Disability Support for Older Australians (DSOA) Program

Individual Support Package (ISP)

|  |  |
| --- | --- |
| Client Name  |  |
| DSOA ID |  |

My DSOA Service Coordinator is: Kyeema Support Services Inc.

|  |  |
| --- | --- |
| My Case Manager is |  |
| Mobile number |  |
| Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Day | Month | Year |
| DSOA ISP start date: |  |  |  |
| DSOA ISP review due date: |  |  |  |

Kyeema Support Services will contact me about my ISP review before my ISP review due date. I understand that Kyeema must review my ISP with me annually (or more frequently, if required).

If I have any questions or my circumstances changes, I will contact my Case Manager.

This ISP is an agreement between you and Kyeema Support Services and a formal record of your DSOA funding package. You, Kyeema Support Services and the Department of Health will have a copy of your ISP.

The Department of Health will not disclose the information in your ISP without your consent to another party. The Department of Health is retaining a copy of your ISP as a record your DSOA Service Coordinator has shared with you the details of your DSOA funding package.

Part 1: About me

This is personal information about me and I can choose to share this information with Kyeema Support Services and or service providers that deliver other services and support to me.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Day | Month | Year |
| Date of birth |  |  |  |

Preferred contact details:

|  |  |
| --- | --- |
| Home number |  |
| Mobile number |  |
| Email |  |

My appointed guardian or carer contact details:

|  |  |
| --- | --- |
| Home number |  |
| Mobile number |  |
| Email |  |

About me

*Here is where you can talk about yourself and your typical day to day life. Below is an example of what you might like to share:*

*Example: I live in a home I share with my friends Patrick and Jane. I have lived in my house for 20 years and Patrick has lived here too for 20 years. Jane has lived here for 18 years. We are good friends.*

*In the mornings, Ryan helps me get ready after I wake up. Ryan helps me get into the shower and helps me out, so I don’t fall over. Then I have breakfast, sometimes I like to have breakfast by myself, sometimes I like to have breakfast with Patrick and Jane.*

My family and friends

*Example: My sister and my nephew are my informal supports*

My services and community involvement

*Example: I see my OT regularly*

*Patrick, Jane and I go to a café twice a week*

Part 2: My supports

This part lists the services and supports that you are currently receiving under the DSOA Program.

If you would like to share information about the informal support you receive, such as support from your family and friends, please describe the support and how often it is provided.

Should your needs change, Kyeema will update your ISP in consultation with you.

Example Annual Funding

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DSOA Coordinator**  | **DSOA Support Services** | **Time of Day/Week** | **Output Unit** | **Annual Service Output** | **Hourly Rate**  | **Annual Amount** |
| **EXAMPLE Organisation A** | Assistance in Supported Independent Living | Weekday day | Hours | 557 | $55.47 | **$30,896.79** |
| **EXAMPLE Organisation A** | Assistance in Supported Independent Living | Weekday night | Hours | 1072 | $62.17 | **$66,646.24** |
| **EXAMPLE Organisation A** | Assistance in Supported Independent Living | Weekend | Hours | 812 | $100.16 | **$81,329.92** |
| **EXAMPLE Organisation A** | Assessment Recommendation Therapy And/or Training (Incl. AT) - Physiotherapy | Public Holiday | Hours | 104 | $122.51 | **$12,741.04** |
| **Organisation A Grant total** | **$191,613.99** |

Example One Off Change of Needs

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DSOA Coordinator**  | **DSOA Support Services** | **Time of Day/Week** | **Output Unit** | **Output** | **Hourly Rate**  | **Annual Amount** |
| **EXAMPLE Organisation A** | Audiologist hearing services  | Weekday day | Hours | 12 | $193.99 | **$2,327.88** |
|  |   |   |   |   |   |  |
|  |   |   |   |   |   |  |
| **Organisation A Grant total** | **$2,327.88** |

Part 3: My agreement

A representative from Kyeema Support Services has explained my ISP to me;

Signature:

Name:

Date:

Or

A representative from Kyeema Support Services has explained my ISP to my carer or advocate;

Signature:

Name:

Date:

**Kyeema Support Services representative**

I have explained (insert name) ISP to (insert name) or to their carer or advocate;

Signature:

Name:

Date: