Spinal cord injury and the NDIS

A guide for participants, families and carers working out what the NDIS funds for spinal cord injury, and how to ask for it.

FOR PARTICIPANTS & FAMILIES PUBLISHED SEPTEMBER 2026 VERSION 2.0

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About this guide

This guide is for people living with spinal cord injury, and for the families and carers around them. It is written by Independent Life Disability Supports (InLife), a registered NDIS provider working with families across Victoria.

We wrote it because the NDIS is complicated, and the people who need it most usually have the least time to work it out. We have kept it plain. Where the NDIS uses jargon, we explain it. Where spinal cord injury has its own vocabulary, we explain that too.

WHO THIS IS FOR

Three groups of readers

People recently diagnosed with spinal cord injury, or told they may qualify for the NDIS. Families and carers supporting someone living with it. Health professionals helping a person prepare an application.

WHAT YOU WILL FIND

Six sections, and the last is yours

What spinal cord injury is, and how it affects daily life. How the NDIS works and how to apply. The supports it commonly funds. How InLife works as a provider. Who to call. Pages to fill in and bring to your planning meeting.

A NOTE ON LANGUAGE

This guide is written in English. InLife supports families in Farsi, Urdu, Hindi, Punjabi and English, and this guide is published in eleven languages. Ask, and we will work in the language that suits your household. Interpreters are free at every NDIS meeting, and you never have to ask a family member to interpret their own health conversation.

CONTENTS

What is in here

THE WORKBOOK IS YOURS

The last four pages are a workbook: your details, a map of your week, and space for your goals. Fill them in and bring this guide to your planning meeting. A planner who can see your week does not have to imagine it.

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SECTION ONE

About Spinal Cord Injury

What spinal cord injury is, how it affects daily life, and where the NDIS fits in.

What is SCI?

A spinal cord injury (SCI) is damage to the spinal cord that interrupts the flow of signals between the brain and the body. The injury level — cervical (neck), thoracic (mid-back), lumbar (lower back) — determines which parts of the body are affected. Cervical injuries can affect all four limbs (tetraplegia, sometimes called quadriplegia); thoracic and lumbar injuries typically affect the lower body (paraplegia).

SCI can be traumatic — from car crashes, falls, sport, assault, or military service — or non- traumatic, from tumours, infections, stroke, or inflammatory conditions like transverse myelitis. The first months are often spent in spinal rehabilitation, where mobility, transfers, bladder and bowel management, and skin care are taught. The NDIS funds the supports that make the next phase possible — life at home, work, sport, family, and community. The Paralympic movement began with SCI veterans; the lineage of capability is long.

Common signs and symptoms

- Loss of voluntary movement below the injury level (motor function).
- Loss of sensation below the injury level (sensory function).
- Changes to bladder and bowel function — usually requiring management strategies.
- Changes to skin sensation, with elevated pressure injury risk.
- Changes to sexual function — often manageable with the right specialist support.
- For cervical injuries — possible impact on breathing, requiring ventilation.
- Autonomic dysreflexia — a dangerous blood pressure surge from below-injury stimuli (medical emergency).

The medical context

- Injuries are described using the American Spinal Injury Association (ASIA) Impairment Scale: A (complete) through E (normal).
- Cervical injuries C1–C4 may require mechanical ventilation; C5 and below typically preserve breathing.
- Bladder management uses intermittent catheterisation, indwelling catheter, or suprapubic catheter depending on level and function.
- Bowel management uses a regular bowel programme — typically every 1–2 days with manual evacuation, suppositories, or transanal irrigation.
- Pressure injury (pressure ulcer) prevention is lifelong and critical — through pressure cushion, pressure mattress, regular weight shifts, skin checks.
- Spasticity is common, often managed with baclofen (oral or intrathecal pump), botulinum toxin, or other medications.

SCI IS NOT

An SCI is not a cognitive injury. People with SCI are intellectually, emotionally, and socially the same people they were before. Wheelchair use is not 'confinement' — it is mobility. Most people with SCI work, partner, parent, have intimate lives, play sport, and travel. The right equipment and the right team are infrastructure, not pity.

WHERE TO LEARN MORE

Spinal Life Australia (spinal.com.au) is the major service organisation. Spinal Cord Injuries Australia (SCIA, scia.org.au) is the national peak body. The ASIA Impairment Scale and the International Standards for Neurological Classification of SCI (ISNCSCI) are the global clinical references.

How Spinal Cord Injury can affect daily life

Everyone's experience of SCI is different. The list below covers areas the NDIS commonly funds support around — it is not a prediction. The conversation with your treating team and the NDIA Planner is what shapes your supports.

MOBILITY

How you move

Wheelchair (manual or powered), transfers, standing where possible. The right chair is the difference between mobility and confinement — and it changes as life changes.

INDEPENDENCE AT HOME

How you live in your home

An accessible home is not a luxury — it is what makes living at home possible. Home modifications, equipment and trained support workers turn a house into a working home.

INTIMATE LIFE AND FAMILY

How you connect

Sexuality, intimate relationships, parenting — all part of full adult life with SCI. Specialist counselling and peer mentors handle the topics general clinicians often skip.

PERSONAL CARE

How you manage your body

Bowel and bladder management, skin care, dressing, showering. With the right team and routine, these become background — not foreground — of daily life.

WORK AND STUDY

How you earn and learn

SCI does not preclude any cognitive career. Work-from-home setups, voice-control technology, transport, and workplace adjustments are funded through NDIS and JobAccess together.

LONG-TERM HEALTH

How you stay well over decades

Shoulder health, pressure care, urology follow-up, cardiometabolic monitoring — the long game. Allied health across the lifespan keeps complications at bay.

An ordinary life

A diagnosis of SCI is not a closed door. The NDIS exists to fund what each person needs to live an ordinary life — to work or study, to spend time with family, to participate in

> **“A spinal cord injury changes the route, not the destination. With the right team and the right equipment, the life on the other side is fully a life.”**

INDEPENDENT LIFE · HOW WE BEGIN EVERY PLAN

What an ordinary life can look like

- their community, to enjoy the things they enjoy.
- What "ordinary life" looks like
- Working in any field — law, IT, engineering, design, education, advocacy
- Studying at TAFE, university, postgraduate level
- Driving a modified vehicle, or using accessible transport
- Living independently in your own home
- Wheelchair sport — basketball, rugby, tennis, marathon, swimming
- Faith and community participation, with accessible venues
- Intimate relationships, marriage, parenting
- Travel — domestic and international, with planning
- Music, theatre, comedy, creative arts
- Advocacy, peer mentoring, lived-experience leadership

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SECTION TWO

The NDIS basics

What the scheme is, whether you can access it, and how to prepare for a planning meeting.

What is the NDIS?

The National Disability Insurance Scheme funds the supports a person needs because of disability. It is not income support and it is not health care.

THE WORD	WHAT IT ACTUALLY MEANS
National	It runs across the whole country, wherever you live.
Disability	It funds support for intellectual, physical, sensory, cognitive, neurological and psychosocial disability, where the functional impact is substantial and likely to be lifelong.
Insurance	It takes a lifetime view, investing earlier so that less support is needed later where that is possible.
Scheme	It funds what you need to build skills, stay independent and live an ordinary life.

Who runs it

The **NDIA** (National Disability Insurance Agency) makes funding decisions. The **NDIS Quality and Safeguards Commission** regulates providers, handles complaints and protects participant rights.

The NDIS in one sentence

It funds "reasonable and necessary" supports so you can live an ordinary life. What that means in practice is the conversation you will have at your planning meeting.

Can I access the NDIS?

The four basic rules

- You are under 65 when you apply.
- You are an Australian citizen, permanent resident, or hold a Protected Special Category Visa.
- You have a permanent disability that substantially affects how you do everyday activities.
- You need support in at least one of: communication, mobility, social interaction, learning, self-care, self-management.

How to apply

- Phone the NDIA on 1800 800 110 to request an Access Request Form.
- Your GP or treating team completes the evidence sections. They are usually the ones who can describe your functional impact.
- The NDIA aims to decide within 21 days of a complete form.

FOR SPINAL CORD INJURY SPECIFICALLY

Permanent SCI causing substantial impact on mobility, self-care, or self- management almost always meets the NDIS access test. Complete cervical and thoracic injuries are on the NDIS List B for permanence. The strongest applications include the spinal rehabilitation discharge summary with ASIA classification, a recent Functional Capacity Assessment (FCA) from an OT or physiotherapist, and where relevant a continence assessment and skin integrity plan.

IF YOUR APPLICATION IS DECLINED

You can ask the NDIA for an **internal review** (a section 100 review) within three months of the decision. If you are still dissatisfied, you can apply to the **Administrative Review Tribunal** on 1800 228 333 or at art.gov.au. The ART took over this work from the AAT in October 2024, so older letters and websites may still use the old name. Many decisions are changed at the internal review stage once stronger evidence is supplied, so it is worth gathering evidence before you escalate.

Before the planning meeting

The planning meeting is where your first plan gets built with the NDIA. It runs about ninety minutes. Going in prepared changes what comes out.

ONE

Write your goals

Big and small. Where do you want to be in twelve months? In five years? Goals are written in everyday language, not medical terms.

TWO

Map your day

Use the workbook at the back of this guide. Note where help would change things, and be specific about the hard parts of the day.

THREE

Gather evidence

Functional Capacity Assessment, GP letters, hospital discharge summaries, allied health reports, current medication list.

FOUR

Bring someone

Family, an advocate or a support coordinator. You can ask for a free interpreter, and you should if English is not your first language.

EXAMPLE GOALS

Goals are written in everyday language, not medical terms. The NDIA accepts goals like "I want to be able to make my own breakfast" or "I want to volunteer at the local library."

At the planning meeting

The meeting is run by an NDIA planner or a Local Area Coordinator. Both can build your plan with you.

What they will ask

- Your personal details and how you would like to be contacted.
- Which community or mainstream supports you already use: GP, hospital, family, church, mosque, gurdwara, temple.
- Your safety at home and in the community.
- Your goals, for the next twelve months and beyond.
- The kind of support that would help you reach them.

What you can do

- Take your time. Pause, think, ask for the question again.
- Use pictures, photos or other communication aids.
- Have family or a support person speak on your behalf.
- Ask for an interpreter, at no cost to you.
- Decline to answer anything that feels invasive.

> **BRING THIS GUIDE**
>
> The workbook pages at the back are designed for this meeting. Filled in, they give the planner a coherent picture of who you are and what you need, without you having to hold it all in your head on the day.

“Reasonable and necessary” supports

Your plan is built from supports the NDIA considers reasonable and necessary. Reasonable means fair, taking into account what is already available to you. Necessary means you need it to live an ordinary life or work toward your goals.

A support must meet all six tests

- Related to your disability, not general living costs.
- Value for money, judged against the alternatives.
- Likely to be effective and beneficial, with evidence behind it.
- Takes into account informal supports: family, carers, community.
- Most appropriately funded by the NDIS, not by health, education or housing.
- Not a day-to-day living cost everyone has, such as rent, food or ordinary internet.

WHAT THIS LOOKS LIKE FOR SPINAL CORD INJURY

For SCI, the NDIS typically funds a comprehensive support package: appropriate wheelchair (manual or powered), pressure care equipment, hoist and transfer equipment, ventilator and respiratory equipment where needed, home modifications (often substantial — accessible bathroom, ramps, doorways, kitchen), modified vehicle, allied health across multiple disciplines including continence nursing (essential), support workers with appropriate clinical training (transfers, bowel and bladder care, pressure care, ventilation where relevant), and capacity-building therapies.

Three ways to manage your funds

At the planning meeting you choose how your funding is paid out. You can change this at any time during the plan, and you can use a different method for different parts of your budget.

OPTION ONE

NDIA managed

The NDIA pays your providers directly. No paperwork for you, and no invoices to check. You can only use registered providers.

OPTION TWO

Plan managed

A plan manager processes invoices and tracks your budget. You can use both registered and unregistered providers. Plan management is funded by the NDIS on top of your other budgets, at no cost to you.

OPTION THREE

Self managed

You pay providers yourself and claim back from the NDIA. The most flexibility, including on price, and the most administration.

> **THIS IS YOUR CHOICE, NOT YOUR PROVIDER'S**
>
> Each option suits different households, and no provider should push you toward one. Ask your planner or Local Area Coordinator to talk you through the trade-offs, and change it later if it is not working. InLife works under all three.

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SECTION THREE

Your supports

The therapies, equipment and support workers the NDIS commonly funds for spinal cord injury.

Allied health for Spinal Cord Injury

Allied health is the clinical layer of your supports — therapies and assessments delivered by registered professionals. For SCI, the disciplines most commonly funded are: Allied health is funded under Capacity Building — Improved Daily Living.

PHYSIOTHERAPY

Physio — joints, strength, secondary prevention

Lifelong support — preserves shoulder and upper-limb health for wheelchair users, manages spasticity, prevents contractures and secondary musculoskeletal injury. Critical for long-term function.

CONTINENCE NURSING

Continence Nurse — bladder and bowel

Essential and often missing. Comprehensive bladder and bowel programme, catheter management, equipment and consumables planning, training for support workers. Lifelong follow-up reduces hospital admissions.

EXERCISE PHYSIOLOGY

EP — strength and cardiometabolic health

Adapted strength and conditioning, weight management, cardiometabolic risk reduction (SCI elevates cardiovascular risk). Often funded under Capacity Building.

OCCUPATIONAL THERAPY

OT — equipment, environment, daily living

Lead clinician for wheelchair prescription, pressure care, home modifications, vehicle modifications, workplace accommodations. The OT designs how the daily life works.

PSYCHOLOGY

Psychologist — adjustment and meaning

Adjustment after the injury, body image, intimate relationships, family role changes, depression and anxiety where present. Often peer mentoring complements professional psychology.

PAIN SPECIALIST / PAIN PSYCHOLOGY

Pain Team — neuropathic pain

Neuropathic pain affects many SCI participants and is complex to treat. A pain specialist (medical) plus pain psychology is often the most effective combination.

A NOTE ON FUNDING CATEGORIES

Allied health is funded under Capacity Building, Improved Daily Living, and is given to you in hours. You can use any registered allied health provider you choose. Hourly rates are capped by the NDIS price limits, so a provider cannot charge you above the cap. InLife coordinates allied health; we do not deliver it, and we are not registered for therapeutic supports.

Equipment commonly funded

The NDIS funds disability-related equipment under Capital, as assistive technology. These are the items most often funded for spinal cord injury.

EQUIPMENT	WHAT IT IS FOR
Manual wheelchair (high-performance)	Daily mobility for paraplegic and low-tetraplegic participants. Custom-fit, lightweight, often with custom backrest and cushion.
Powered wheelchair	Daily mobility for participants who cannot self-propel safely or for full-time use. Includes tilt-in-space, recline, power leg- rests.
Pressure cushion	Essential for skin integrity — every wheelchair user with SCI needs a clinically-prescribed pressure cushion.
Pressure mattress	Reduces pressure injury risk during sleep, especially for participants who cannot reposition independently.
Hoist (ceiling or mobile)	Safe transfers between bed, chair, bathroom, vehicle. Reduces injury to participant and support workers.
Standing frame	Supported standing for joint health, bone density, circulation, bowel and bladder function.
Continence consumables	Catheters, drainage bags, pads, suppositories, gloves, wipes. Significant ongoing budget under Core.
Ventilator and respiratory equipment	For high cervical injuries — diaphragm pacer, ventilator, suction, cough assist. Often shared with Health funding.

How a request works

- An occupational therapist or other clinician assesses the need and writes a report.
- The report, with quotes where required, goes to the NDIA.
- Low-cost items can come straight out of an existing budget. Higher-cost items need the assessment and approval first.

Home modifications

Minor home modifications cost up to $20,000 and do not change the structure of the home. **Complex** modifications go beyond that, or affect the structure, and the NDIS funds a building construction practitioner to work alongside your home modification assessor. Neither is the same thing as Specialist Disability Accommodation, which is a separate funding stream for purpose-built housing.

Support workers, the everyday backbone

Support workers help with the daily tasks that disability makes harder: personal care, getting to appointments, cooking, medication prompting, community access, staying connected.

Most participants have a named team of three to five workers across the week. The right team feels like a small group of familiar people who know how you like things done, not a roster of strangers.

What good looks like

- The same workers week after week, not whoever is free that day.
- Workers who speak your home language at the door.
- Respect for your faith, dietary practice and household norms.
- Trained on your specific clinical needs before the first shift.

And what you should expect

- Backup workers you have met and approved in advance.
- Shift notes shared within 24 hours, in plain language.
- One escalation point when something is wrong.
- The right to change your team without having to explain why.

> **THE INLIFE MEET-AND-APPROVE PROMISE**
>
> No worker meets a participant for the first time on a shift. You meet them, you decide, then we roster. That holds across every plan we deliver.

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SECTION FOUR

Why InLife

How we roster, how we match workers to households, and what we commit to.

How InLife is different

Plenty of providers fill shifts from a rotating casual pool drawn across several agencies. For someone living with spinal cord injury, that is the wrong shape. We roster deliberately instead: a named team around each household, and no worker on a shift the household has not already met and approved.

CONSISTENCY

The same workers

A named team who know your routine, your preferences and your clinical needs. No strangers on a Tuesday because somebody called in sick.

LANGUAGE

Your language at the door

Our team works in Farsi, Urdu, Hindi, Punjabi and English. Workers are matched to the language your household actually speaks, including the language you fall back on when you are tired or unwell.

ONE POINT OF CONTACT

No call trees

One phone number and one email, both reaching the managing directors. No agency switchboard, and no "someone will get back to you".

RECORDS

Written so you can read them

Every shift note and every report written in plain language, and a monthly summary of what has been used, copied to your support coordinator.

REGISTERED, AND VERIFIABLE

InLife is a registered NDIS provider, regulated by the NDIS Quality and Safeguards Commission, covering Core supports, Module 1 high-intensity daily personal activities and Module 2A behaviour support plan implementation. Every registration group is public on the Commission's provider register. We do not deliver therapeutic supports or Specialist Disability Accommodation, and we will tell you so rather than stretch to fit.

How we match workers to households

Matching is the part most providers skip. We treat it as the most important conversation we have with a new household.

ONE

Language

The languages spoken at home, including the one a person reaches for in moments of stress or confusion.

TWO

Gender

Cultural and personal preferences about who delivers personal care, taken as a requirement rather than a preference.

THREE

Cultural fit

Faith observance, dietary practice, household norms and family hierarchy.

FOUR

Clinical competency

The specific skills the person's support requires: medication, transfers, mealtime management, seizure response.

FIVE

Geography

Close enough that workers arrive on time and stay reliable over a long placement.

SIX

You decide

We shortlist, you meet them, you approve. Only then do we roster. If it is not working, say so and we change it.

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SECTION FIVE

Resources & next steps

Where to turn, how plan reviews work, your rights, and the words the NDIS uses.

Where to turn

About the NDIS

ORGANISATION	HOW TO REACH THEM	WHAT THEY DO
NDIA	1800 800 110 · ndis.gov.au	Access decisions, plan reviews, general NDIS enquiries.
NDIS Commission	1800 035 544 · ndiscommission.gov.au	Complaints about providers and workers, conduct, restrictive practices.
Administrative Review Tribunal	1800 228 333 · art.gov.au	External review of NDIA decisions after an internal review. Took over from the AAT in October 2024.
Disability Advocacy Network	1300 365 085 · da.org.au	Independent advocacy when you feel unheard.
TIS National	131 450	Free interpreting, in more than 150 languages.

For Spinal Cord Injury specifically

ORGANISATION	HOW TO REACH THEM	WHAT THEY DO
Spinal Cord Injuries Australia (SCIA)	1800 819 775 · scia.org.au	National peak body for SCI and Disabled Peoples Organisation. Information, peer connection, research.
ParaQuad (state-based)	paraquad.org.au (NSW), paraquadsa.org.au,	Peer support and equipment.
SpineCare Foundation	spinecarefoundation.org.au	VIC-focused SCI service and research foundation. Information, family programs, advocacy.
Wheelchair Sports Australia	wsportaus.org.au	Pathways into wheelchair basketball, rugby, tennis, athletics. Sport is one of the strongest connection points for many.
Disabled Wintersport Australia	disabledwintersport.com.au	Adapted skiing and snow sports — sit-ski, mono-ski. Strong peer community.

Reviewing your plan

About two months before your plan ends you will be contacted to begin a reassessment. This is your chance to reshape supports around the year you have actually had.

Questions worth bringing

- What worked? What did not?
- Which goals did you reach, and which need more time?
- Where did you underspend or overspend, and why?
- Are your funding categories the right shape?
- Has your clinical picture changed?

Reasons to ask early

- A hospital admission or a significant clinical change.
- You need more support hours than the plan funds.
- Equipment you did not know you needed at the start of the year.
- A change in informal supports, such as losing a primary carer or moving house.

> **BRING EVIDENCE, NOT ARGUMENT**
>
> Shift notes that show the gap, allied health reports, hospital letters. Your support coordinator can help you build the case. InLife will provide every shift note and report you need, and we do not charge you for asking.

Your rights, and raising a concern

As an NDIS participant you have the right to

- Decide what supports you receive, and from whom.
- Be treated with dignity and respect.
- Receive supports that are safe and culturally appropriate.
- Get information in your preferred language.
- Make a complaint without losing supports.
- Choose someone to act for you: a nominee, an advocate or a guardian.
- An interpreter, at no cost.

If something is wrong

About a decision	NDIA · 1800 800 110
About a provider or worker	NDIS Commission · 1800 035 544
About InLife specifically	admin@independentlife.au, which reaches both managing directors
To appeal an NDIA decision	Internal review first, then the Administrative Review Tribunal · 1800 228 333
Independent advocate	Disability Advocacy Network · 1300 365 085
Interpreter	TIS National · 131 450

COMPLAINING IS PROTECTED

Raising a complaint is a legally protected action. No provider may reduce your support, treat you differently, or end your service because you complained. That is enforced by the NDIS Commission, and it applies to us as much as to anyone else.

The words the NDIS uses

ARF	Access Request Form. What you submit to apply.
ART	Administrative Review Tribunal. Reviews NDIA decisions after an internal review. It took over from the AAT in October 2024, so older paperwork may use the old name.
Core	The flexible budget covering daily personal care, community access and consumables.
Capacity Building	Funding to build skills: allied health, support coordination, employment supports.
Capital	Funding for equipment and home modifications. It cannot be moved to other categories.
FCA	Functional Capacity Assessment. A clinician's report on what you can and cannot do day to day.
LAC	Local Area Coordinator. An NDIA partner who can build your plan with you.
NDIA	National Disability Insurance Agency. Makes the funding decisions.
NDIS Commission	NDIS Quality and Safeguards Commission. Regulates providers and handles complaints.
Plan manager	A third party who processes invoices and tracks your budget for you.
SC	Support Coordinator. A funded role that helps you put your plan into practice.
SDA	Specialist Disability Accommodation. A separate funding stream for purpose-built housing. It is not a home-modification threshold.

SECTION SIX

Your workbook

Pages to fill in and take with you. Your details, your week, and your goals.

About me

Take this page to your planning meeting. The planner will want to know who you are before deciding what supports you need.

MY NAME

NDIS NUMBER

DATE OF BIRTH

PHONE

MY ADDRESS

PERSON HELPING ME

THEIR RELATIONSHIP TO ME

MY LANGUAGES

CULTURAL BACKGROUND

MY GP

MY SPECIALIST OR TREATING TEAM

EMERGENCY CONTACT

My week

Sketch a typical week as it is now, and mark the points where help would change things. The gaps are the argument.

Monday

MORNING

AFTERNOON

EVENING

OVERNIGHT

Tuesday

MORNING

AFTERNOON

EVENING

OVERNIGHT

Wednesday

MORNING

AFTERNOON

EVENING

OVERNIGHT

Thursday

MORNING

YOUR WORKBOOK

AFTERNOON

My week, continued

EVENING

Friday

OVERNIGHT

MORNING

AFTERNOON

EVENING

OVERNIGHT

Saturday

MORNING

AFTERNOON

EVENING

OVERNIGHT

Sunday

MORNING

AFTERNOON

EVENING

OVERNIGHT

My goals

Three things you want, and what would have to be true for you to do them. Written in your words, not clinical ones.

My top three goals for the next twelve months

1 _____

2 _____

3 _____

Three things I need to be able to do them

1 _____

2 _____

3 _____

QUESTIONS TO ASK ON THE DAY

What did you fund, and why that amount? Which budget does each support come from? What happens if my needs change mid-plan? Who do I contact if something is not working? When does this plan end?


CHAI