**Purchasing Support Form**

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| **Ministry of Health Purchasing Guidelines Template** |
| **Item Description**[Free text]  | **Item Cost**[Dollar Value] | **Personal Contribution**[Dollar Value] |
| **One: It helps people live their life or makes their life better** | **True** | **False** |
| The purchase supports the actions and goals in my/the disabled persons Individual Service Plan (ISP) as agreed with the NASC or EGL Host. |[ ] [ ]
| The purchase supports ordinary life outcomes for me/the disabled person.  |[ ] [ ]
| Please describe how the purchase will support you/the disabled person to achieve your goals and enhance your life. |
| **Two: It is a disability support** | **True** | **False** |
| The purchase specifically supports my disability/the disability of the funded person.  |[ ] [ ]
| The purchase is not an ordinary cost that would be incurred anyway regardless of disability. |[ ] [ ]
| Please provide as much information as you can as to how this purchase directly supports the disability of the funded person. |
| **Three: It is reasonable and cost-effective** | **True** | **False** |
| The purchase costs about the same as the market price for comparable things. |[ ] [ ]
| The purchase is "cost-effective" and achieves a good outcome for the money spent. |[ ] [ ]
| The purchase does not relate to ongoing maintenance or upkeep of purchased items. |[ ] [ ]
| The purchase will leave enough funding for the remainder of the funding period to provide the care required as per the funding plan made with your assessor. |[ ] [ ]
| I am willing to make a personal contribution if the purchase will be used by and will benefit multiple members of the household. |[ ] [ ]
| Please make note of anything you would like to communicate to us about this section. |
| **Four: The purchase is not subject to a limit or exclusion** | **True** | **False** |
| I confirm that the purchase is not able to be funded elsewhere.   Please click [here](https://www.manawanui.org.nz/en-US/faq/faq-section/?id=dbbda6ac-ed1c-ed11-b83d-00224812bc2e) for information on Alternative Funding Options |[ ] [ ]
| I have applied to have this purchase funded elsewhere or via a public service and either it can't be funded or there was a significant waiting time. |[ ] [ ]
| If the above is true, please provide commentary and attach any relevant documentation with this form. |