**Support Strategies**

Surname:

Given name:

Date of Birth:

**(Affix patient label here)**





Sex:

**H**as Intellectual Disability

**E**xtra assistance required

**L**ives with 24-hour support

**P**rovide care in ALL ADLs

FACS Disability Services (SES district) would like to acknowledge Carer Support Unit, Central Coast LHD for developing TOP 5 and supporting our agency to further develop TOP 5 for a person with an intellectual disability.

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| 3 |  |
| **4** |  |
| **5** |  |

**Compiled by: : Emergency Contact: Telephone:**

**Date: : Emergency Contact: Telephone:**

**Emergency Contact: e: Emergency Contact: Telephone:**

**Telephone: : Emergency Contact: Telephone:**