Access Request – Supporting Evidence Form

The National Disability Insurance Agency (NDIA) will use the information in this form to determine if a person meets the requirements to become a participant in the National Disability Insurance Scheme (NDIS).

NOTE: For children under 6 with a developmental delay, please use the Access Request – Supporting Evidence Form for Children Under 6 with Developmental Delay.

Instructions for the person applying to become an NDIS participant	**Instructions for health or education professionals**
You do not need to complete this form if you can provide recent existing information (letters, assessments or other reports) from a health or education professional which details: • your impairment: • how long it will last; and • how it impacts on your daily life. **Section 1** can be completed by you, your parent, representative or your health or educational professional. **Sections 2 and 3** must be completed by a health or education professional. **Enquiries:** If you have questions about this form, are having difficulty completing it, or would like more information about the NDIS, please contact us: **Phone:** 1800 800 110 **TTY:** 1800 555 677 **Speak and Listen:** 1800 555 727 **Internet Relay:** Visit http://relayservice.gov.au and ask for 1800 800 110 **Email:** NAT@ndis.gov.au **Please return the completed form to:** **Mail:** GPO Box 700, Canberra, ACT 2601 **Email:** NAT@ndis.gov.au or take it to your local NDIA office.	**Sections 2 and 3** must be completed by a health or education professional. You may provide the person applying to the NDIS with copies of letters, assessments or other reports in lieu of completing this form. If you have any questions about this form, please contact the NDIA on 1800 800 110 or go to ndis.gov.au

Section 1: Details of the person applying to become a participant in the NDIS

This part of the form can be completed by you, a parent, representative or professional

Full name	
Date of birth	
Name of parent/ guardian/ carer/ representative	
Phone	
NDIS number (if known)	

Section 2: Details of the person's impairment/s

This part of the form must be completed by a treating doctor or specialist

1. Details of the health professional completing Section 2

Full name of health professional	
Professional qualifications	
Address	
Phone	
Email	
Signature	
Date	

2. Details of the person's impairment/s

2.1 What is the person's primary impairment (i.e., the impairment with the most impact on daily life)?	
2.2 How long has the person had this impairment?	
2.3 Is the impairment likely to be lifelong? Note: an impairment may be considered likely to be lifelong even if the impact on the functional capacity fluctuates or varies in intensity over time.	
2.4 Please provide a brief description of any relevant treatment undertaken (current and/or past)	
2.5 Does the person have another impairment that has a significant impact? If yes, please list.	
2.6 How long has the person had this impairment?	
2.7 Is the impairment likely to be lifelong?	
2.8 Please provide a brief of any relevant treatment undertaken (current and/or past)	
2.9 Does the person have any other impairments? If yes, please list	

2. **Are there early intervention supports that are likely to benefit the person by reducing their future needs for supports?** If yes, please tick and write details. If no, proceed to question 4.

The provision of early supports will: Please tick ☑ ☐ Alleviate the impact on functional capacity ☐ Prevent deterioration of functional capacity ☐ Improve functional capacity ☐ Strengthen the sustainability of available or existing supports	**Details of recommended early intervention supports:**

3. **Have any assessments been undertaken of the person's impairment(s)?**
   If yes, please write details and tick if assessment is attached to form. If no, proceed to Section 3.

   Please record assessment type, the date the assessment was undertaken and the assessment score or rating. Please tick ☑

Assessment Type	**Date completed**	**Score or rating**	**Assessment attached to this form?**
Care and Need Scale (CANS)			☐ Yes ☐ No
Gross Motor Functional Classification Scale (GMFCS)			☐ Yes ☐ No
Hearing Acuity Score			☐ Yes ☐ No
Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)			☐ Yes ☐ No
Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-4)			☐ Yes ☐ No
Visual Acuity Rating			☐ Yes ☐ No
Communication Function Classification System (CFCS)			☐ Yes ☐ No
Vineland Adaptive behaviour Scale (Vineland-II)			☐ Yes ☐ No
Modified Rankin Scale (mRS)			☐ Yes ☐ No
Manual Ability Classification Scale (MACS)			☐ Yes ☐ No

Assessment Type	Date completed	Score or rating	Assessment attached to this form?
American Spinal Injury Association Impairment Scale (ASIA/AIS)			☐ Yes ☐ No
Disease Steps			☐ Yes ☐ No
Expanded Disability Status Scale (EDSS)			☐ Yes ☐ No
Other (please specify):			☐ Yes ☐ No

Section 3: Details of the functional impact of the impairment/s

This part of the form must be completed by a health or education professional

You can provide an existing report instead of completing this Section, however it is important that the information you provide matches the information required by this Section.

FUNCTIONAL IMPACT	
1. Mobility Moving around the home, getting in and out of bed or a chair, mobilising in the community including using public transport or a motor vehicle. *Assistance required does not include commonly used items such as glasses, walking sticks, non-slip bath mats, bathroom grab rails and hand rails installed at stairs.	
Does the person require assistance to be mobile because of their impairment/s? ☐ **No**, does not need assistance	☐ **Yes**, needs special equipment ☐ **Yes**, needs assistive technology ☐ **Yes**, needs home modifications ☐ **Yes**, needs assistance from other persons (including physical assistance, guidance, supervision or prompting)
If yes, please describe the type of assistance required:	

2. Communication Being understood in spoken, written or sign language and ability to understand language and express needs and wants by gesture, speech or context appropriate for age.	
Does the person require assistance to communicate because of their impairment/s? ☐ **No**, does not need assistance	☐ **Yes**, needs special equipment ☐ **Yes**, needs assistive technology ☐ **Yes**, needs home modifications ☐ **Yes**, needs assistance from other persons (including physical assistance, guidance, supervision or prompting)
If yes, please describe the type of assistance required:	

3. Social interaction Making and keeping friends and relationships, behaving within limits accepted by others, coping with feelings and emotions.	
Does the person require assistance to interact socially because of their impairment/s? ☐ **No**, does not need assistance	☐ **Yes**, needs special equipment ☐ **Yes**, needs assistive technology ☐ **Yes**, needs assistance from other persons: (including physical assistance, guidance, supervision or prompting)
If yes, please describe the type of social interaction assistance required:	

4. Learning Understanding and remembering information, learning new things, practicing and using new skills	
Does the person require assistance to learn effectively because of their impairment/s? ☐ **No**, does not need assistance	☐ **Yes**, needs special equipment ☐ **Yes**, needs assistive technology ☐ **Yes**, needs assistance from other persons: (including physical assistance, guidance, supervision or prompting)
If yes, please describe the type of assistance required:	
5. Self-Care Showering/ bathing, dressing, eating, toileting, caring for own health. Note: Assistance required does not include commonly used items such as non-slip bath mats, bathroom grab rails and hand rails installed at stairs.	
Does the person require assistance with self-care because of their impairment/s? ☐ **No**, does not need assistance	☐ **Yes**, need special equipment ☐ **Yes**, needs assistive technology ☐ **Yes**, needs home modification ☐ **Yes**, needs assistance from other persons in the areas of:

	☐ showering/bathing ☐ eating/drinking ☐ overnight care (e.g. turning) ☐ toileting ☐ dressing
If yes, please describe the type of assistance required:	
6. Self-Management Doing daily jobs, making decisions and handling problems and money (not applicable for children under 8 years of age)	
Does the person require assistance with self-management because of their disability? ☐ **No**, does not need assistance	☐ **Yes**, needs special equipment ☐ **Yes**, needs assistive technology ☐ **Yes**, needs assistance from other persons: (physical assistance, guidance, supervision or prompting)
If yes, please describe the type of assistance required:	