

Written advice to support the purchase of a smart device or fitness equipment using NDIS funding

Support Provider issuing th	is advice (name of the o	organisation)	
Support Provider contact p	erson		
Support Provider contact p	hone number	email	
NDIS Participant name		NDIS number	
The specific device or equi (please attach the invoice		not exceed \$1,500)e)	
Date of this written advice	(dd/mm/yyyy)		
I/we confirm that (please t	ick):		
physical distancing alternate solutions the limitations;	restrictions (or other co to maintain delivery/out	pant's plan have been significantly hindered onsequences of coronavirus (COVID-19)) and atcome have been considered, but do not further the been covidered, but do not further the been covidered, the device or experience of the beautiful device of	nd that Illy address
Enable tel	· ·	or the participant to continue to receive dis	•
	line access for the partic on program or activity fu	cipant to continue to attend a social and cou unded by the NDIS,	mmunity
	•	a health and wellbeing program funded by the purchase of fitness equipment), and/or	
☐ Maintain a	nother support or servic	ce funded by the NDIS (please specify)	
•	e or equipment required elected or described abou	represents the lowest specification capable ve; and	of meeting
☐ The participant is a	able to use the device or	r equipment to access the support.	

Note: this written advice is required per the NDIA's Coronavirus (COVID-19) information and support. For more details and latest updates please refer to the NDIS website.

https://www.ndis.gov.au/coronavirus/participants-coronavirus-covid-19/using-your-budget