

Empowering YOU to make the decision on what you can spend your FUNDING on checklist?



Dream Big believes in self empowerment and informed decision making. Can you review the following questions when it comes to deciding about the product and/or service.

Name:

Nominee name:

NDIS number:



Is this support directly related to your disability?

YES

NO



Does this support represent value for money?

YES

NO



Will this support/activity/product help me reach my goals?

YES

NO



Is it legal? Is it safe? Could it cause harm to myself or others?

YES

NO



Affordable: will this choice impact my supports and will my budget last the time of the plan?

YES

NO



This support should not be provided by any other funded program, your family or carers?
Example: medical, dental, housing, education or public transport

YES

NO

I understand that the support, service or item I have listed below is usually not funded by the NDIS. However, I believe that it is within the intent of my plan and that funding has been included for it .I would like Dream Big to process the claim for the invoice or receipt provided for the service, support or item. I also acknowledge that this will reduce the funds available for other supports.

YES

NO

Signature

Please submit this alongside your invoice to accounts@dreambigdisabilities.

