

Support Plan

Name: _____

Date (year/month/day): _____

LONG TERM GOAL *(what I want to achieve in 3 to 5 years):*

SUMMARY OF NEEDS	✓ Check: Area(s) I need help with
Community Living (Skills and Supports)	
Accommodation: Affordable/Safe housing	
Food: Acquiring food; preparation & nutrition needs	
Looking after home: Household maintenance	
Self Care: Basic hygiene, grooming, laundry, etc.	
Daily Activities: Work, school, volunteering, socializing, etc.	
Basic Education: Literacy and Numeracy	
Telephone: Access and Use	
Transportation: Access and Use	
Financial: EI, IA, Salary, CPP, etc	
Health and Wellness	
Physical health:	
Psychotic symptoms:	
Information about illness and treatment	
Psychological distress: Depressive symptoms, coping, anxiety, victimization, crisis, etc.	
Treatment/care: Compliance, engaging in care planning	
Spiritual/Cultural	
Social Network and Relationship	
Company: Family and friends – Availability & relationship issues difficulties relating to others; social skills such as ability to make and keep friends etc.	
Intimate relationship: Spouse & Partners – Access and relationship issues	
Sexual expression: Identify and difficulties related to sexual expression	
Child Care: Access, parenting, etc.	
Relationship with care providers (engaging, connecting, trusting relationship)	
Addiction	
Drug/Alcohol Use	
Gambling	
Behavioral/Risk Management	
Safety to self: Risk of unintentional harm; self-destructive behaviors & suicidal risk	
Safety to others: Risk to assault others; putting others at risk	
Legal Issues (probation, community treatment order)	

