## WHY WE RECOMMEND YOU COMPLETE THIS CHECKLIST

This STA Decision tool will be held on your file with the purchase of any Short-Term Accommodation services that may be misinterpreted by the NDIA as a holiday but is in fact respite. This evidence is required in the event that the NDIA requests proof to support your choice to purchase this particular STA through your NDIS funding.

Short Term Accommodation, including respite, is funding for support and accommodation for a short time away from your usual home. It covers the cost of your care in another place for up to 14 days at a time. You might have a short stay with other people, or by yourself. It’s often funded when your usual carers aren’t available, or for you to try new things.

## 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 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.
5. [**Short Term Accommodation or Respite Operational Guideline**](https://ourguidelines.ndis.gov.au/media/1660/download?attachment)
6. Your **Peers & Networks**
7. Your **Support Coordinator** (if funded)

## PLEASE COMPLETE THE FOLLOWING

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| --- | --- |
| **Participant Name & NDIS Number:** | Click or tap here to enter text. |
| **Please describe the STA you are considering purchasing:** |
| Click or tap here to enter text. |
| **The STA is related to my disability:**[ ]  YES [ ]  NO |
| *If yes, please specify:* |
| Click or tap here to enter text. |

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| **The Short-Term Accommodation will help me pursue my goals:**[ ]  YES [ ]  NO*If yes, please specify:* |
| Click or tap here to enter text. |
| **The Short-Term Accommodation will help me connect with my community and improve the relationships I have with family and friends:** [ ]  YES [ ]  NO*If yes, please specify how:* |
| Click or tap here to enter text. |
| **Is the STA most appropriately funded by the NDIS and not another government service** *(e.g., crisis accommodation, MTA)? You can find more information about this* [*here*](https://ourguidelines.ndis.gov.au/media/1660/download?attachment)[ ]  YES [ ]  NO**The Short-Term Accommodation is value for money when compared to others.**[ ]  YES [ ]  NO*IF yes, please specify how:* |
| Click or tap here to enter text. |
| **I will have a Support Work with me for the duration of the STA:** [ ]  YES [ ]  NO  |
| Click or tap here to enter text. |
| [ ]  | I confirm that I have checked my available funding and that in making this decision 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: |

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| --- | --- |
| [ ]  | **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 STA 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.*