Date

Dear NDIS National Access Team,

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

|  |  |
| --- | --- |
| Person’s name |  |
| DOB |  |
| Address |  |
| Contact details |  |
| NDIS reference number | *If known* |

## Primary impairment:

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| --- |
| *Consider:*  *The impairment with the most impact on the person’s daily life*  *Length of time the person has had the impairment*  Type here |

## Medical History:

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| --- |
| *Consider:* Date diagnosed Type here |

## Permanency and significance of impairment:

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| --- |
| *Consider:* Whether the disability is likely to be lifelong and how it functionally, socially and economically impacts the person Type here |

## Description of any relevant treatment undertaken or being considered for the primary impairment:

|  |
| --- |
| *Consider:* Current and/or past treatment Type here |

## Description of any relevant treatment not appropriate for the person:

|  |
| --- |
| *Consider:* Any treatments related to the person’s health condition e.g. surgery, transplants, chemotherapy etc? Type here |

## Details of the functional impact of the person’s impairment/s:

## 1. Mobility

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| --- |
| *Consider:* Does the person require assistance to be mobile e.g moving around the home, getting in and out of a bed or chair, mobilising in the community including using public transport or a motor vehicle?Does the person need specialised equipment, assistive technology, home modifications or assistance from another person to be mobile? *\*NB Assistance required does not include commonly used items such as non-slip bath mats, bathroom grab rails and handrails installed at stairs*  Type here |

## 2. Communication

|  |
| --- |
| *Consider:* Does the person have an impairment with being understood in spoken, written or sign language; or ability to understand language and express needs and wants?Does the person require assistance to communicate effectively because of their disability e.g. equipment, support from another person to express their needs? Type here |

## 3. Social Interaction

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| --- |
| *Consider:* Does the person require assistance to interact socially because of their disability? Consider making and keeping friends and relationships, having behaviours that may place themselves or others at risk, and managing their feelings and emotionsDoes the person need special equipment, assistive technology or assistance from another person for social interaction? Type here |

## 4. Learning

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| --- |
| *Consider:* Does the person require assistance to learn effectively because of their disability e.g. understanding and remembering information, learning new things, practising and using new skills?Does the person need special equipment, assistive technology or assistance from another person to learn effectively? Type here |

## 5. Self Care

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| --- |
| *Consider:* Does the person require assistance with self-care because of their disability e.g. showering/bathing, dressing, eating/drinking, toileting, overnight care, caring for their own health?Does the person need special equipment, assistive technology, home modifications or assistance from another person to complete self care? Type here |

## 6. Self management

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| --- |
| *Consider:* Does the person require assistance with self-management because of their disability e.g. domestic tasks, financial management, making decisions and problem solving, keeping safe at home, connecting to/or scheduling services?Does the person need special equipment, assistive technology, or assistance from another person for self management? Type here |

## Impact on the person’s social and economic participation:

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| --- |
| *Consider:* How the person’s functional impairments impact on their independence with social and economic participation Type here |

## Additional details regarding the person’s health:

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| --- |
| ***Consider:*** Nutrition support currently requiredSkin integrity issuesGrowth or weight changeBowel habitsOral eating and drinking Type here |

Kind regards,

|  |  |
| --- | --- |
| Therapist Name |  |
| Therapist Role |  |
| Therapist Phone |  |
| Therapist Email |  |

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