

## My Plan Checklist

Worker name

Claim number

Date (DD / MM / YYYY):

Planning facilitator

Contact no:

Module	Description	Done
<b>Engage Phase</b>		
E1	General information	
E2	Your lifestyle before your injury	
E3	Supports before your injury	
<b>Assess Phase</b>		
A1	Previous assessments	
A2	Planned assessments	
A3	Current living arrangements	
A4	Thinking about you	
A5	Activities and participation	
A6	Personal considerations	
A7	Well-being and quality of life	
	Formal and informal Supports	
A8.1	Summary of current formal supports (funded by icare)	
A8.2	Summary of current formal supports (funded by other organisations or the family)	
A8.3	Summary of current informal supports	
<b>Plan Phase</b>		
P1	Planning	
P2	Request for funding approval	

I, (Worker's name or nominated person's name)

completed the modules of

My Plan in partnership with the planning facilitator (Planning facilitator's name)

Worker's signature (or nominated person)

Date

Planning facilitator's signature

Date