## WHY WE RECOMMEND YOU COMPLETE THIS CHECKLIST

This Decision tool will be held on your file with the purchase of consumable items or services that may be identified as everyday items. This evidence is required in the event that the NDIA requests proof to support your purchase of these everyday items through your NDIS funding. We also suggest obtaining an Allied Health Practitioner letter of recommendation to support your purchase. Additionally, it is recommended to obtain written approval from your NDIS planner as it ensures transparency and establishes a clear record of their approval for the purchase.

## YPM’S ROLE IN YOUR DECISION MAKING

**Our role is to support you to make well-informed decisions around how to spend funds in your NDIS plan. We can provide assistance in understanding your funding, so it lasts for the duration of your plan. We are here to support you.**

We will ensure you understand:

* How this purchase may impact your NDIS funding in relation to ongoing support and services already in place
* The NDIA may conduct compliance reviews on purchases made from your NDIS plan and will generally request supporting documentation.

## 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:** | Click or tap here to enter text. |
| **Please describe the item or service you are considering purchasing:** | |
| Click or tap here to enter text. | |
| **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 | |
| **The item/service is related to my disability:**  YES  NO | |
| *We recommend you include any relevant information below:* | |
| Click or tap here to enter text. | |

|  |  |
| --- | --- |
| **The item or service will help me reach the goals in my plan:**  YES  NO *We recommend you include any relevant information below:* | |
| Click or tap here to enter text. | |
| **The item/service will help me connect with my community and improve the relationships I have with family and friends:**   YES  NO *We recommend you include any relevant information below:* | |
| Click or tap here to enter text. | |
| **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.**  YES  NO  *We recommend you include any relevant information below:* | |
| Click or tap here to enter text. | |
|  | I confirm that I have checked my available funding and that in making this purchase I will have sufficient funding for my regular, planned and agreed supports for the length of my NDIS plan. I understand that should I over-utilise my NDIS funds, the NDIA may not allocate extra funding if exhausted. It is advisable to discuss additional needs with your Support Coordinator, LAC or NDIA planner prior to making unplanned purchases: |

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

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

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:** | | | Click or tap here to enter text. | | |
| **Relationship to participant:** *(if applicable)* | | | Click or tap here to enter text. | | |
| **Signature:** | | Click or tap here to enter text. | | **Date:** | Select Date |

*Once completed, please forward to* ***yourteam@ypm.com.au*** *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.*