

IF Purchase Application Form

If you wish to use your IF personal budget to purchase something, then please complete this form based on the Purchasing Guidelines and forward it to your Disability Outcomes Coach. We will consider your application within five working days and give advice.

Name of IF client
Agent
What do you want to purchase?
Which IF budget do you want to purchase it from? How does it relate to the support intent of this budget?
How is this a disability support? What disability-related barriers will it help you to overcome?
How is this cost-effective and reasonable? How much does it cost? Is this a one-off cost or are there ongoing expenses?
How will this contribute to the outcomes you are wanting to achieve in your plan?
Does another Government agency fund this? Have all other funding options for making this purchase been explored – please include what these were and why they weren't appropriate (e.g. Equipment and Monitoring Service, Lotto grant, Work and Income/MSD, insurance):
Have you taken into account having enough money still to pay any employees as your first obligation?

Please attach any supporting documents / photos / reports / plans.

