.**

# My AC&S Plan

|  |  |  |  |
| --- | --- | --- | --- |
| Starts on |  | Finishes on |  |

**Participant (if applicable)**

|  |
| --- |
| I have read My AC&S Plan and I understand and agree to these services. |
| Name |  |
| Signature |  | Date |  |

**Legal Guardian (if applicable)**

|  |
| --- |
| I have read the My AC&S Plan on behalf of [participant name] and I understand and agree to these services. |
| Name |  |
| Signature |  | Date |  |

#

# Attendant Care provider

I certify that:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  the services will be delivered in accordance with the NIISQ Agency Terms of Registration and Service Provider Standards[ ]  staff delivering the services outlined in this plan have the necessary skills and qualifications to deliver these services.

|  |
| --- |
| My AC&S Plan proposed by [service provider] for [participant name] |
| Contact name |  | Title |  |
| Phone number |  | Email |  |
| Signature |  | Date |  |

 |
|  |