Community Care Tailored Support
Empowering Potential, Inspiring Success

Emergency Contact Card

Keep this page somewhere easy to find.

PERSONAL DETAILS

Name

Preferred name

Address

Date of birth (optional)

Communication or access needs

PEOPLE TO CONTACT

Emergency contact 1 / relationship / phone

Emergency contact 2 / relationship / phone

GP / clinic / phone

Other important contact / phone

IMPORTANT INFORMATION

Allergies / serious reactions

Medical conditions or equipment responders should know

Where to find current medication list

Evacuation or mobility assistance needed

In an immediate emergency call 000. Keep sensitive details in a safe place.

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Medication List

Take an up-to-date copy to appointments and hospital visits.

PERSONAL DETAILS

Name

Date last checked

GP / pharmacist

MEDICATION RECORD

Medication name / strength

Dose / time / reason

Prescriber / special instructions

Medication name / strength

Dose / time / reason

Prescriber / special instructions

SAFETY NOTES

Allergies or previous reactions

Who helps with medication (if anyone)

Questions for pharmacist or doctor

Do not change or stop medication based on this worksheet. Confirm details with your pharmacist or doctor.

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Appointment Planner

Prepare questions and record the next steps.

APPOINTMENT DETAILS

Person attending

Date / time / location

Clinician / service

Transport or support arranged

BEFORE THE VISIT

What I want help with

Symptoms or changes I have noticed

Questions I want to ask

AFTER THE VISIT

What was discussed

Actions / tests / referrals

Who will do what and by when

Next appointment / follow-up

For urgent symptoms, seek appropriate medical assistance rather than waiting for an appointment.

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Weekly Cleaning Checklist

Choose tasks that are safe and suitable for your home.

EVERY DAY

[ ] Clear walkways and trip hazards

[ ] Wipe kitchen benches after food preparation

[ ] Wash dishes / tidy food areas

[ ] Put rubbish in the bin

EVERY WEEK

[ ] Clean bathroom surfaces

[ ] Change bed linen as needed

[ ] Vacuum or sweep floors

[ ] Wash towels and clothing

[ ] Check fridge for spoiled food

MY PLAN

Tasks I can do myself

Tasks I need help with

Who will help / when

Never mix cleaning chemicals. Follow product labels and ask for help with unsafe or difficult tasks.

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Shopping & Grocery List

Plan your essentials and keep within your budget.

MY SHOPPING PLAN

Date / shop

Budget $

Essential items first

GROCERIES

Fruit and vegetables

Bread / grains

Milk / dairy / alternatives

Protein foods

Pantry staples

Frozen foods

HOUSEHOLD ITEMS

Cleaning / laundry

Personal care

Pet supplies

Other

Check dietary requirements and food labels where relevant.

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Weekly Budget Planner

A simple guide to money coming in and going out.

MONEY IN

Income / pension / wages $

Other income $

Total income $

ESSENTIAL COSTS

Rent / housing $

Electricity / gas / water $

Groceries $

Transport $

Phone / internet $

Medication / health $

OTHER COSTS

Other bills $

Personal spending $

Savings / emergency buffer $

MY TOTALS

Do not write bank account numbers, passwords or PINs on this worksheet.

Money remaining $

One change I can make this week

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Support Provider Questions

Use this checklist when comparing services.

CHOICE AND CONTROL

[ ] Can I choose or change my support worker?

[ ] How are my goals and preferences included?

[ ] Can I change or stop services?

SERVICE DETAILS

[ ] What services are included?

[ ] What are the prices and extra charges?

[ ] What are cancellation rules?

[ ] Will I receive a written service agreement?

SAFETY AND FEEDBACK

[ ] How are workers screened and trained?

[ ] Who do I contact if something goes wrong?

[ ] How do I make a complaint outside the provider?

MY NOTES

Provider name / phone

What I liked

You can seek independent advice. NDIS Commission: 1800 035 544. Aged Care Commission: 1800 951 822.

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Personal Emergency Plan

Review this plan with people who support you.

IF I NEED TO LEAVE HOME

Where I will go

How I will get there

Who will help me

Accessible transport / mobility needs

THINGS TO PREPARE

[ ] Phone and charger

[ ] Medication and current medication list

[ ] Identification / important documents

[ ] Mobility, hearing or communication aids

[ ] Water, torch and essentials

[ ] Pet arrangements if applicable

IF I MUST STAY HOME

Where I will get trusted emergency updates

Backup power or equipment arrangements

Who will check on me

Call 000 in immediate danger. Follow official emergency-service directions and your individual care plan.

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Daily Routine Planner

A flexible plan for your day.

MORNING

Time to get up

Breakfast / drinks

Personal care / getting ready

Morning activities

AFTERNOON

Lunch / drinks

Appointments or outings

Rest / enjoyable activity

EVENING

Dinner / drinks

Tidy up / prepare for tomorrow

Bedtime routine

WHAT MATTERS TO ME

One goal for today

Help I may need

Adapt this plan to your preferences, energy levels and individual support needs.

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Feedback & Complaints Notes

Keep a factual record of a concern and what happens next.

WHAT HAPPENED

Date / time / location

Service or person involved

What happened (facts, not guesses)

How it affected me

WHAT I WOULD LIKE

My preferred outcome

Who I contacted / when

Response received

Next steps / follow-up date

HELPFUL CONTACTS

CCTS: 0455 605 331

NDIS Commission: 1800 035 544

Aged Care Commission: 1800 951 822

You can contact the relevant regulator directly. You do not have to complain to your provider first.