This self-management checklist will help you and your case owner, or a ‘Coaching to Self-Manage’ provider decide whether you’re ready for self-management.

To self-manage, you need to have a stable living situation and be able to manage your own finances, or have a legal representative who can manage these things for you.

Here are some things think about:

* How ready you are to self-manage
* How you’d like your self-management set up
* When is a good time to review your progress?
* Which self-management menu options would you like to manage?

You can refer to the self-management guide book for help at any time. Your case owner can provide you with a copy of this.

Please note that we’ve completed a credit check on your financial situation before starting the self-management process with you.

Part one: Your current situation

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| You and your whānau can complete this section with your case owner. | | | |
| 1. Representation | | | |
| Are you aged 18 years or over? | Yes  No  Your family may support you to self-manage. Please discuss with your case owner. | | |
| Do you have formal guardianship arrangements in place? | Yes – Enduring Power of Attorney  Yes – A welfare and property guardian is set up under the Protection of Personal Property Rights Act  No | | |
| 2. Your existing support package | | | |
| Have you had a Support Needs Assessment (SNA)? | Yes  No - A Support Needs Assessment (SNA) can help us understand what support you need. Please discuss this with your case owner. | | |
| Tick all the supports and services you’re receiving that are being funded by ACC.  Refer to the Self-Management guidebook for more information or discuss with your case owner. | Attendant care (including supervision and sleepovers)  Home help  Childcare  Medical consumables  Podiatry  Pharmaceuticals needed because of your injury  Small items of equipment under $1,000  Injury-related items that need to be replaced regularly, for example wheelchair gloves you receive via Community Client - OneLink.  Maintenance and repair of equipment you use  Travel expenses related to your injury  Regular day activity programmes related to your injury, for example Living my Life Tailored Support | | |
| Do you expect you will need the same supports (that you’ve ticked above) for the next 12 months? | Yes  No | | |
| 3. Living situation | | | |
| Do you live in a residential support facility?  The self-management option is not currently available to someone in residential care because all everyday living supports are supplied by the facility. | Yes – **Unfortunately, self-management is not available for you at this time.**  No | | |
| Do you live in a residential support facility?  The self-management option is not currently available to someone in residential care because all everyday living supports are supplied by the facility. | Yes – Unfortunately, self-management is not available for you at this time. | | No | |
| As far as you know, do you expect to live in your current home for the next 12 months? | Yes | | No | |
| Do you live by yourself? | Yes | | No - Who do you live with? (family/flatmates/others): | |
| 4. Health status | | | |
| Have you had any major health problems in the last two years? | Yes – please describe: | | No | |
| Do you expect to have surgery or major medical procedures in the next 12 months? | Yes – please describe: | | No | |
| Is the use of alcohol or drugs affecting your ability to manage your day to day activities? | Yes | | No | |
| 5. Money management | | | |
| Do you currently manage your own personal finances? | Yes | | No – a representative does this for me. Their name is: | |
| Are you responsible for paying regular household bills for things like food, electricity, and the phone? | Yes – go to the next question  Yes – I have support to do these tasks – please describe: | | No – skip the next question | |
| Overall, how do you rate your ability to manage your finances? | Competent, confident and experienced  Reasonably competent  Unsure  Not confident at all  I’m not able to manage my own finances | | |
| Have you had any financial issues? For example:   * Having hire purchase items repossessed because payments were not up to date * Eviction from your home because of unpaid rent or mortgage * Debt from gambling or addiction issues. | Yes – Please describe: | | No | |
| 6. Readiness to self-manage | | | |
| Are you ready to self-manage? | | Yes  No | |
| If not, would you like a referral to ‘Coaching to Self-manage?’ | | Yes  No | |

Part two: Your current support situation

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| Complete this section with your Coaching to Self-Manage provider. | | | | |
| 7. Care and help arrangements – complete for the types of support you have. | | | | |
| Do you plan on taking over management of your attendant carers? | Attendant care  Yes  No | Home help  Yes  No | | Child care  Yes  No |
| Do you plan on becoming the employer of your attendant carers? | Yes  No – the carers will be self-employed contractors | Yes  No – the carers will be self-employed contractors | | Yes  No – the carers will be self-employed contractors |
| Do you understand what it means to become an employer?  For example:   * negotiating employment contracts. * paying staff regularly as agreed in their employment contract (e.g. weekly, fortnightly or monthly). * creating and maintaining a safe workplace, and being legally responsible for employees’ health and safety. * calculating and submitting to Inland Revenue employees’ income tax (PAYE) and other deductions such as the ACC Earner levy. * paying sick leave and holiday pay, ACC employer levies, and KiwiSaver employer contributions. | Yes  No – I need help to understand what is involved. | Yes  No – I need help to understand what is involved. | | Yes  No – I need help to understand what is involved. |
| 8. Medical consumables | | | | |
| Do you have enough items to meet your daily or weekly needs? | | | Yes  No | |
| Do your medical consumables meet your injury related needs? | | | Yes  No | |
| Are they delivered as often as you need? | | | Yes  No – what would you prefer? Circle one of the following:  Weekly Fortnightly Monthly. | |
| How much extra stock do you need, so you don’t run out in an emergency?  Ideally, 1-2 weeks’ worth should be enough. | | | Please let us know how much you need: | |
| Do you know how to contact Community Client to collect surplus stock? | | | Yes  No | |
| Do your medical consumables need to change? | | | Yes  No  Please ask your case owner if you need a Service Needs Assessment | |
| Have you read the Community Client FAQ sheet and accessed CommunityClient@onelink.co.nz? | | | Yes  No | |
| 9. Small items (valued up to $1000) | | | | |
| Do you have a good understanding of small equipment items you need? | | | Yes  No | |
| Do you feel confident you can find, compare and decide on the what small items you need to purchase? | | | Yes  No | |
| 10. Equipment maintenance and repairs | | | | |
| Do you have a good understanding of your equipment repair history? | | | Yes  No | |
| Do you feel confident that you can find someone who can do authorised repairs on your equipment? | | | Yes  No | |
| 11. Travel expenses related to your injury | | | | |
| Do you have a good understanding of your travel history and what travel is injury-related? | | | Yes  No | |
| 12. Regular day activities or support programmes | | | | |
| Do you have a good understanding of the funded and unfunded disability supports you receive? | | | Yes  No  Please discuss this with your case owner, and whether a referral to our ‘Living my Life’ Facilitated Pathway Map would be useful. | |
| Do you have a good understanding of the roles that are important to you and the suppliers in your local community? | | | Yes  No  Please discuss this with your case owner whether a referral to ‘Living my Life’ Independent Facilitation would be useful. | |
| 13. Podiatry | | | | |
| Do you have a good understanding of your podiatry needs? | | | Yes  No | |
| Do you feel confident you can find podiatry services that are right for you? | | | Yes  No | |
| 14. Pharmaceuticals | | | | |
| Do you have a good understanding of the injury related pharmaceuticals you receive? | | | Yes  No | |
| Do you know how to ask your pharmacy to record and itemise your prescriptions? | | | Yes  No  Please arrange a consultation with your GP about the types of pharmaceuticals you receive. | |
| 15. Budget | | | | |
| Do you understand that your budget is based on your existing services and supports? | | | Yes  No | |
| Do you think that your budget might need to change in relation to your injury related needs? | | | Yes  No  Please discuss this with your case owner. | |
| 16. Scope of self-management menu | | | | |
| Do you understand what products, services and supports are **not** included in self-management? | | | Yes  No | |
| Do you understand that ACC funds cannot be used to purchase products from overseas? | | | Yes  No | |
| Do you understand that you can use any leftover funds at the end of the year on injury related supports and services? | | | Yes  No | |
| Do you understand that you can choose who provides your services and supports? | | | Yes  No  Please discuss with your case owner if a referral to ‘Living my Life’ Independent Facilitation would be useful to support you to learn about your local suppliers. | |
| 17. Risk awareness and acceptance | | | | |
| Do you understand that you are responsible for checking out the reputation and quality of any goods or services before you buy them? | | | Yes  No | |
| Do you understand that you will be responsible for resolving any fault, complaint, or issue you have relating to goods or services you buy? | | | Yes  No | |

Part three: Information to help set up your self-management

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| Complete this section with your ‘Coaching to Self-Manage’ provider. This will help you plan what you need to do to get set up. | |
| 18. Proof of Identification | |
| Have you got identification and proof of your current address? | Yes  No |
| Have these been certified by a person authorised to take a statutory organisation? (For example, a Justice of the Peace or a Lawyer). | Yes  No |
| 19. Banking requirements | |
| Have you completed the Westpac banking form and Westpac Mastercard Application? | Yes  No |
| Have you completed the Corporate Online New Zealand Third Party Authority form? | Yes  No |
| Are you aware that your ACC case owner will monitor you Westpac account and discuss any concerns that may arise? (monthly, with an annual review). | Yes  No |
| 20. Reconciliation requirements | |
| Do you have a system to manage and keep your receipts? | Yes  No – How can we support you to manage your spending? |
| Do you have a system to keep a list of equipment you’ve bought, when you bought it, and information about the warranty? | Yes  No |
| 21. Inland Revenue and tax on self-managed funds | |
| I understand that:   * ACC funds I receive to manage my own supports are not regarded as “income” by Inland Revenue. * if I use ACC funds for purchasing things that fall outside the supports and services I am managing, then those funds will be recognised by Inland Revenue as “income”, and I will be liable to pay income tax on them. * payments I make to service providers (including my carers) are regarded by Inland Revenue as my service provider’s “income”, so they are subject to income tax.   Your case owner or ‘Coaching to self-manage’ provider will help you understand what it is appropriate to purchase with your ACC funds. | Yes  No |
| Do you have access to tax advice? | Yes  No – I need help with this. |

Part four: ACC review

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| Your ACC case owner will:   * review your finances every month, and complete an annual review of how you’re going. * discuss next steps with you if anything needs to change. | |
| 22. Issues that may arise | |
| Do you have any concerns in relation to how you are managing your services, supports or your budget? | Yes  No |
| Have your whānau, suppliers, or your case owner expressed any concern in relation to how you are managing your services, supports or your budget? | Yes  No |
| Are you having trouble managing your budget? For example, underspending, overspending, or using funds for non-injury related things? | Yes  No |
| 23. Next steps, if a change is required | |
| Do you think that further support would be useful to be able to continue to self-manage? For example, we can offer tailored support to build your skills or set you up with a ‘Coaching to self-manage’ provider. | Yes  No |
| Do you think that self-management is still working for you? | Yes  No |
| 24. Updating your ACC plan | |
| I am aware my case owner will add the below statement into my plan:  “I am going to manage the purchase of my services and supports (list) through self-management. I will contact my case owner when I need assistance with self-management.” | Yes  No |

**We’re protecting your privacy**

When we collect, use and store information, we comply with the Privacy Act 1993 and the Health Information Privacy Code 1994. For more information, see our privacy policy at www.acc.co.nz. We use the information collected on this form to fulfil the requirements of the Accident Compensation Act 2001.