



PARTICIPANT MONEY AND PROPERTY POLICY AND PROCEDURE

Wide Bay Respite Services



Participant Money and Property Policy and Procedure

PURPOSE

To maximise each participant's control of their funding and finances.

To ensure all participants are given the opportunity to manage their NDIS funding personally.

To support the participants to access and spend their own money as they determine.

To ensure that all participants are informed of costs and payment process for all services provided.

To provide participants with technical assistance to increase their capacity to direct their own support and teach them to self-manage.

SCOPE

To ensure that our staff do not give financial advice or information other than that would be required under the participant's plan. If Wide Bay Respite support staff are involved with handling Participant's money, strict procedures contained herein will always be followed to protect them from financial abuse.

POLICY

We will ensure that all financial transactions and procedures are undertaken in a manner that meets the requirements of legislation and contracts. To safeguard all participants and Support Staff, the procedures outlined in this policy will be strictly followed.

Participant's money or other property is used with the consent of the participant and for the purpose intended by the participant.

The Support Staff must not give financial advice or information.

The participant's family or advocate must sign the Individual Plan stating that a participant requires financial assistance. All documents will be kept on file and included in the participant's support plan.

We will ensure the business is financially viable and inform participants of costs and payment procedures.

PROCEDURE

Home visits

Support Staff must not access the participant's money, if the person can handle their own money. If the participant requests the purchase of an item, receipts are kept and given to the family.

The Individual Plan must identify details of any money handling being undertaken on behalf of the participant.



Ratified by the Board of Management:

Date/...../.....

Circulated to staff:

Date/...../.....

To be reviewed:

Date/...../.....

Signed

Manager

Signed

President