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

Logo

Description automatically generated

# 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 |  | |
|  |