

PARTICIPANT INFORMATION

Name	
Address	
Telephone Number	
Date of Birth	

CHECKLIST

<input type="checkbox"/>	You have all your medical, education and health documents as evidence e.g. GP report/diagnosis; school counsellor
<input type="checkbox"/>	You have completed the NDIS Planning Booklet 2
<input type="checkbox"/>	You have your diary notes recording your daily routines and any help required to do these tasks
<input type="checkbox"/>	You have identified some goals for the next 12 months e.g. find a job; access my community more
<input type="checkbox"/>	You have all letters from the NDIS
<input type="checkbox"/>	You know the names and contact details of all your doctors and medical practitioners
<input type="checkbox"/>	You have written down your myGov account details if you have one
<input type="checkbox"/>	You have decided if you want someone to go to the planning meeting with you and who this is
<input type="checkbox"/>	You have decided how you will manage your plan funds e.g. self-managed=managed by you, plan-managed=managed by a professional Plan Manager, NDIA-managed=managed by the National Insurance Scheme Agency or a combination
<input type="checkbox"/>	You know whether you need help with coordinating your supports
<input type="checkbox"/>	You have written down any questions you want to ask at the plan meeting