**Request to Allocate Funds**

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NDIS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Plan dates: \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_ Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Plan Category** | **Provider** | **Amount $** |
| Core – Assistance with Daily Life |  |  |
| Core – Assistance with Social & Community Participation |  |  |
| Core – Consumables |  |  |
| Core - Travel |  |  |
| Assistive Technology |  |  |
| Coordination of Supports |  |  |
| Finding & Keeping a Job |  |  |
| Home Modifications |  |  |
| Improved Daily Living Skills |  |  |
| Improved Health and Well Being |  |  |
| Improved Learning |  |  |
| Improved Life Choices |  |  |
| Improved Living Arrangements |  |  |
| Improved Relationships |  |  |
| Increased Social & Community Participation |  |  |

**By Returning this form you acknowledge that you have a signed Service Agreement in place for the appropriate plan period and appropriate category. (There is no need to send a copy)**

**Important Information**

Please note at the current time Proda does not allow for the allocation of funds at the individual provider level. In order to assist with planning our software has been developed to allow Peak Plan Management to allocate funds for specific providers based on signed service agreements returned to us. This form is required so that we can facilitate this. As there are many events that can change the amount of funding available outside our control this is not a guarantee that funds will be available. We will not accept any liability for any overspending in the participants plan.

If a plan review occurs you will need to send a new form as a new service agreement would need to be created at this time.

At the time that this form is processed on our system we will let you know if there are insufficient funds at that point in time.