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**Unique Support for Unique People Assessment**

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| Personal | How often do you need our service, on which days and at what times?  What type of support do you feel you would benefit from? (shopping, companionship, going out etc)  Does anyone currently support you in any way?  What type of property do you have and who lives in it?  If there is an emergency and we need to contact someone, who would you like us to contact? (Please give us the contact details of 2 different people if possible.)  1)  2) |
| Family and friends | Who are the important people in your life?  Do you need our support to keep in touch with people?  Are there any people you don’t want to have contact with? |
| Faith, religion and culture | Do you have a faith or religion that is important to you?  Are there things about your faith or religion that it would help us to know about?  Do you need any support from us to follow your faith or practice your religion?  Is there anything about your culture and how it impacts on you and your life that we need to know about? |
| Eating and drinking | What are your favourite things to eat and drink?  Is there anything you don’t like to eat or drink?  Is there anything you shouldn’t eat or drink? e.g. do you have any food allergies?  Do you drink alcohol?  Do you want to lose or gain weight?  Do you need any help at mealtimes?  Do you use any aids or equipment at mealtimes?  Do you like to cook or prepare food and drinks for yourself or others?  Do you need any help from us with cooking, eating or drinking? |
| Communicating and making decisions | How do you like to communicate? e.g. by talking, signing, showing, communication device or by other means?  Do you have any communication aids?  How do you prefer others to talk or communicate with you?  Do you ever have difficulty hearing or understanding other people?  Do you need help from other people to speak up for yourself? What help do you need? |
| Money and valuables | What help do you need, if any, with:   * getting cash * keeping your money and valuables safe * banking cash or cheques * understanding your bank statement * budgeting * paying for things |
| Moving and getting about | Do you need any help moving around indoors - such as getting upstairs, getting out of chairs or bed?  Do you use any equipment to get about such as a wheelchair, walking frame, rails or a hoist?  Who supplies this and maintains this equipment?  Do you need any help getting around outside, such as mobility aids, supervision, help with public transport?  Are there any risks to you or others linked to you moving or getting about?  What do you and people who support you do to manage these risks? |
| At home | How do you like to spend your time at home?  What household tasks are you able to do?  Are there any risks to you being at home?  What do you and the people who support you do to manage these risks?  Can you spend time at home on your own? |
| Keeping safe | Is there anything we need to know to help you and others keep safe?  Do you have any risk assessments written to try and keep you or other people safe?  Any risk assessments must be see and or attached to this support plan. |
| How you spend your time | Thinking about your daily routines-   * Are there any things you like to do or places you like to go? * Would you like any support from us with any of this? * Are there any new things you would like to try or places you would like to go? |
| Keeping healthy and well | What support do you need from us to stay well and manage your health?  Do you need any support from us to make or attend health appointments?  Do you like to have someone with you when you are seeing a doctor, nurse or other health professional?  Do you have an injury, illness or diagnosed condition?  Do you take any prescribed medication?  If so, please note its name, the dose and the reason you are taking it  Do you take any non-prescribed medication e.g. pain killers or laxatives?  Are you allergic to anything – including any medication?  Do you need help from us to order or collect your medication?  Please share details of your doctor and any other medical professionals you consult |
| Support with feelings | How do you show you are:   * Angry or upset * Frightened * Worried or anxious * Bored * Excited * Happy   What could we do or say to support you to communicate how you feel and to manage your feelings? |

**Who am I?**

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| How people who know me would describe me: | What people like and admire about me: |
| What I care about | What I am good at: |
| Things in my past that are important for people to know about: | |