



## My Provider Checklist

Provider:

Service:

Date:

### General

<input type="checkbox"/>	Check if NDIS Registered
<input type="checkbox"/>	Find out about the company. Anything you want to remember?
<input type="checkbox"/>	Do they have availability in my local area TODAY. If not, when?
<input type="checkbox"/>	Hourly Rates. Will they negotiate?
<input type="checkbox"/>	Minimum Hours. What are their minimum charges?

<input type="checkbox"/>	Travel Charges. Do they charge travel and when?
<input type="checkbox"/>	Cancellation Charges. How many days notice do I need to give? Do they charge 100% of fees?

### Specific Needs

Make a list of your specific needs from MOST IMPORTANT to LEAST IMPORTANT

Type of Support (Personal care, social etc)	
Age	
Gender	
Disability Experience	

Specific Skills E.g Behaviour support	
Language	
Culture/Religion	
Interests/Skills	

## Notes