

**Instructions**

Complete this plan to request funding to meet a person’s support needs required for a holiday. Provide information in collaboration with the person. The plan can be completed by an occupational therapist in conjunction with a community access planner where relevant. A goal of planning may be to assist the person to develop skills in holiday planning for future occasions.

Prior to preparing the plan, contact the person’s TAC Support Coordinator to determine overseas attendant care entitlements for the current year according to TAC policy.

For overseas holidays requiring 1:1 attendant care, submit the plan to the TAC at least 12 weeks before the departure date. For non 1:1 overseas holidays and for Australian holidays, submit the plan at least 4 weeks before the departure date.

# Section 1

## TAC client details

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| --- | --- |
| First name |  |

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| --- | --- |
| Last name |  |

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| --- | --- | --- | --- |
| TAC claim number |  | Date of accident | / / |

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| --- | --- |
| Date of birth | / / |

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| --- | --- |
| Street name and number |  |

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| --- | --- | --- | --- |
| Suburb/Town |  | Post code |  |

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| --- | --- |
| Client phone number |  |

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| --- | --- |
| Client email address |  |

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| Key contact if not client |  |

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| --- | --- |
| Key contact phone number |  |

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| --- | --- |
| Relationship of key contact |  |

(e.g. parent, partner, guardian)

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| --- | --- |
| TAC Support Coordinator |  |

# Section 2

## Holiday request summary

Holiday destination

(location or country)

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| Holiday start date | / / | Holiday end date | / / |

Person’s last holiday funded by the TAC. Include date, destination and amount of TAC funded care received. The TAC can only reimburse the reasonable cost of up to a maximum of 28 days within Australia, or 8 weeks outside Australia, for every 12-month period.

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# Section 3

## HOLIDAY COSTS

Costs for carer expenses paid for by the TAC are calculated based on the additional cost incurred for the person to travel and stay with a carer, rather than travelling alone. The TAC does not contribute to travel and accommodation expenses if no additional cost is incurred for the carer to accompany the person.

### Carer's accommodation costs

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| --- | --- |
| Type  (e.g. ‘Standard room’) | Details of additional cost  (e.g. ‘Person would normally require standard room. Twin room now required for carer at an extra cost  of $80.00 per night.’) |
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### Carer’s travel costs

Include travel to and from the destination and travel to and from tourist attractions.

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| Type  (e.g. ‘Flight, economy’) | Details of additional cost  (e.g. **‘**Person would normally require only one seat on the plane, but requires attendant care assistance in-flight, at an additional cost for the carer of $250.00 return.’) |
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| Is the person aware of what the holiday will cost them, including accommodation, travel and food? |  |

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| If person has an administrator or has funds managed by the Senior Master’s Office, have they been  contacted to see if money will be released for the holiday? |  |
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# Section 4

## Support requested for holiday

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| --- | --- | --- | --- | --- |
| Service | Funding source | Current approved hours/week | Requested hours/week for holiday | Specify how many hours/week of the requested support are in addition to usual attendant care hours |
| Personal care |  |  |  |  |
| Therapy support |  |  |  |  |
| Community access |  |  |  |  |
| Inactive sleepovers |  |  |  |  |
| Active sleepovers |  |  |  |  |
| Community group programs |  |  |  |  |

Please detail any gratuitous support currently provided or to be provided during the proposed holiday.

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| Current approved hours which will be used on each day of holiday |  |

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| Total hours requested for each day of holiday |  |

Summarise what the person is planning to do while they are on holiday.

(e.g. sight-seeing, boating trips, participation in sporting events, attendance at festivals)

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| Will participation in the planned activities and destination pose any safety risks for the person or carers? |  |

**If yes**, provide details and strategies in place to address these concerns.

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Describe the rationale or clinical justification for extra hours being requested in addition to the hours of support provided when the person is in their usual residence.

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Name of attendant care agency that will be providing care.

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Outline the plan developed in consultation with the agency regarding how the support will be provided during the holiday. Has consideration been given to the daily support model of attendant care? This includes Standard Daily Support and Complex Daily Support.

(See TAC website for details.)

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If 1:1 care is needed, has downtime been allocated and how will this be achieved?

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| Has allocation of downtime been discussed with the agency/carers planning to go on the holiday? |  |

If the attendant care agency and/or carer are not sourced from the holiday destination, detail what steps have been taken to source attendant care provided by an agency in or close to the destination. Explain why sourcing attendant care in the destination was not successful.

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If a family member is approved to provide funded support, please detail why a family member was chosen and is more appropriate than an independent support worker.

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Is a family member or members present on the holiday and if so, what level of gratuitous care will they provide?

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# Section 5

## Shared care and holiday activity options

Is shared care an option, or is 1:1 attendant care required? If the planned holiday is a shared holiday or activity program, include the name of any organisation hosting the program and providing care.

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# Section 6

## Assistive technology required

Is assistive technology/equipment required for the holiday? Do items need to be hired, sent to the holiday destination or taken with the person on the holiday? What steps have been taken to arrange hire at the destination?

(Note: the TAC can only pay for equipment or transportation of equipment within Australia.)

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Insert photo of the assistive technology if appropriate.



# Section 7

## Travel requirements

Can the person fly/travel to the holiday destination independently and what assistance is required (e.g. on the boat, train, bus, plane)? If they require assistance to travel around safely at the holiday destination.

(e.g. bus, tram, taxi), please provide clinical justification)

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| Does the person require assistance when transiting to and from the destination with mobilisation, supervision, toileting, etc.? |  |

**If yes**, detail the level of attendant care support required. List any contact that has been made regarding safe travel.

(e.g. discussion with airline, train company, cruise operator)

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# Section 8

## Proposed holiday planner

Indicate where TAC funded supports are used during the holiday, including attendant care, shared support and unfunded care hours. Also include any care required pre- and post-holiday.

(e.g. packing, travel to airport, travel home)

|  | Morning | Afternoon | Evening | Total hours per support type  per day |
| --- | --- | --- | --- | --- |
| **Example** | * 7 - 9 am Personal Care (bowel care, showering dressing): 2 hours * 9 - 10 am Therapy Support: (stretching)  1 hour | * 1 - 3 pm Assist person to explore holiday destination: 2 hours * 3 - 4 pm Community Access (transport, shopping): 1 hour | * 6 - 7 pm Personal Care (dinner preparation):  1 hour | * PC: 3 hours * CA: 1 hour * TS: 1 hour |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |
| **Saturday** |  |  |  |  |
| **Sunday** |  |  |  |  |
|  | Total hours per week | | |  |

# Section 9

## Additional Comments

Please provide any further information that might be relevant but not already covered as part of this assessment.

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# SECTION 10

## PROVIDER DETAILS

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| Provider name, address,  email and phone number  (Type details or insert image of  practice stamp) |  |

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| --- | --- |
| SWEP credentialing level |  |

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| --- | --- |
| Days/hours available |  |

|  |  |
| --- | --- |
| Signature  Insert image (jpg/png) of signature.  (Or print, sign and scan the form) |  |

Icon

Description automatically generated

|  |  |
| --- | --- |
| Date | / / |

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Description automatically generated

**Submitting this form**

Email your completed form to your TAC claims manager or to [info@tac.vic.gov.au](mailto:info@tac.vic.gov.au) with the client’s TAC claim number in the subject line. Please also attach any supporting documentation.

### Privacy

The TAC will retain the information provided and may use or disclose it to make further inquiries to assist in the ongoing management of the claim or any claim for common law damages. The TAC may also be required by law   
to disclose this information. Without this information, the TAC may be unable to determine entitlements or assess whether the treatment is reasonable and may not be able to approve further benefits and treatment. If you require further information about our privacy policy, please call the TAC on 1300 654 329 or visit our website at [www.tac.vic.gov.au](http://www.tac.vic.gov.au)