

A3 Current living arrangements

Date (DD / MM / YYYY):

Worker name

Claim number

Planning facilitator

Contact details

Is this a different place (dwelling) to the one you lived in before your injury? Is there a change in where you live since the last review of your Plan? (if relevant)

What type of dwelling is your home? (e.g. apartment, free-standing house, townhouse, farm, caravan)

Do you own your home, or do you rent?

1. Own home
2. Rented home (specific e.g. private rental, through Housing NSW, through a relative or friend)
3. Supported accommodation (e.g. group home, hostel, retirement village)
4. Residential facility (e.g. nursing home)

If there were modifications to the home because of your injury, are these working well for you?

Living arrangements

Who do you live with? What is your relationship to them?

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

Potential problems (risks) with your home

What problems do you think there might be with your current home in the future? (e.g. your home is a private rental and modifications are needed, or you think the owner wants to sell the home)

In the future, do you think there might be changes to who you live with? (e.g. the worker's sister is due to move back into the home with her new baby) How would you feel about that if it happened?

Worker comments:

Family comments

Planning facilitator comments

Additional information and comments