

Form – PM Reasonable & Necessary Supports Checklist

This checklist should be used to confirm if a support requested will be considered “Reasonable and Necessary” by the NDIA – refer to NDIS Act (2013) Section 34 (a) – (f).

The Act states that **all** of the following criteria must be met for funding or provision of each support.

Participant Name		Date	
Support Requested			

Please answer yes or no to the following questions

- (a) The support will assist you to pursue your goals, objectives and aspirations included in your statement of goals and aspirations: **Yes** **No**

Please list which goal this support will assist with

- (b) Does this support represent value for money in that the costs of the support are reasonable, relative to both the benefits achieved and the cost of alternative support? **Yes** **No**
- (c) The support will assist you to undertake activities, to facilitate your social and economic participation: **Yes** **No**
- (d) The support will increase my independence and build my capacity to actively take part in the community: **Yes** **No**
- (e) The support requested is directly related to your disability? **Yes** **No**
- (f) The support requested is not considered a day-to-day living expense or an item most Australians would be expected to have/provide in everyday life? **Yes** **No**

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- (g) Is the support evidence based and in line with current guidelines around best practice? Is the support likely to be beneficial and effective in relation to your disability? **Yes** **No**
- (h) Does the funding or provision of the support take account of what is reasonable to expect families, carers, informal networks to provide? **Yes** **No**
- (i) Is the support most appropriately funded or provided through the NDIS, or would it fall under another banner such as the Dept of Health, or Education: **Yes** **No**
- (j) The support is not prescribed by the NDIS rules as a support that will not be funded or provided: **Yes** **No**

Declaration By Participant

I declare the above details are accurate and correct to my knowledge and make this declaration in good faith.

Name	
Phone	
Signature	

Links used for reference in building this checklist

[Does the support meet the reasonable and necessary criteria? | NDIS](#)

This form is to be uploaded with the invoice for the requested support.