

My Community Support Map

People • places • community strengths • professional pathways



NAME _____ DATE _____

Support does not have to come from one person or one service. Map more than one pathway you can use.

1 PEOPLE I TRUST

Who can I talk to, spend time with or ask for practical help?

NAME / RELATIONSHIP	HOW THEY CAN SUPPORT ME	BEST CONTACT
_____	_____	_____
_____	_____	_____
_____	_____	_____

2 COMMUNITY, CULTURE & FAITH

Which people, groups or places help me feel connected, understood or supported?

PERSON / GROUP / PLACE	HOW THIS CONNECTION HELPS
_____	_____
_____	_____
_____	_____

3 HEALTH & PROFESSIONAL SUPPORT

Which professionals or services do I already use - or could I contact?

SUPPORT	NAME / SERVICE	CONTACT
GP / doctor	_____	_____
Mental-health professional	_____	_____
Other service	_____	_____

4 STRENGTHS & PRACTICAL SUPPORT

What helps me stay connected or makes support easier to reach?

Examples: belonging • language • culture • faith • food • storytelling • transport • childcare • help making a call

WHEN I NEED URGENT HELP

Immediate danger / cannot stay safe: 000

Lifeline 13 11 14 • Suicide Call Back Service 1300 659 467