## WHY WE RECOMMEND YOU COMPLETE THIS CHECKLIST

Your Choice Disability Plan Management use this Decision Tool to be held on your file with purchases of consumable items or services that may be identified by the NDIS as everyday items. An Allied Health Practitioner Recommendation may be provided in addition to or in lieu of this Decision Tool. Should you decide to not complete this decision tool, we will record this as supporting evidence.

## OUR ROLE IN YOUR DECISION MAKING

Our role is to assist you to make informed decisions around how to spend funds in your plan.

We will ensure you understand:

* Spending on unplanned items or services will reduce your funds and may impact other supports and services already in place.
* The decision is wholly your own (and/or that of your designated person/plan nominee)
* The NDIA may conduct compliance reviews on purchases made from your NDIS plan and will generally request supporting documentation or relevant notes be provided.

## WHO OR WHAT CAN HELP ME MAKE THESE DECISIONS?

1. [**The NDIS Pricing Arrangements and Price Limits guide**](https://www.ndis.gov.au/providers/pricing-arrangements)
2. [**NDIS website – Understanding Supports funded by the NDIS**](https://www.ndis.gov.au/understanding/supports-funded-ndis)
3. [**NDIS website – Reasonable & necessary supports**](https://www.ndis.gov.au/understanding/supports-funded-ndis/reasonable-and-necessary-supports)
4. [**The Assistive Technology (AT) Process**](https://ourguidelines.ndis.gov.au/supports-you-can-access-menu/equipment-and-technology/assistive-technology/how-can-you-get-assistive-technology-your-plan)
5. [**The NDIS Our Guidelines Website**](https://ourguidelines.ndis.gov.au/would-we-fund-it) – has information regarding what the NDIS does and does not fund in a NDIS plan. We strongly recommend you review this information.
6. Your **LAC & Allied Health Therapists**
7. Your **Peers & Networks**
8. Your **Support Coordinator** (if funded)

## PLEASE COMPLETE THE FOLLOWING

|  |  |  |
| --- | --- | --- |
| **Participant Name & NDIS Number:** |  | |
| Please describe the item or service you are considering purchasing: | | | |
|  | | | |
| **Does the item cost less than $1500 and is considered low risk?**  *(If NO - you will need to go through an* [*Assistive Technology*](https://ourguidelines.ndis.gov.au/supports-you-can-access-menu/equipment-and-technology/assistive-technology/how-can-you-get-assistive-technology-your-plan) *process)*  YES  NO  **Is this purchase directly related to your disability?** | |

YES  NO

|  |
| --- |
| The item or service will help me reach the goals in my plan:  YES  NO *We recommend you include any relevant information below.* |
|  |
| The item/service will help me connect with my community and improve the relationships I have with family and friends: *We recommend you include any relevant information below.*  YES  NO |
|  |
| **Is the item/service, safe and legal?**  YES  NO  **Is the item/service most appropriately funded by the NDIS and not another government service**  *(e.g., health, education, housing)? You can find more information about this* [*here*](https://ourguidelines.ndis.gov.au/would-we-fund-it/interacting-mainstream-supports)  YES  NO  The item/service is value for money when compared to other items and is a co-payment more appropriate if more than a basic model is purchased to include personal use.  We recommend you include any relevant information below.  YES  NO |
|  |
| I have enough funding to purchase this item & still receive my regular, planned & agreed supports:  YES  NO |

**Have you already purchased this item in your current or previous plan?**

*If yes, the NDIS may request further information to substantiate the duplicate purchase.*

YES  NO

**If at a future date the NDIA advise Your Choice Disability Plan Management that your NDIS plan should not have been used to purchase this item/services that you will reimburse Your Choice Disability Plan Management within 14 days of advice for the full amount of this purchase so that the funds can be returned to the NDIA?**

YES  NO

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | I confirm that the information given in this form is true & accurate to the best of my knowledge. I am making this decision based upon my own research and information and this decision is an exercise in my own choice and control. | | | | |
| **Name of person completing form:** | | |  | | |
| **Relationship to participant:** *(if applicable)* | | |  | | |
| **Signature:** | |  | | **Date:** |  |

*Once completed, please forward to* Click or tap here to enter text.*along with any supporting documentation as a record of your decision. We will keep a record of this on your file to demonstrate how you have made your decision, as per the governing guidelines on us as a plan management service provider.*