

Please tick below to indicate what type of report this is, then complete the appropriate sections and send to the ACC Client Service staff member.

PLAN:

- TI Service for Non-Serious Injury Clients** (max. 3 months)
- TI Service for Serious Injury Clients** (max. 6 months)
- TI Wellbeing Advisory Service** (max. 12 months)



Please complete sections 1 – 5, the start scores in section 7, and sign section 10.

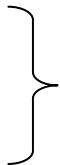
PROGRESS REPORT:

- TI Service for Serious Injury Clients - 3 Month Report**

Please complete section 6, the start scores in section 7, section 8, and sign section 10.

COMPLETION REPORT:

- TI Service Completion Report**
- TI Short-term Advisory Service Completion Report**
- TI Wellbeing Advisory Service Completion Report**



Please complete sections 6 – 9, and sign section 10.

PART ONE: BACKGROUND

1. ASSESSMENT DETAILS

Vendor name:	ACC vendor number:
Provider (key worker) name:	Purchase order number:
Date of first contact:	

2. CLIENT DETAILS

Client's name:	
Date of birth:	Claim number:

3. ACC DETAILS

ACC Client Service staff member:	
Phone number:	Email address:

PART TWO: PLAN

4. PLAN OBJECTIVES

The objectives must be consistent with the client's objective(s) as recorded in the referral. The objective(s) must be agreed with the client and the ACC Client Service staff member as the objective of this service.

Complete separate rows of this table if there is more than one objective per episode.

Please note: Episode length is determined by the type of referral:

- 6 weeks for a TI short-term advisory service
- 6 months for a TI programme
- 12 months for a TI wellbeing advisory service

1.

2.
3.
4.

5. PLAN STRATEGIES

Please detail, using bullet points, the strategies to achieve all the objectives in section 4.

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Proposed episode duration: (Note maximum durations mentioned in section 4)

Frequency of client contact (eg weekly):

Total hours proposed for this episode:

PART THREE: PROGRESS AND OUTCOME

6. ACTIVE EPISODES PROGRESS AND OUTCOME

Complete an outcome report for each objective listed in the Plan Objective(s) table in section 4.

Outcome description:

Date outcome recorded:

Rating against objective: Not achieved Partially achieved
 Achieved Achieved beyond expectation

Outcome description:

Date outcome recorded:

Rating against objective: Not achieved Partially achieved
 Achieved Achieved beyond expectation

Outcome description:

Date outcome recorded:

Rating against objective: Not achieved Partially achieved
 Achieved Achieved beyond expectation

Outcome description:

Date outcome recorded:

Rating against objective: Not achieved Partially achieved
 Achieved Achieved beyond expectation

Describe any adverse events that have occurred in the reporting period:

7. COMMENCEMENT & OUTCOMES REPORT SUPPORTING EVIDENCE

AusTOM Scales¹

Type of AusTOM scales used: Occupational Therapy Physiotherapy Speech Pathology

¹ AusTOM source: www.latrobe.edu.au/austoms/

Scale	Dates		Impairment		Activity	
	Start date	Report date	Start score	Report score	Start score	Report score
Participation and Wellbeing						
	Start score			Report score		
Participation						
Client distress						
Carer distress						

8. POTENTIAL CHANGES TO SERVICES

Services	Comments and advice to ACC
Nursing	
Attendant care Level 1	
Attendant care Level 2	
Attendant care for indirect (general) supervision at home Level 1 or Level 2	
Home help	
Child care	
Education support (teacher aid)	
Supported living	
Training for independence	
Supported employment	
Other (eg Supported Activity)	

9. OTHER COMMENTS

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PART FOUR: DECLARATION

10. PROVIDER DECLARATION

I declare the information provided by me on this form is, to the best of my knowledge, accurate and complete.

Plan	Provider signature:	Date:
Progress Report	Provider signature:	Date:
Outcome Report	Provider signature:	Date:

The information collected on this form will only be used to fulfil the requirements of the Accident Compensation Act 2001. In the collection, use and storage of information, ACC will at all times comply with the obligations of the Privacy Act 1993 and the Health Information Privacy Code 1994.