Community Living Brant

Annual Support Plan

Name:

Date of Birth:

Completed By:

Date of Report:

Time Period Covered:

Planned 6 month Review Date:

Date of Support Plan Meeting(s) with Person:

1. **THIS IS MY STORY** (my history and what is important that I want people to know)

2. **CURRENT REGULAR ACTIVITIES** (include home, work, social, recreational, family, etc.)

3. **MY VISION FOR THE FUTURE**

4. **WHO WAS PRESENT AT THE PLANNING MEETING** (Name and relationship to person)

Person Supported:

IF UNABLE TO ATTEND, WHY?

Section 5

	My Past Situation	My Present Situation	My Future Situation
Interpersonal skills (social & emotional development communication expressive/ receptive) **Related Outcomes** **Friends, Interact with community,**	•	•	•
Relationships; Sexuality **Related Outcomes Intimacy, Friends**	•	•	•
Community Awareness, Recreation & Leisure **Related Outcomes Participate in community, Safety, Use environments**	•	•	•
Family Involvement (include relationship between Associate/Natural families) **Related Outcomes Natural Support Networks**	•	•	
	Past Situation	**Present Situation**	**Future Situation**

Problem Solving Skills, Choice Making Assertiveness - Risk Taking **Related Outcomes People have Rights, Treated fairly, Respect Safety, Choose services, Personal information**	•	•	•
Personal Appearance, Hygiene, dress, etc. **Related Outcomes Respect, Best Possible Health**	•	•	•
Independent Living (food management, recognition, income, household maintenance **Related Outcomes Safety, Continuity and Security, Environments, Respect**	•	•	•
Daytime Activities- School, Work, Personal Interests **Related Outcomes Work, Participate in Community, Social Roles, Integrated, Environments**	•	•	•
	Past Situation	**Present Situation**	**Future Situation**
Religious and	•	•	•

Spiritual Interests Related Outcomes Social roles, Intimacy, Interact with community, Participate with community			
Physical Development and Physical Health Related Outcomes Best possible health, Choose services, Abuse and neglect	•	•	•

Section 6

My Personal Accomplishments (People realize personal goals)

Goals	Date Accomplished
•	•
•	•
•	•

Section 7 My Personal goals/Objectives (People choose personal goals)

Goals	Actions to be Taken- By Whom/Dates	Barriers to address

•	•	•
•	•	•
•	•	•

Section 8 Feedback

Section 9 Services and Supports (List current CLB services with level of support, services/support provided by other service providers, supports provided by family/friends/community)

SUPPORT TYPE	HOURS OF SUPPORT (DAILY/WEEKLY/MONTHLY)
CL Brant	
Group Living	
Supported Living	
Colborne/ Bell Lane Respite	
Supported Employment (ODSP & CLB)	
Associate Family	
Dunn Enterprises	
Transitions	
Community Services	
Family Counselling Centre	
St. Joseph's Psychiatric Services	
Twin Lakes	
CCAC	
Canadian Mental Health	
Other Services	

_____
Name of Individual

_____
Signature

_____
Supervisor

_____
Director

Annual Support Plan
6 Month update

Date of Review:

1. Update on Status of Current Goals and Action Plans:
   (Please provide point form update on goals and action plans developed for this plan)

2. New Goals:
   (Please provide in point form a list of any new goals and actions since this plan was developed)

3. Other Significant Changes:
   (Please note any other major changes in person's life that have affected the Annual Support Plan)

Signatures:

_____	_____	_____
Person	Support Worker	Supervisor

ANNUAL SUPPORT PLAN CONSENT

I, _____, have been part of developing, reviewing and directing how my Annual Support Plan is being put into action.

I give permission for the following people to be part of my planning and to share my Annual Support Plan with them:

CL Brant Teams:

Other agencies/staff :

Family and Friends:

I have reviewed my plan with _____and determined what parts of my plan will not be shared with others to respect my privacy of information.

_____	_____
Person	Date
_____	_____
Witness	Date