

Can I buy it?

Participant name: _____

NDIS number: _____

Requested support: _____

	YES	NO
Is the support related to your disability? Do you require the support because of your disability?	<input type="checkbox"/>	<input type="checkbox"/>
Will the support help you to reach the goals in your NDIS plan? The support you buy must be linked to the support budgets & goals in your current NDIS plan	<input type="checkbox"/>	<input type="checkbox"/>
Is the support reasonably priced and good value? The support should give you good value-for-money compared to other options.	<input type="checkbox"/>	<input type="checkbox"/>
Can you afford the support within your support budget? Your NDIS funding needs to last for the length of your plan.	<input type="checkbox"/>	<input type="checkbox"/>
Will the support help you to connect with your community and improve the relationships you have with family and friends? The support you buy should help you to participate in activities with friends and other members of your community, or help you find and keep a job.	<input type="checkbox"/>	<input type="checkbox"/>
Is the support something that should be funded by the NDIS and not other government services? The NDIS will not fund support that is provided by other government services. For example, dental, health or hospital services, education, housing and public transport are all provided by other government services.	<input type="checkbox"/>	<input type="checkbox"/>
Is the support safe? The support you buy must be legal. It should not cause harm or put yourself or other people at risk.	<input type="checkbox"/>	<input type="checkbox"/>

If you are able to answer 'Yes' to each of these questions, then the support is likely to be in line with your NDIS plan and goals.

Completion of this form does not necessarily mean that this support will be approved by the NDIS.

By signing below, you agree that if this purchase is audited, and found to be a misuse of funding, you may be held liable by the NDIS and may be required to pay back funds.

Riverside Plan Management accepts no responsibility for this purchase should the NDIS deem it to be a misuse of funding.

Signature: _____

Date: _____