



ACCESSING THE NDIS – PROVIDING SUPPORTING EVIDENCE

MARCH 2020

Applying for access to the National Disability Insurance Scheme (NDIS) starts by phoning the National Disability Insurance Agency (NDIA) on 1800 800 110 with your patient/client and/or their representative.

You can make an access request in 2 ways:

- A Verbal Access Request (VAR), or
- Fill out a paper Access Request Form (ARF)

The most efficient way to apply for access is to make a **Verbal Access Request** (VAR). This is where an NDIA national access worker will gather key information about the person applying and will issue an NDIS registration number over the phone.

Alternatively the NDIA national access worker can send an ARF to the potential participant's address. It will need to be completed and sent back. Information on how to complete an ARF can be found here:

[How to fill out the NDIS Access Request Form.](#)

When making a VAR, the NDIA will still request supporting evidence to be sent to it about the person's disability and how it impacts their everyday life.

The NDIA can send their supporting evidence form (Part F of the ARF) to you or alternatively, a more efficient way to provide supporting evidence is by using your own supporting evidence report template that reflects the components of the NDIA document.

The supporting evidence report template should incorporate the legislative requirements (**Section 24 NDIS Disability Requirements**) that need to be met for the person to access the NDIS, to ensure that all relevant details about the person's disability are clearly addressed.

Download an example of a supporting evidence report template. The supporting evidence report should describe how a person's disability meets the NDIS eligibility requirements, including clarification of the permanency and significance of the impairment.

At the access stage, when filling in the supporting evidence form, comprehensive details on recommended supports are not required. Instead, recommended supports should be outlined at the planning stage within a pre-planning document in preparation for the NDIS planning meeting.

For health staff supporting a patient/client who requires urgent NDIS support for a safe discharge from hospital or to live safely in the community, please refer to the [Urgent Access Request Cover Letter](#) resource. **It's important to send this cover letter together with your supporting evidence report to ensure a priority response by the NDIA in determining eligibility.**

Case examples of completed supporting evidence forms are located on the following pages. It is important to note that although these examples are aligned to the Section 24 NDIS Disability Requirements, there are always alternative ways to record the required information, depending on the person's level of need.

Date 18.03.2020

Dear NDIS National Access Team,

Please find below the supporting evidence relating to the NDIA Access Request for:

Patient's name	Mark Markson
DOB	02/02/1982
Address	2 Fake street, Fakeville, Victoria 3222
Contact details	041x xxx xxx
NDIS reference number	<i>If known (obtained from verbal access request phone call)</i>

Primary impairment:

Mark has permanent brain injury as a result of a stroke. This means that Mark has physical, cognitive and communication impairments.

Mark's brain injury occurred on 15 December 2019, therefore he has had a permanent and significant disability for 3 months.

Medical History

- Hypertension 2015
- Diverticulitis 2015
- High cholesterol 2014

Permanency and significance of impairment:

Mark has permanent and significant physical, cognitive and communication impairments as a result of his stroke/brain injury. Mark requires lifelong support in the form of equipment and assistance from another person to maintain his function and achieve his goals, which include being a father to his son, living in his own home and being able to access the community so he can watch his favourite football team play.

Description of any relevant treatment undertaken or being considered:

Mark's brain injury post stroke is irreversible. Mark has been in hospital for 3 months following his injury, and is receiving inpatient rehabilitation. Mark is likely to make incremental gains with ongoing rehabilitation, however these gains will not impact his need for lifelong support and he will have lifelong, permanent and significant functional and cognitive impairments. There are no further treatment options being considered by Mark's medical team.

Please see attached report from neurologist confirming Mark's permanent diagnosis and details of completed treatment.

Description of any relevant treatment not appropriate for the person:

There are no further treatment options available for Mark to reverse the impact of the brain injury/stroke.

Details of the functional impact of the person's impairment/s:

1. Mobility

Due to Mark's permanent brain injury, he has minimal functional use of his left side. Mark therefore requires a mobility aid (wheelchair) to support him at home and in the community.

Mark requires physical assistance and prompting to transfer from 1 person.

Mark requires assistance to access the community and is unable to drive or utilise public transport by himself or without his wheelchair.

2. Communication

Due to Mark's permanent brain injury caused by a stroke, he has a significant communication impairment. This means that Mark has moderate to severe difficulty in understanding what others say to him and also what is written down for him.

Mark needs extra time to process verbal and written information, and uses varied communication methods such as pictures, gestures, communication devices and his own facial expressions to express what he needs/wants.

Mark also needs verbal and visual cues from others so that he can give reliable yes/no responses to basic questions.

Mark requires the support of another person who understands his needs to be able to access the community and participate in social activities.

It is difficult for others who don't know Mark to understand his communication needs, which impacts on his ability to work, participate in family life and be a father to his young child.

3. Social Interaction

Due to Mark's permanent brain injury caused by a stroke, he has a significant communication impairment as described above.

This means Mark has moderate to severe difficulty in interacting with others, including friends prior to his stroke, family and colleagues.

This difficulty with social interaction impacts on Mark's ability to work, participate in family life and be a father to his young child.

Mark requires daily support from another person to assist him with social interaction and participation in social activities.

4. Learning

Mark's brain injury has resulted in a permanent cognitive impairment.

Combined with Mark's communication impairment (as described above), he finds it difficult to learn new information and needs daily assistance from another person to complete new tasks. This is evidenced in the neuropsychology report attached.

Without assistance from another person, Mark can not access the community and participate in social activities, as he is at risk when faced with unfamiliar environments and/or unfamiliar people.

5. Self Care

Due to Mark's permanent brain injury which means he has difficulty moving his left side (including left leg and left arm/hand) and is unable to stand unsupported, he needs support of / person to participate in activities such as showering, dressing, toileting and grooming.

Additionally, Mark requires the assistance of assistive technology, environmental modifications and prompting to complete self care tasks.

6. Self management

Due to Mark's permanent brain injury he is unable to complete daily self-management tasks such as budgeting and decision-making.

Mark needs assistance with these tasks to help him participate in both social and economic activities.

Impact on the person's social and economic participation:

Mark's functional impairments in the areas of mobility, self-care, communication, learning, social interaction and self-management impact on his ability to participate in social activities, such as being an active member of his family, completing activities with his son, and socialising with friends. Mark is unable to complete these activities without assistive technology and assistance from another person.

Mark's current economic participation is limited due to his reduced capacity for decision-making and communication and at this point, employment.

Mark's access to social and economic activities is impacted due to him not being able to drive or use public transport.

Additional details regarding the person’s health:

Mark is at increased risk of general health complications due to reduced physical activity and capacity for self-management.

Kind regards,

Therapist Name	
Therapist Role	
Therapist Qualification	
Therapist Phone	
Therapist Email	

(Repeat for all therapists involved in provision of supporting evidence)

Date 18.11.2019

Dear NDIS National Access Team,

Please find below the supporting evidence relating to the NDIA Access Request for:

Patient's name	Sam Samson
DOB	01/01/1981
Address	1 Fake street, Fakeville, Victoria 3111
Contact details	041x xxx xxx
NDIS reference number	If known (obtained from verbal access request phone call)

Primary impairment:

Sam has permanent paraplegia as a result of a spinal cord injury. This means that Sam is unable to move or feel below his waist.

Sam's injury was sustained on 23 January 2020. Sam's spinal cord injury is permanent and significant.

Medical History:

- High cholesterol 2014
- Asthma 2003

Permanency and significance of impairment:

Sam's paraplegia as a result of his spinal cord injury is a permanent and significant physical impairment. Sam has no functional use of his legs and will require lifelong support in the form of assistive technology and assistance from another person to maintain his function and achieve his goals, which include his role as a father and returning to work as a subcontractor.

Description of any relevant treatment undertaken or being considered:

Sam's spinal cord injury is irreversible. Sam has been in hospital for 2 months following his injury, and is receiving inpatient rehabilitation. This rehabilitation will not impact Sam's need for lifelong support as he has permanent and significant functional impairments. All treatment options for Sam have been exhausted.

Please see attached report from neurologist confirming Sam's permanent diagnosis and details of completed treatment.

Description of any relevant treatment not appropriate for the person:

There are no further treatment options available to Sam.

Details of the functional impact of the person's impairment/s:

1. Mobility

Due to Sam's permanent spinal cord injury, he has no functional use of his legs for standing or walking. Sam therefore requires a mobility aid (manual wheelchair) to support him at home and in the community.

Sam is also unable to independently transfer without support, equipment and an accessible environment.

Sam requires assistance to access the community and is unable to drive or use public transport.

2. Communication

Sam is independent with all communication.

3. Social Interaction

Sam's ability to socially interact has not been impacted by his disability.

4. Learning

Sam is able to engage in new learning independently.

5. Self Care

Due to Sam's permanent spinal cord injury, which means he has no active movement in his legs and is unable to stand, he is unable to independently participate in activities such as showering, dressing and grooming without the required assistive technology, environment and support.

6. Self management

Due to Sam's permanent spinal cord injury he is unable to complete daily self-management tasks at home, such as cleaning and garden maintenance, as he is unable to access all areas of his home or complete these tasks in his wheelchair.

Sam requires assistance for these tasks.

Impact on the person's social and economic participation:

Sam's functional impairments in the areas of mobility and self-care impact on his ability to participate in social activities such as being an active member of his family, completing activities with his son, and socialising with friends. Sam is unable to complete these activities without assistive technology and assistance from another person.

Sam's current economic participation is limited due to an unsuitable working environment which does not cater for Sam's functional impairments.

Sam's access to social and economic activities is impacted due to him not being able to drive or use public transport.

Additional details regarding the person’s health:

Sam’s lower body is at risk of skin breakdown due to no sensation below his level of injury. Sam requires support and specialised pressure care equipment to avoid this risk.

Kind regards,

Therapist Name	
Therapist Role	
Therapist Qualification	
Therapist Phone	
Therapist Email	

(Repeat for all therapists involved in provision of supporting evidence)