

# Support Tool

This tool is a simple 7 step form that guides you through the questions from the NDIS Guidelines

Please return it to us by email at [admin@ypca.com.au](mailto:admin@ypca.com.au) and save the completed form for your records. If you have any questions about this form, please contact our team from our website <https://www.ypca.com.au>

## What you'll need to complete this form:

- **NDIS Plan** including your **NDIS number** – Make sure you use your details registered with Your Plan Consultants and Advisors (YPCA).
- A copy of your **quote or invoice**.
- **Support Category** – You can find these on your NDIS plan
- **Funding availability** – Check you have enough funding available. Remember, your funding needs to last for the length of your plan. Up-to-date available funds can be obtained from YPCA as on demand report.
- **NDIS approved** – Confirm that the support or service is covered by the NDIS. It should either be stated on your NDIS plan or NOT appear on the <https://ourguidelines.ndis.gov.au/would-we-fund-it/what-does-ndis-fund>
- **Government supports** – Check the support or service **cannot** be funded through another government department (e.g. education, health etc).

## 1. Participant Details

First Name:

Last Name:

NDIS Number:

Email:

### If form is being completed on behalf of participant:

Full Name:

Relationship to Participant:

## 2. Support Details

Name of the service or support:

*e.g. furniture assembly*

Provide a short description of your service or support:

*The more information you provide, the better we can understand your needs and support your claim.*

Is this a service or support that you will need regularly over your plan period?

☐

Yes

☐

No

☐

Unsure

## 3. Support Cost

What is the cost of the service or support?

\$

Outline how this service or support is reasonably priced and value for money, or why a cheaper alternative may not be suitable:

## 4. NDIS Category

Select the budget category you would like to use to fund this support:

☐

Core Support

☐

Capital Support

☐

Capacity Building Support

☐

Unsure

Taking your future funding needs into consideration, is there enough funding available\* for this support in the budget category selected?

*\*Remember your funding needs to last for the length of your plan.*

☐

Yes

☐

No

☐

Unsure

## 5. NDIS Goals

Describe in detail how this service or support relates to your disability and goals stated in your NDIS plan?

*E.g. One of my NDIS goals is to live independently, this support will help me maintain a clean-living environment.*

## 6. Capacity Building

How will this service or support help you build your relationship with your family, friends, workplace colleagues, or within your community? \*

*\*Remember, NDIS funding is not intended to replace informal supports.*

*If this support doesn't relate to capacity building supports, you can mark it as N/A (not applicable)*

## 7. NDIS Coverage

Is this service or support something that could be funded by a government service\* (e.g. Dental, health or hospital services, education, housing, or public transport)?

*For more information, visit the NDIS website for a list of NDIS and government services.*

☐

Yes - There is a government service that could fund this\*

☐

No - There is no government service that could fund this

☐

Unsure

*\*Remember NDIS will not fund a service or support that is responsibility of another government system or community service.*

If you selected “Yes” or “Unsure”- Please explain why this support should be covered by the NDIS instead of another government service.

*If you selected “No”, you could mark it as N/A (not applicable)*