

# STA CHECKLIST

If you are wanting to use your NDIS Core funding for any Short-Term Accommodation (STA) or respite services, we are asking you complete this checklist in case it maybe construed by the NDIA as a holiday but it is in fact respite. This evidence is required should the NDIA request proof to support your choice to purchase this STA with your NDIS funding.

STA (including respite) is for support and accommodation is for short periods away from your usual home and covers the cost of this care for up to 14 days a at time. It can be funded in your plan for when your usual carers are not available or sometimes for you to try new things.

In order that you make informed decisions about the use of your funding we will support you to understand:

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

Please see links to NDIS information that can help with your decision:

[The NDIS Pricing Arrangements and Price Limit Guide](#)

[NDIS website - Understanding Supports Funded by the NDIS](#)

[NDIS website - Reasonable and Necessary Supports](#)

[NDIS Our Guidelines Website](#)

[Short Term Accommodation or Respite Operational Guidelines](#)

## PLEASE COMPLETE THE FOLLOWING

Participant Name:.....

Participant NDIS number:.....

Please describe the STA/respite you are considering purchasing:

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The STA/respite is related to my disability;

YES    NO (please circle)

If yes, please specify:

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The STA/respite will help me pursue my goals:

YES    NO (please circle)

If yes, please specify:

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The STA/respite will help me to connect with my community and improve the relationships I have with family and friends:

YES    NO (please circle)

If yes, please specify:

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Is the STA/respite most appropriately funded by the NDIS and not another government service

YES    NO (please circle)

If yes, please specify:

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I will have a support worker with me for the duration of the STA:

YES NO (please circle)

Please provide details of supports:

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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 I have given in this form is true and accurate and 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 the form .....

Relationship to Participant .....  
(if applicable)

SIGNATURE ..... DATE .....

Once completed please forward this form to [accounts@myriverside.com.au](mailto:accounts@myriverside.com.au) along with any supporting documentation as a record of your STA/respite decision. We will keep this on file to demonstrate how you have made your decision as per the governing guidelines on us as a plan management service provider.