

Risk assessment for participants who live alone and receive supports from a sole worker

This checklist is used to assist in the assessment of the risk factors identified in the NDIS Additional Condition of Registration, which applies to providers of assistance with daily personal activities to participants who live alone and receive support from only one support worker.

This checklist should be completed and attached to the Service Agreement between Life Choice and the participant, before any supports are provided.
Participant name:
Name of person conducting risk assessment:
Date:
The risk factors that have been checked below have been assessed as existing in relation to the participant:
$\hfill\Box$ The participant is not receiving, from any other NDIS provider, supports or services that involve regular, face-to-face contact with the participant.
☐ The participant or the participant's plan indicates that the participant has limited or no regular, face-to-face contact with relatives, friends or other people with whom the participant is well-acquainted.
$\hfill\square$ Without the assistance of another person the participant has limited or no physical mobility.
$\hfill\Box$ The participant uses equipment to enable them to be physically mobile or to facilitate their physical mobility.
$\hfill \square$ Without the assistance of another person the participant has limited or no ability to communicate with others.
$\hfill\Box$ The participant uses equipment to enable or facilitate communication with others, including to enable or facilitate the use of a phone or other device.
Does the participant have any of the risk factors as above? $\ \square$ Yes $\ \square$ No
If yes, then Appendix A on the back of this form must be completed and form part of the service agreement with the participant
Have you completed Appendix A ☐ Yes ☐ No ☐ N/A
Have you placed a copy of this assessment in the participant's file? $\ \square$ Yes $\ \square$ No
Have you provided a copy of this assessment to the participant? $\ \square$ Yes $\ \square$ No
Have you attached this sheet to the client's service agreement? \square Yes \square No

For_091 Risk Assessment_Service Agreement_Additional Condition of Registration



Updates to this risk assessment:

This risk assessment must be updated as soon as practicable after there is any change in the circumstances of the participant that may have a significant impact on the provision of personal support to the participant..

Appendix A

Addendum to Service Agreement pertaining to Additional Condition of Registration

When Life Choice provides assistance with daily personal activities to participants who live alone, and who receive care from only one support worker, we are subject to an Additional Condition of Registration, imposed under section 73G of the NDIS Act.

Participant name: with whom this service agreement is made (1) lives alone and (2) has risk factors specified in the Additional Condition to Registration.

Therefore, this service agreement takes into account the Life Choice's documented assessment of the participant's risk factors, and specifies the following additional provider obligations:

In addition, Life Choice:

- Collaborate with the participant to select the participant's support worker through consideration of their preferences, values and lifestyle choices.
- Regularly review implementation of this agreement, which will include someone other
 than the support worker checking directly with the participant to ascertain their level of
 satisfaction with the type, quality and frequency of personal support being provided;
- Supervise and monitor the performance of the support worker to ensure that their
 performance is consistent with this agreement and the participant's safety and wellbeing, taking into account the participant's identified risk factors. This will include (as far
 as practicable) regular visits by a supervisor to the participant's home, at least every
 (month) to undertake in-person supervision of the support worker;
- 1. Communicate regularly with the participant by including face-to-face communication with the participant in their home at least every month;
- If other providers are involved in providing supports or services to the participant in the
 participant's home, or in supporting the participant to access community-based
 activities, engage with those providers by email or phone