FindPlan
NDIS Plan Management

Reasonable and Necessary Assessment Form

> Use this checklist to evaluate whether a proposed service, support, or purchase aligns with the National Disability Insurance Scheme (NDIS) **"Reasonable and Necessary"** guidelines before using your funding.

1. Participant Information

Participant Name: _____ **NDIS Number:** _____

2. Support or Service Requested

Description of Support Required:
Specify the product, service, or provider name, along with how it directly relates to your current requirements.

3. NDIS Criteria Checklist

Evaluation Questions	YES	NO
1. Goal Alignment: Will the support or service directly help you pursue or achieve the specific goals outlined in your NDIS plan?	☐	☐
2. Value for Money: Is the cost of the support or service reasonable and priced competitively compared to alternative options?	☐	☐
3. Budget Capability: Can you comfortably afford this support within your approved NDIS budget category for the entire duration of your plan?	☐	☐
4. Social/Community Networks: Will this support optimise your local community connection and personal relationships without replacing standard support normally provided by family, friends, or community networks?	☐	☐
5. Funding Responsibility: Is this support appropriately funded by the NDIS rather than standard universal systems? (e.g. Health, Education, Housing, and Public Transport are responsibilities of other government bodies).	☐	☐
6. Community & Employment: Will this support increase your capacity to engage in social, recreational activities with friends, or help you secure/maintain employment?	☐	☐

Evaluation Questions	YES	NO
7. Safety & Risk: Is this support verified safe? It must not present any physical risk or cause harm to you or the people around you.	☐	☐

4. Participant Declaration

By signing below, I certify that I have reviewed my current NDIS funding plan, confirmed budget sustainability, and genuinely believe that the requested support satisfies all reasonable and necessary standard criteria stated above.

Participant / Representative Signature : _____ **Date :** _____

Once completed, please sign and submit this form directly to your **Find Plan** representative or email it to your assigned Plan Coordinator for formal processing.