Disability Support for Older Australians (DSOA) Program Individual Support Package (ISP)

The DSOA Service Coordinator must email the client's signed ISP to the department at DSOAcompliance@health.gov.au, within 10 business days of the ISP start date each year and within 10 business days after each ISP update occurs.

For more information, see Appendix C: How to fill out the ISP template

Client's DSOA information

DSOA National ID: (for example, DSOA9999)		
DSOA Service Coordinator:	**Organisation name:**	
	Office phone number:	
Client's Case Manager (if applicable):	**Full name:**	
	Contact phone number:	

ISP details

DSOA ISP start date: The ISP start date is the date the ISP has been signed by the client or the client's guardian.	

Information for the client about this ISP

- This ISP is an agreement between you and your DSOA Service Coordinator. It explains your DSOA funding package and how it will be used.
- Your DSOA Service Coordinator will review and update your ISP with you (and/or your guardian or representative) at least once every 12 months. It will also be updated sooner when your needs, supports, or funding change.
- As a DSOA client, you or your guardian will be required to sign this ISP as record that the DSOA Service Coordinator has explained your DSOA funding package and the ISP contents to you.
- Your DSOA Service Coordinator will contact you to arrange a review when it is due, however you can ask for a review at any time.
- If you have questions, or if your situation changes, please contact your DSOA Service Coordinator.
- You, your DSOA Service Coordinator, and the Department of Health, Disability and Ageing (the Department) will each keep a copy of your ISP.
- The Department will not share the information in your ISP with anyone else unless you agree (give your consent), or unless the law requires it.
- The Department keeps a copy as a record that your DSOA Service Coordinator has explained your DSOA funding package to you.

Client's personal details

Client's full legal name:	
Date of birth:	
Home address:	
Home or mobile phone number:	
Email address:	
Preferred method of contact: Post, home phone, mobile or email	

Client’s appointed guardian contact details

If a client’s appointed guardian is the signatory of this ISP, details of the signatory must be provided below.

The client’s guardian cannot be a staff member that works for the DSOA Service Coordinator, as this can be perceived to be a conflict of interest. Should a staff member hold legal guardianship over the client, then this evidence must be provided with the ISP.

Full name:	
Best contact phone number:	
Email address:	
Relationship to client:	

Client’s disabilities and health conditions

Include details of the client’s diagnosed disabilities and any health conditions they have.

Primary disability	
Secondary disabilities	
Health conditions	

Client’s living arrangements

Include details of the client’s living arrangements (for example, support independent living, residential aged care, their own home, or a hostel). Also record how many other people the client lives with.

Client’s goals

Record the client’s goals for this ISP period, including what the client wants to achieve using their DSOA-funded supports.

Client's disability support needs

List what tasks the client needs assistance to complete. This must include the level of support the client requires to complete these tasks (for example, personal care, transfers, toileting, grooming, etc).

You must include details of the staff to client ratio the client receives for all personal care tasks (for example, client requires 2:1 assistance with all transfers).

Informal Support the client receives from family and/or friends

List details of any informal supports (unpaid supports) the client receives from family or friends, including the frequency of this informal support.

For example: 'I live with my brother who helps me attend my medical appointments, as well as assists with my personal care routine each evening after work'.

Client's current DSOA supports

List all DSOA service types the client is funded to receive, including both regular weekly supports and less frequent support (e.g., therapy or respite).

For each service type, include the frequency, duration, and the type of support or service delivered.

If the client is funded for *Assistance with Self Care Activities*, you must also include details of all support shifts, including the days, times, and hours of care provided.

You can find the full list of the clients DSOA-funded service types in the DSOA Service Coordinators Client Funding Breakdown (CFB).

Community access and/or activities the client participates in

Include details of all community access activities the client participates in including day programs, group activities, shopping needs, and medical appointments.

For each activity, record the frequency and duration, and explain how support worker hours are funded (for example, through Extended CoS services funding, other DSOA funding (Specify which service type), another government program or Self-funded by the client.

For example, the client attends the Disability X day program every Wednesday and Friday, from 9:00 am to 3:00 pm. This support is funded under Extended CoS Services.

Client’s behaviour support

Does the client display any behaviours of concern?	Choose an item
Does the client have a Behaviour Support Plan (BSP) in place? If yes, please provide the date the BSP was last reviewed by a qualified practitioner. BSPs must be reviewed and updated by a qualified practitioner every 12 months	Choose an item
Does the client have any restrictive practices in place? If yes, are these restrictive practices listed in the clients current BSP plan? Please provide details of any restrictive practices in place. All restrictive practices are required to be reported to the NDIS Quality and Safeguards Commission including any NIL reports.	Choose an item Choose an item

Note: the department may request a copy of the client’s BSP at any time, including if a Change of Needs Application is submitted.

Other sources of funding outside of DSOA

Record any funding the client receives through other government programs (for example the Commonwealth Home Support Program (CHSP), Support at Home (SAH) services, Residential aged care, or the Continence Aids Payment Scheme (CAPS).

Include the services the client receives under each program and how often they receive them.

Client contributions/payments

Record any client contributions or client payments your organisation charges (or plans to charge) the client during the ISP period.

Do not include charges for rent, board, housing, food, or utility bills.

Client's annual DSOA funded supports and services as listed in your Client Funding Breakdown (CFB) for the financial year this ISP is dated

This table must show the client their DSOA funding over a 12-month period. The DSOA Service Coordinator must update the table in consultation with the client whenever there is a change to the client's DSOA funding amounts, annual service outputs, and/or funded DSOA service types.

This information can be obtained from your organisation's Client Funding Breakdown (CFB).

DSOA Support Type	Recurrent or one off	Output unit	Hourly rate	Total annual funding amount
Choose an item	Choose an item	Choose an item		
Choose an item	Choose an item	Choose an item		
Choose an item	Choose an item	Choose an item		
Choose an item	Choose an item	Choose an item		
Choose an item	Choose an item	Choose an item		
Choose an item	Choose an item	Choose an item		
Choose an item	Choose an item	Choose an item		
Choose an item	Choose an item	Choose an item		
Choose an item	Choose an item	Choose an item		

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Choose an item	Choose an item	Choose an item		
Choose an item	Choose an item	Choose an item		
Choose an item	Choose an item	Choose an item		
Choose an item	Choose an item	Choose an item		
Choose an item	Choose an item	Choose an item		
Choose an item	Choose an item	Choose an item		
Choose an item	Choose an item	Choose an item		
Choose an item	Choose an item	Choose an item		
Choose an item	Choose an item	Choose an item		
Choose an item	Choose an item	Choose an item		
Choose an item	Choose an item	Choose an item		
			Total annual funding	$0.00

ISP agreement

The ISP must contain physical signatures or be signed electronically through a computer-based signature program (such as DocuSign) and include the full name of all signatories and date of signature.

If a client or a client's appointed guardian is unable to sign the ISP, the department will accept email approval from the client or the client's guardian, this evidence must be attached to the ISP when submitted to the department.

If the client has a Public Guardian appointed, and a physical signature cannot be obtained, you must attach a letter/email from the Public Guardian confirming they have received the ISP (the department will not accept an email stating ongoing approval provided).

If an ISP cannot be signed by the client or the client does not have a guardian to sign on their behalf, the DSOA Service Coordinator must document in a detailed file note explaining:

- The reason why a signature could not be obtained by the client.
- The date on which the ISP was discussed with the client.
- Details of who participated in this ISP conversation.
- Details on when and how a copy of the ISP was provided to the client; and
- Details of any comments the client had regarding their ISP.

This file note must be attached to the ISP when submitted to the department.

If the client does not have a guardian and the client's cognitive abilities prevent them from participating in the ISP discussion, the DSOA Service Coordinator must document in the above file note what steps they are taking to arrange a suitable guardian for the client.

The department cannot direct or provide DSOA Service Coordinators with advice about resolving your client's guardianship. You may need to seek legal advice about how to navigate the process to seek guardianship in the state your client resides.

If the client requires an independent assessment to be completed, this will require a physical signature from the client or the client's guardian to proceed.

Client's agreement to ISP and signatures

My DSOA service coordinator has explained my ISP to me, and I agree with what it says.

Client's signature:	
Client's full name:	
Date signed:	

OR: Client's appointed guardian agreement and signature

Appointed guardian details must be listed on page 3 of this ISP if they are a signatory below. (The client's guardian cannot be a staff member that works for the DSOA Service Coordinator, as this can be perceived to be a conflict of interest. Should a staff member hold legal guardianship over the client, then this evidence must be provided with the ISP).

The DSOA service coordinator has explained this ISP to me, and as the client's appointed guardian, I agree with what it says.

Client's guardian signature:	
Full name of guardian / signatory:	
Date signed:	
Relationship to client:	

DSOA Service Coordinator agreement and signature

DSOA Service Coordinator signature:	
DSOA Service Coordinator full name:	
Date signed:	

This completed ISP must be emailed to DSOAcompliance@health.gov.au within 10 business days of the ISP start date each year and within 10 business days after each ISP update occurs.

A copy of the signed ISP must be provided to the client or the client's guardian, so that they have a copy to refer to during this ISP period.