

Purchase / expenditure guide

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. The NDIS may take a variety of actions if it is decided that the purchases or supports do not meet their criteria. This may include repayment of money spent. Please make sure that you have considered the general NDIS criteria each time you engage a service or request payment for an item.

We [Optimum Plan Management] may occasionally request that you complete the this form to support your purchase. By filling out this form, you understand that:

- Higher risk assistive technology products will generally require advice from a qualified assistive technology practitioner (often allied health professional) to ensure the right selection and good outcomes. You understand that it is your responsibility to source the advice of a relevant professional prior to purchasing, and you are able to provide this evidence during a potential audit. You understand that the staff at Optimum Plan Management are not appropriately qualified to provide advice around risk.
- The NDIS does not support the purchase of mainstream recreational pursuits, unless the cost exceeds an affordable level and without, the participant would be at risk of social isolation. If purchasing a mainstream activity, you are confirming that the cost exceeds an affordable level and the participant is otherwise at significant risk of social isolation.

Full name of NDIS participant and NDIS id

Product or service you would like to purchase

Please tick that you have checked your purchase meets the general guidelines below:

- This purchase helps me achieve at least one of my NDIS plan goals
- There are enough funds available to last the duration of the plan
- This purchase is directly related to my disability
- This purchase is good value for money compared to other supports
- This purchase is legal

- 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
- This purchase is not an everyday expense I would otherwise need to pay

Brief rationale for purchase:

I understand that Optimum 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 Optimum Plan Management acts on my behalf and at my direction - I will not hold the service 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.

Name:

Organisation:

Signature:

Date: