

Carer Lived Experience Statement

LETTER FORMAT

In regards to the (e.g. Plan Reassessment) of (name of participant)

Carer Lived Experience Statement

1. *(insert introduction)*
2. *(insert hardest thing for the participant about living with their disability)*
3. *(insert what the participant struggles with using one or more of the life areas)*
4. *(insert equipment used)*
5. *(insert who provides support to the participant and it's sustainability)*
6. *(insert impact on relationships)*
7. *(insert funded supports needed)*
8. *(insert consequences of not getting funded support)*

Thank you for taking the time to understand our situation.

Yours sincerely

(signature)

(name and date)