Support Plan

Name: **Address:** **Agency Name** **Completed on -** **To be reviewed on -**	
Achievements	
Aim	
Action	**By Whom**

Risk Assessment Review Date:

Support Plan

Achievement	
Aim	
Action	**By Whom**
Achievement	
Aim	
Action	**By Whom**

Risk Assessment Review Date:

Guest signature ……..Date ……..

Agency signature ……..……Date …….

THIS IS A CONFIDENTIAL DOCUMENT

This means that the only people who have access to this information are you and our staff or other agencies on a “need to know” basis.

WHAT IS A “SUPPORT PLAN”?

It will help identify issues that you need help with, or are of concern to you.

It will help us to help you stay independent by regularly monitoring.

We will use the Support Plan to co-ordinate services to meet your needs.

WHY DO WE THINK A SUPPORT PLAN IS IMPORTANT?

We want to improve our service to you, and ensure that you receive the highest standard of support. We will use the Support Plan to discuss with you your needs and record them in the Support Plan. We will then use the information to make sure, as far as possible, that your needs are addressed. If your Community Support Officer changes in the future, or is away on leave, other staff can use the Support Plan to make sure your needs continue to be addressed.

WHAT IF YOUR CIRCUMSTANCES CHANGE?

We will review your Support Plan within a timescale agreed with you. If your circumstances change we can agree to review the Support Plan sooner (or later). All reviews will be at a time and place that is convenient to you.

Agreement

- I agree with this Support Plan and understand that I can ask for a review at any time.
- I understand that X Agency has the right to withdraw support should I fail to comply
  with this Support Plan.
- I understand that this Plan will be reviewed as needed.
- I understand and agree to the confidentiality statement.
- I understand support will be withdrawn immediately if I become verbally or physically abusive.

Signature:…… Date:……

Signed on behalf
of :……..… Date:……

TERMINATION OF SUPPORT PLAN:

I no longer need your support.

Signed:…… Date:……

Service User has failed to keep to the support agreement and we have been unable to
access Service Users signature for closure of support.

Signed on behalf
of ……. Date……..[i]

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