



Use this form to document who is the responsible agency to fund aspects of a participant’s care while they are in hospital.

When an NDIS participant is in hospital, their care needs are the responsibility of the health system. A participant’s NDIS funded supports can only be used in a hospital setting in exceptional circumstances, including for the handover of specific needs/approaches regarding:

- Communication Supports
- Positive Behaviour Support
- Manual Handling
- Any other specific needs

To use plan funds for these purposes, agreement needs to occur with the participant/ guardian/nominee and the NDIS (via the Support Co-ordinator to the planner). Support co-ordination is expected to continue as requires and is desirable to assist with communication with all parties.

It is acknowledged that some participants will benefit support from familiar people. Where this is indicated the hospital may request that current service providers provide this support. This is not usually something that the NDIS will agree to fund. Funding for this can be agreed to by the appropriate financial delegate within the hospital – this is an agreement between the health service and the provider.

It is important that all care plans (High Intensity Supports) or protocols, support strategies and personal information should be shared with the hospital upon admission. In the instance that the patient and/or their support services determine that additional supports are required in hospital, this form will assist key stakeholders to have clarity about agreements for sources of funding to enable this.

 **PARTICIPANT DETAILS**

First Name		Last Name	
Preferred Name		Date of Birth	
Today’s Date			

Name of person filling in this form (and their relationship to the patient if not self)	
Date of planned hospital admission (if different from today’s date)	
Contact person for each service provider involved in this person’s care in community and their role (i.e. Residential service provider, family, respite service provider)	
Support Coordinator name & contact details (if applicable)	

Additional supports required for this hospital admission:

<p>This patient requires the following NDIS funded supports while in hospital (i.e. Assistive technology, Support Co-ordination or Specific manual handling, communication or mealtime assistance supports).</p>	
<p>Time/frequency of supports required (i.e is this an interim/handover requirement between community supports to the acute setting or is it envisaged that the support will be required for the duration of the person’s stay)</p>	
<p>Name of person leading co-ordination of supports in the hospital setting (confirming this person has appropriate delegation, or access to, to determine funding arrangements)</p>	

Agreement for additional supports to be arranged during this hospital admission:

<p>Patient’s name</p>	
<p>Patient’s Date of Birth</p>	
<p>Name and position of person in hospital setting with appropriate delegation to confirming this person requires additional supports as described earlier on this form</p>	
<p>Agreed funding source to support the additional care in the hospital setting</p>	<p>NDIS (liaised with) Hospital (liaised with) Alternate source (approved with)</p>
<p>Confirmation of approval by NDIS Representative (if appropriate)</p> <p>Name, position, signature and date</p>	
<p>Confirmation of approval Service Provider (if appropriate)</p> <p>Name, position, signature and date</p>	
<p>Accepted by Tasmanian Health Service</p> <p>Name, position and signature</p>	