

Reasonable & Necessary Checklist

Participant name: _____

NDIS Number: _____

For the purchase: _____

I agree that the above product/s to my knowledge meets reasonable and necessary guidelines set out by the NDIS and is a required purchase due to my disability. Purchases made are the financial responsibility of the participant/representative should the NDIA decide that the purchase does not meet reasonable and necessary criteria.

Please consider and answer the following questions to determine what to purchase with your NDIS funding:

Question	Yes/No
1. Is the support or service related to your disability? It should help you achieve the goals set out in your NDIS plan.	
2. Does the support or service represent value for money compared to other supports available to you?	
3. Can you afford the support or service within your approved NDIS budget? Your funding is designed to last the entirety of your NDIS plan dates.	
4. Will the support or service increase your independence or improve how you access the community?	
5. Could the support or service be funded by other government services? For example, health or hospital services, medicine, education, housing and public transport are provided or subsidised by other government services.	
6. Will the support or service help you to develop the capacity to take part in the community and/or increase workplace participation?	
7. Is the support or service safe? Your supports should not put yourself or other people at risk.	

Name: _____ Signed: _____

Date: _____