

# BACI Life Sharing Network

## SUPPORT PLAN

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**Name:**

**Area of concern/risk** (please describe in detail):

**Events leading to area of concern/risk and how we prevent them:** (ie. Season change, special occasion, lack of sleep, change in medication, seizure, menstruation, routine change)

**Triggers:** (ie. Who What Where When and Why, cheque, contact with specific people, stressful situation/appointment etc.)

**Support Strategies for Area of Concern/Risk:**

Who do you contact (include names and #s), places they go/hang-out (include addresses), specific support techniques/equipment (prn, tone of voice, no touching/eye contact when communicating, cell phone, money transfer.

Please describe in a step by step method.

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