



URGENT ACCESS REQUEST – COVER LETTER

How to request urgent NDIS access for your patient

JUNE 2020

In some circumstances a person may be vulnerable to risk and need urgent supports. For example, they may be going back to live in a community setting with few supports of any kind after they are discharged from hospital, or they may not be able to return home and may be at risk of moving into a residential aged care facility.

To seek priority access and planning for the prospective participant:

1. If emailing the Access Request Form, use the subject line: PRIORITY - Urgent Access Decision Required.
2. If posting the request, the top of the first page of the Access Request Form should include the same line.
3. In the body of the email or cover letter, detail the urgent circumstances and clearly identify that the prospective participant is in hospital. The "Sample Access Request (AR) cover letter" below provides some guidance for how to do this.

For health staff supporting people in hospital, please refer to the [How to fill out the NDIS Access Request Form](#) step-by-step resource for further guidance on completing an Access Request Form. You can download the Word doc. version of this resource [here](#).

[Health Service Logo]

Dear NDIS National Access Team,

I am writing with regards to **[insert prospective participant name]** who is currently an patient/client at **[insert health service name]**.

[insert prospective participant name] has a significant and permanent disability and is unable to leave hospital/ is unsafe at home without the urgent implementation of an NDIS plan to adequately address the support needs arising from their disability.

At this time **[insert prospective participant name]** is unable to provide verbal, written or alternate methods of consent due to **[insert communication impact of disability]**. **[insert prospective participant name]** also has no legal representative. **[insert prospective participant name]** is supported by **[insert NOK]**/the treating healthcare team to initiate an access request so that appropriate supports can be available during discharge planning. It is requested that an exceptional circumstance is considered to support access without formal consent. **[delete if not required]**

[insert prospective participant name]'s support plan will likely require personal supports, equipment, home modifications and support to explore alternative housing options **[include all relevant]**.

The health team estimates that **[insert prospective participant name]** will have completed their required inpatient hospital stay and be ready for discharge from hospital on **[insert date]**. **[delete if in community]**

[insert prospective participant name] meets the requirements for priority access and planning due to urgent circumstances as defined in section 4.11 of the Access Operational Guidelines and 6.2 of the Planning Operational Guidelines.

In addition to this, **[insert prospective participant name]** has the following complexities **[elaborate and/or remove what is not appropriate]**:

- **Involvement with other systems (e.g. justice, child protection etc)**
- **Significant support level for physical support or behaviours of concern (i.e. 1:1 or 2:1)**
- **Risks with current housing (e.g. shared supported accommodation or residential aged care); need for alternative**
- **No/minimal informal or community supports**
- **Input from multiple providers**
- **Other: CALD, parent/carer with a disability, rural/remote location where thin market exists**

Given these complexities, an NDIA senior planner from the NDIA or Complex Support Needs Pathway should be considered to provide an effective level of support to **[insert prospective participant name]**.

The primary contact person in **[insert prospective participant name]**'s health team is **[insert staff member]**, **[insert discipline]**. The treating team at **[insert health service name]** is available to support **[insert prospective participant name]** in collaboration with the NDIS in planning for **[insert prospective participant name]**'s discharge from hospital/to remain safely at home and achieving their ongoing NDIS plan.

Kind regards,

[Staff member], [Role]

[Ph], [Email]