

My support needs



My morning schedule: 

Time:	What I do	Is support needed?	Is unpaid support available?	How can assistive technology help?	Funded supports needed	Type of support needed
7 am						
8 am						
9 am						
10 am						
11 am						
Total hours needed	N/A	N/A				N/A

My afternoon schedule: 

Time:	What I do	Is support needed?	Is unpaid support available?	How can assistive technology help?	Funded supports needed	Type of support needed
12 pm						
1 pm						
2 pm						
3 pm						
4 pm						
Total hours needed	N/A	N/A				N/A

My evening schedule: 

Time:	What I do	Is support needed?	Is unpaid support available?	How can assistive technology help?	Funded supports needed	Type of support needed
5 pm						
6 pm						
7 pm						
8 pm						
9 pm						
10 pm						
11 pm						
Total hours needed	N/A	N/A				N/A

Overnight support: 

Time:	What I do	Is support needed?	Is unpaid support available?	How can assistive technology help?	Funded supports needed	Type of support needed
Over-night						
Total hours needed	N/A	N/A				N/A

Weekly support:



Activity:	Type of support needed	Number of hours per week	Unpaid support available	Funded supports needed	Reason for funded supports
Cooking / Meal planning					
Laundry					
House cleaning					
Budgeting / Paying bills					
Organizing medication					
Shopping (groceries, supplies)					
Recreational activities					
Other					
Total hours needed Line E	N/A				N/A