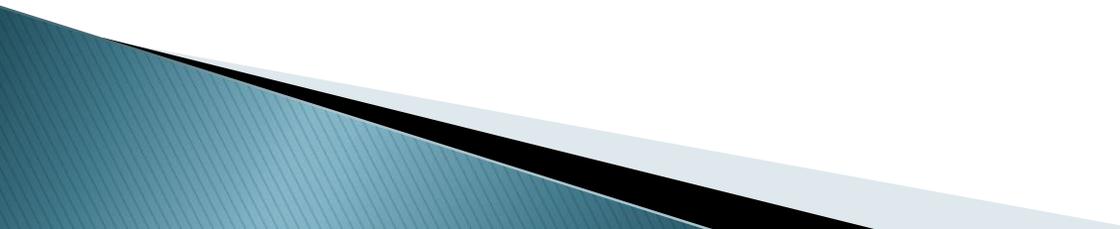


How can clinicians support someone making an NDIS Access Application

Two ways to provide evidence:

1. Complete relevant part of NDIS Access Request Form (ARF) or Supporting Evidence Form (if the person has registered their details with NDIS).
 2. Complete own independent report
- 



Supporting Evidence Form

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). *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 a participant in the NDIS

Instructions for the health or educational Professional completing this form

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.

How to complete this form:

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 educational professional.

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: nationalaccessteam@ndis.gov.au

Returning this form:

Please return the completed form to:

Mail: GPO Box 700, Canberra, ACT 2601

Email: NationalAccessTeam@ndis.gov.au

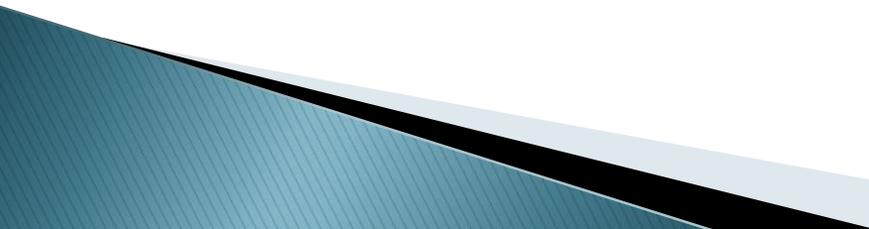
Or take it to your local NDIA office.

Sections 2 and 3 of this form 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

Considerations when providing evidence

- ▶ Link the disability to functional impairment
 - ▶ Explain how it impacts on the participant day to day
 - ▶ Highlight the things the participant requires assistance with or cannot do independently
 - ▶ Cover areas of Mobility, Communication, Social Interaction, Learning, Self Care, Self Management
- 

Mobility

1. Mobility/motor skills

Moving around the home (crawling/walking), getting in or out of bed or a chair, leaving the home and moving about in the community

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 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:

A requires assistance to move around in bed, get out of bed, stand up, move between his bed and wheelchair and to walk. He varies between requiring 1 to 2 people to assist with these tasks. He also requires 1 person to assist him in pushing his manual wheelchair both indoors and outdoors. This is due to his difficulties with reduced endurance, reduced strength (more so in his left arm and leg but also on his right side), reduced coordination (left more than right) and difficulty coordinating and maintaining his balance in sitting and standing.

Communication

2. Communication

Being understood in spoken, written or sign language, understanding others and express needs and wants by gesture, speech or context appropriate for age

Does the person require assistance to communicate effectively 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:

Yes, due to his disability, A finds it very difficult to speak and be understood. He uses some spoken words and an alphabet board to spell out words when he is not understood. He requires assistance and prompts to him say the above words clearly and to use his alphabet board correctly.

Social Interaction

3. Social interaction

Making and keeping friends, interacting with the community (or playing with other children), coping with feelings and emotions

Does the person require assistance to interact socially 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 social interaction assistance required:

Due to her disability, B requires assistance (prompting and guidance) to interact within the community. She is easily distracted, requires assistance to initiate conversation and maintain engagement. She often disengages with others when fatigued or challenged therefore requires assistance to monitor fatigue and level of social interaction.

Learning

4. Learning

Understanding and remembering information, learning new things, practising and using new skills

Does the person require assistance to learn effectively 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:

Due to her disability, B requires assistance (prompting and guidance) with remembering information, understanding new things and practicing and using new skills. She is often confused and disorientated and has limited insight of the impact her disability has on her ability to use new skills. B requires physical assistance and demonstration to complete everyday tasks and task that are unfamiliar to her.

Self care

5. Self-Care

Showring/ bathing, dressing, eating toileting, caring for own health (not applicable for children under two years of age)

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 disability?

- No**, do not need assistance
- Yes**, need equipment/ assistive technology
- Yes**, need assistance from another person in the areas of:
 - showering/bathing
 - eating/drinking
 - overnight care (e.g. turning)
 - toileting
 - dressing

If yes, please describe the type of assistance required:

Due to C's significant burns, he has reduced shoulder, elbow and finger range of movement in both upper limbs. C will always require the use of assistive aids and equipment for feeding (modified cutlery) and toileting (long handled aid/ bidet). C requires full assistance with showering above waist height due to his reduced upper limb range of movement, C is able to participate in some lower body showering however requires full setup assistance throughout his shower. C requires full assistance with putting on/taking off his pressure garments and splints daily. C will need ongoing daily scar management including moisturiser and massage due to his limited range and function of both upper limbs. C is able to participate in some lower body dressing however requires full assist with upper body dressing.

Self management

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:

Due to his right above knee amputation, D requires assistance with managing all domestic chores, including cleaning, laundry, shopping, accessing the community/transport. D is confined to a manual wheelchair and is no longer able to manage some of the heavier tasks at home. He can independently make himself meals from his wheelchair in the kitchen. He has however only trialed this in the therapy kitchen which is designed for wheelchair access.

He also requires support through reminders and supervision with some tasks to ensure safety due to his previous acquired brain injury. D needs assistance to manage his money and he has been appointed the Public Trustee to coordinate his finances.

D needs assistance with making formal decisions including his accommodation, with whom he is to live, provision of services, all medical decisions, and whether he can travel outside of WA.

Reports

- ▶ Can provide an independent report for the participant to add to their evidence (outpatient)
- ▶ If providing an independent report – make it more comprehensive
 - Diagnosis
 - Presenting issues
 - Function
 - Brief social history
 - Relevant assessments completed (ie/ mobility – balance cognitive – memory)
 - Goals
 - Recommendations

Example of report

NAME AND DETAILS:

John Smith (d.o.b. 01/01/1966) (age – 53)
123 Murdoch St , Murdoch, 6150

DIAGNOSIS:

ABI age 21 secondary to fall from roof
Residual L) hemiparesis and cognitive deficits.

PRESENTING PROBLEMS:

- Frequent falls
- Reduced balance
- Poor short term memory
- Reduced postural activation
- Left sided weakness LL
- Impaired coordination LL > UL
- Cognitive deficits – particularly poor memory, carryover

FUNCTION:

- 1 assist ambulation with WZF
- 1 assist transfers
- 1 min assist lower body dressing
- 1 min assist personal care

SOCIAL HISTORY:

Lives with 82 year old father who provides assistance with PADL's and DADL's. This is not sustainable due to his father's health issues.

ASSESSMENTS:

- Balance: 50/56 (Difficulty with step ups, 360deg turn and tandem stand)
- standing balance: Able to reach outside base of support in all directions with head/trunk and hip strategies evident. Inconsistent and unsafe stepping response to the left and right.
- Gait descriptors: 1 assist with WZF. Left knee hyperextension mid to late stance. Fixed through trunk/head. Imbalance evident.

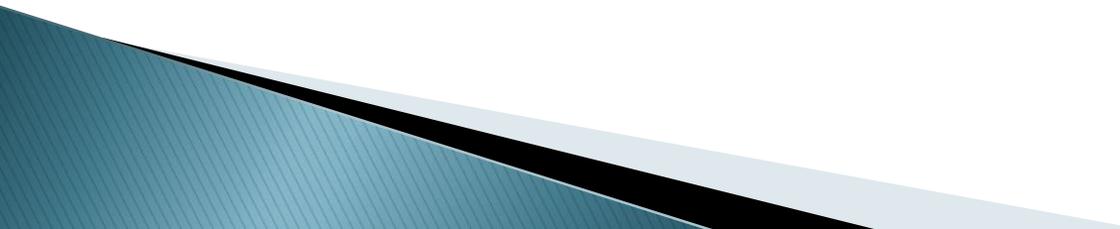
GOALS:

- Walking independently in the home environment
- To reduce the number of falls experienced in the home and community and monitor equipment needs into the future
- Continue hydrotherapy and community exercise/training to preserve abilities/prevent deterioration and maintain as much independence as possible
- Improve daily living – Maintain mobility and independence, community integration and social supports

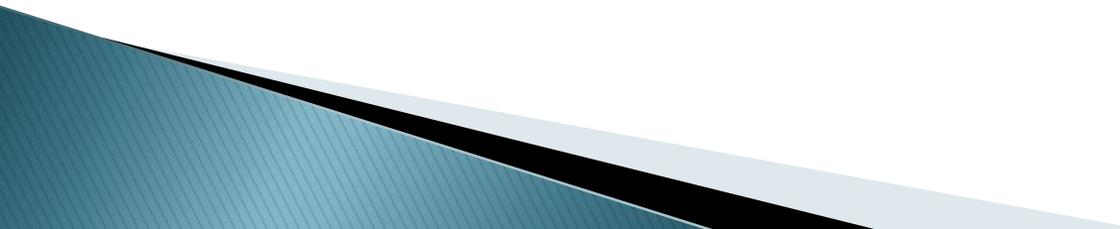
RECOMMENDATIONS:

- John's impairments are lifelong, he would benefit from long term therapeutic support.
- Ongoing targeted exercise program both land and pool.
- John requires a specialist support coordinator to assist with connecting with care providers as the current care being provided by his father is not sustainable.
- John's therapy is most likely best targeted within the home and community due to the carryover from hospital to home given John's cognitive/memory impairments.
- Exploration of community social supports and activities that are of interest to John as currently socially isolated.

Other things to consider

- ▶ Ensure the evidence supports that the disability/functional impairment is lifelong
 - ▶ Provide formal assessments if relevant ie/ ASIA (SCI)
 - ▶ When providing evidence – consider language (keeping it simple/understandable)
- 

Hospital Discharges

- ▶ Priority letter – attach to the front of the application
 - ▶ Ensure clinicians are listed as contacts if the patient consents to enable follow up
 - ▶ Ensure all information is provided and correct – ie/ ID and evidence
- 

Priority Letter

Date

Dear NDIS National Access Team,

I am writing with regard to the enclosed Access Request Form for the current Hospital inpatient _____ has a significant and permanent disability and is unable to leave hospital without the implementation of a support plan to adequately address the support needs arising from their disability.

_____ support plan will include personal supports, equipment and home modifications. The inpatient health team estimate that _____ will have completed their required inpatient hospital stay and be read for discharge from hospital on (insert date).

_____ meets the requirements for the priority due to urgent circumstances. “4.11 Prioritising prospective participants with urgent circumstances in urgent circumstances, the NDIA may determine whether a prospective participant meets the access criteria sooner than the timeframe set out in the NDIS Act. Urgent circumstances include, but are not limited to, where a prospective participant’s accommodation or care arrangements have broken down, are unsustainable, fragile, at risk of breakdown or where a prospective participant is at risk of harm or is re-entering a community setting and has few or no supports in place”.

The primary contacts in _____ health team are _____ and _____ Social Workers. The inpatient health team at _____ Hospital are available to support _____ in collaboration with the NDIS in planning for _____ discharge from hospital and achieving their ongoing support plan.

Kind Regards,
XXXXX