



ALL DISABILITY PLAN MANAGEMENT

Reasonable and Necessary Checklist

Your purchases may occasionally be audited by the NDIS, and it is important that you are able to justify the invoices and receipts that are sent in for payment. Please make sure that you have considered the following general NDIS criteria each time you engage a service or request payment for an item. Once completed, you can print this form for your records and we will keep a copy on our files for you.

By filling out this form, you understand that:

Higher risk assistive technology products will generally require advice from a qualified assistive technology practitioner (such as an allied health professional) to ensure the right selection and outcomes for your individual needs. You understand that it is your responsibility to source the advice of a relevant professional prior to purchasing, and that you will be able to provide this evidence in the event of an audit.

Full Name of Participant: _____

Product or Service you would like to purchase: _____

What is the NDIS goal this product or service will help you achieve: _____

Please ensure you can tick EVERY box to ensure your purchase meets the general guidelines below:

- There are enough funds available in my plan to pay for the item
- This purchase is directly related to my disability
- This purchase is good value for money and reasonably priced
- This purchase is safe and legal
- This purchase will help me reach the goals in my NDIS plan
- This purchase does not replace supports that would usually be provided by family or friends
- This purchase is not funded or partially funded by another government department or scheme
- It is NOT an everyday item that anyone would buy?

Provide a brief explanation for this purchase (why you need it): _____

- I understand that All Disability Plan Management strongly recommends I contact the NDIS and/or an appropriate allied health professional if I am unsure whether this purchase will meet all NDIS guidelines. I have considered all the above points and believe to the best of my knowledge that my purchase can be funded via the NDIS.
- I understand that All Disability Plan Management acts on my behalf and at my direction - I will not hold All Disability Plan Management responsible for my purchases if I am audited. I understand that debt recovery may be actioned against me should my purchase not be deemed appropriate by the NDIA at a later date.

Full name of person submitting this form: _____ **Date:** _____



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