**Quoting Overview**

**Introduction**

The purpose of this document is to:

* Identify the individualised supports that will be available for the participant, focussed on maximising their capacity to be as independent as possible with personal and life skills
* Determine a price for the proposed flexible individualised living arrangement

This document is designed to assist with the reasonable and necessary decision making process, as required by legislation.

**Structure of this quoting document**

This document is structured as follows:

* **Participant Profile** – provides an overview of the participant and their daily support needs.
* **Individualised Living Arrangement Details** – provides an overview of the proposed flexible individualised living arrangement.
* **Individualised Living Quote** – provides the quoted amount for the proposed flexible individualised living arrangement.
* **Quote Exclusions** – outlines items that are excluded from the individualised living arrangement quoted amount.
* **Quote Terms** – outlines the terms of the proposed quote and is to be signed and dated by the provider.

**Considerations**

In filling out this documents please provide succinct responses that together gives the reader sufficient information to make a reasonable and necessary decision. Information provided should also be relevant and current.

**Requirements**

Providers are to use this document in developing a quote for the proposed individualised living option. Using this document will ensure a more efficient and nationally consistent process, and is intended to result in your quote being assessed in a timely manner.

This quote is not to be used for Supported Independent Living (SIL) arrangements, such as fully rostered arrangements. The Provider SIL Pack should be used for SIL arrangements.

Participants should be involved in the process and the proposed individual living option should reflect their wishes and should be tailored to their needs.

**Participant Profile**

**Participant name:** <Enter participant full name>

**NDIS participant number:** <Enter NDIS participant number>

**Participant date of birth:** <Enter participant date of birth in dd/mm/yyyy format>

**Participant level of support:** <Enter participant’s support level (Low/Standard/High)>

**Participant goals (relating specifically to accommodation and living supports):**

* What are the participant’s goals in relation to accommodation and living supports

**Participant disabilities:**

* List participant’s disabilities

**Participant current behaviours of concern:**

* Detail any current behaviours of concern and provide examples (including frequency)

**Participant current support needs:**

* Describe the typical living supports currently needed by the participant

**Participant informal supports:**

* Describe any informal or other supports, e.g. family stays and outings

**Participant mainstream supports:**

* Describe any mainstream supports, e.g. nursing support, dialysis, education, justice, etc.

**Who is important to the participant:**

* List people who are important to the participant, e.g. family, guardian, important decision makers, etc.

**Other information (optional):**

* Provide any other information, social context or exceptional circumstances that you’d like the NDIA to consider

**Individualised Living Arrangement Details**

**Type of individualised living arrangement:** <Living Alone / Co-residency / Host Arrangement / Living Together / Other>

**Does the participant share any supports with someone in the home:** <Yes / No>

**How long has the participant lived in this arrangement:** <# years>

**Description of individualised living arrangement:**

* Describe the proposed individualised living arrangement

**Why has this arrangement been selected / proposed:**

* Detail why the proposed individualised living arrangement is suitable for the participant

**What alternative living arrangements have been explored:**

* Detail any alternative living arrangements that have been explored and why they are not suitable

**What risks have been identified:**

* What risks are associated with the proposed individualised living arrangement

**What safeguards / strategies will be implemented:**

* Detail the strategies that will be implemented to minimise the risks to the participant

**What is being done to build / maintain connections and support networks:**

* Detail the strategies to build and/or maintain the participant’s social or cultural connections

**How has the participant been consulted / involved in developing the living arrangement:**

* How the participant has been consulted / involved in developing the proposed living arrangement

**Participant / family / guardian signature (optional):**

I **<full name>**, agree to and understand the proposed service offering as outlined in this quote.

**Relationship to participant (if not participant):** <parent, sibling, partner, guardian, etc.>

**Signature:**

**…………………………………………......................... Date signed:** <DD/MM/YYYY>

**Individualised Living Quote**

**Primary individualised living arrangement supports:**

This section relates to the primary supports to be provided under the individualised living arrangement . There are a variety of support models that may form the primary cost of an ILO.

These could include:

Host Arrangement, Housemates –live in , Paid professional -live in, Mentors , Rostered shifts for support workers, Rostered daily or 48 hour supports using negotiated rates.

The average weekly hours of supports refers to the average number of hours of fully occupied and intermittent support related specifically to the participant’s disability;

* Fully occupied support – personal care, waking during night to support participant, domestic activities, etc.
* Intermittent support – monitoring, prompting, etc.

*Example: Jane receives 120 hours of support from her host arrangement for a weekly cost of $1,200*

|  |  |  |
| --- | --- | --- |
| **Item** | **Units** | **Amount / week** |
| Average weekly hours of support | hrs / week | X hrs |
| Quoted amount | $ / week | $X |

Description and details of supports to be provided:

* Detail the model being used and the supports to be provided for the above quoted amount .

For Host Arrangements please specify the amount paid to the Host.

For other models please outline supports across a typical week.

**Supplementary individualised living supports :**

Supplementary Support adds to the primary support to make up a package that provides overall safety, stability and developmental opportunities which meet individual needs. These could include; Secondary host arrangement, Rostered support in home, Supported informal support or volunteers, Mentor support ,On call of various types

*Example: Jane receives 18 hours of supplementary support (12 hours of rostered support and 6 hours of on-call support) per week for a weekly cost of $600*

|  |  |  |
| --- | --- | --- |
| **Item** | **Units** | **Amount / week** |
| Average weekly hours of support | hrs / week | Y hrs |
| Quoted amount | $ / week | $Y |

Description and details of supports to be provided:

* Detail the nature of the supplementary service and supports to be provided for the above quoted amount
* For Host Arrangements please specify the amount paid to the secondary host/s.
* For other models please outline supports across a typical week.

**Design / facilitation / maintenance / monitoring services:**

This section relates to the services to be provided regarding the design, facilitation, maintenance, and monitoring of the individualised living arrangement. The provider should be able to provide a report if requested by the NDIA which outlines the services provided and the participant’s progress under the individualised living arrangement.

*Example: Provider XYZ provides 10 hours of support at a weekly cost of $500 to assist with the design, facilitation and maintenance of the host arrangement, including sourcing and matching of the hosts. Provider XYZ meets with the participant, hosts or other key decision makers on a regular basis to ensure the participant’s needs are being met. Provider XYZ also provides monitoring, on-going support, and reporting relating to Jane Doe’s individualised living arrangement*

|  |  |  |
| --- | --- | --- |
| **Item** | **Units** | **Amount / week** |
| Average weekly hours | hrs / week | Z hrs |
| Quoted amount | $ / week | $Z |

Description and details of services to be provided:

* Detail the services to be provided for the above quoted amount

**Total quoted amount:**

|  |  |  |
| --- | --- | --- |
| **Item** | **Units** | **Amount / week** |
| **Total hours of support** | hrs / week | **X+Y+Z hrs** |
| **Total quoted amount** | $ / week | **$X+$Y+$Z** |

**Quote Exclusions**

**Quote exclusions:**

The following items are excluded from this quote:

* Cost of groceries;
* Board and lodging;
* Rent;
* Utilities – gas, electricity, water, telephone, internet;
* Household budgeting/bill paying activities;
* Expenses related to holidays, including travel costs associated;
* Personal care supports while participant is hospitalised;
* Items covered in other sections of the NDIS price guide (such as transport costs, assistive technology, personal care while in the workplace, plan management, financial intermediary supports, clinical or allied health services, etc.); and
* SDA related costs (property maintenance costs, repairs, vacancy costs, etc.).

If a participant’s personal contribution is required to cover these additional costs, the method for determining this will be discussed separately with the participant during the development of a Service Agreement, as it is recognised that the NDIA is not responsible for funding these items for the participant.

**Quote Terms**

**This quote is submitted on the following basis:**

**<Provider Name>** current knowledge of **<Participant’s Name>** needs as set out under the heading ‘Participant Profile’.

The below quote is valid from <**DD/MM/YYYY**> for <**#**>months.

**Provider signature:**

This quote is prepared by:

**Name:** <Name of person preparing quote>

**Name of provider:** <Provider Name>

**Position:** <Position held at provider>

**Phone:** <XXXX XXX XXX> **Email:** xxx.xxx@xxx.com

**Signature:**

**…………………………………………......................... Date signed:** <DD/MM/YYYY>