



General practice toolkit

Understanding your role in the NDIS

Acknowledgements

This toolkit has been developed by Queenslanders with Disability Network (QDN) on behalf of Brisbane North PHN and North Brisbane Partners in Recovery. North Brisbane Partners in Recovery is an initiative of the Australian Government.

The information contained in this toolkit has been primarily sourced from the National Disability Insurance Agency's website at www.ndis.gov.au and work that QDN has undertaken over the past five years in working with people with disability to prepare for the National Disability Insurance Scheme.

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Northern Queensland Primary Health Network acknowledges the Traditional Custodians of the lands and seas on which we live and work, and pay our respects to Elders past and present.



About the NDIS General Practice Toolkit

This toolkit has been developed for general practices in the northern Queensland region with practical information to assist:

1. Practice managers and practice staff to:
 - a. understand key information about the National Disability Insurance Scheme (NDIS)
 - b. gain information about the different ways patients are entering the scheme and what this means for making appointments, timing and length of appointments.

2. General practitioners (GPs) with information about:
 - a. what is the NDIS and the GP's role
 - b. eligibility, supports and assistance for people with disability through the NDIS
 - c. the forms that GPs can be asked to complete, how patients will access the scheme, and information to assist GPs in completing sections of the form
 - d. referral pathways for patients so they can find out more information and how it will work, and where they can go for assistance. For more information www.ndis.gov.au/about-us/our-sites/QLD.html



GPs play a key role in completing *Access Request Forms* to assist people with disabilities to transition to the National Disability Insurance Scheme.

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Glossary

Access Request Form (ARF)

The ARF is provided by the NDIA to people with disability to complete as part of their application to become a participant of the NDIS. It is provided in electronic and hard copy. GPs need to complete Part F of this form.

Early Childhood Partner (ECP)

Early Childhood Partners are experienced early childhood intervention service providers, with strong clinical expertise and best-practice approaches, who will tailor support to a child's individual needs and circumstances.

Early Childhood Early Intervention (ECEI)

Early Childhood Early Intervention supports children aged 0 - 6 who have a developmental delay or disability, and their families/ carers, to develop the skills they need to take part in daily activities and achieve the best possible outcomes throughout life.

Functional Impairment

Loss of, or damage to, a physical, sensory or mental function. The NDIA must be satisfied a participant's impairment is, or likely to be, permanent.

Funded Support

Funded support is the funding that people currently get from State or Commonwealth for specialist disability support.

Health Professional

A treating health professional can provide evidence of a person's disability. This can include GP, paediatrician, orthopaedic surgeon, occupational therapist, speech therapist, neurologist, psychologist, psychiatrist.

Local Area Coordinator (LAC)

Local Area Coordinator can help participants move through the stages to accessing the NDIS e.g. understanding the NDIS, Access, Creating a plan, Plan Activation

NDIA

National Disability Insurance Agency. The NDIA is an independent statutory agency, whose role is to implement the National Disability Insurance Scheme.

NDIS

National Disability Insurance Scheme. The NDIS is a new way of providing support for Australians with disability, their families and carers. The NDIS supports people with disability to build skills and capability so they can participate socially and economically in the community.

NDIS Planning Meeting

Once a participant is deemed eligible for the NDIS they will be contacted by the NDIS or partner for a meeting to prepare their NDIS plan.

Nominee

A nominee is a person appointed in writing, at the request of a participant (patient), or on the initiative of the NDIA, to act on behalf of, or make decisions on behalf of a participant.

Participant

Is a person with disability eligible for support through the NDIS

People currently getting specialist disability support who get transferred to NDIS

There are a number of people with disability who currently get disability specific, community care, or programs like Partners in Recovery (PiR) funded support from State or Commonwealth Government agencies that will satisfy the requirement for eligibility under the NDIS and their information has been transferred from the Queensland State Disability Service or Commonwealth programs to the NDIA.

Primary Disability

Refers to the impairment that is impacting most on the person's daily function.

Supporting Evidence Form

The *Supporting Evidence Form* is only used for people who are currently receiving funded disability supports who may need to provide more evidence as requested by the NDIA. GPs need to complete a section of this form.

Frequently asked questions

What is the NDIS and who can get it?

The National Disability Insurance Scheme (NDIS) is a national scheme that will be the same for everyone all over Australia. People with disability under age of 65, who are Australian citizens (or hold special visas) and have an impairment that is likely to be permanent that affects their capacity for social and economic participation and likely to need support under the NDIS for life.

What is my role as a GP with patients who want to access the NDIS?

GPs are considered a treating health professional and therefore an authorised person to complete NDIA paperwork required to meet evidence requirements.

If the person does not have the right assessment completed as required by NDIA, (see 4.6 and 4.7 for examples), then GPs will need to either complete an NDIA form to provide evidence needed or supply existing reports, assessments or letters that show diagnosis, impact of disability and the supports the person needs.

- **New participants** - If the person is new to getting services - they will contact the NDIA and receive an *Access Request Form*. GPs complete only Section F (pages 5-8). The person completes the rest (see Sample Form Appendix A)
- **Participants who have been getting disability services** - If the person has had services before but the NDIA doesn't have enough information, then GPs will be asked to complete the *Supporting Evidence Form* (see Sample Form Appendix B)

GPs may also need to help people know about the NDIS, and where they can find out more information or who can help them to access the NDIS.

What information do I need to write on the forms?

To satisfy the NDIS requirements, it is important that GPs include information about the:

- **primary disability** (permanent, type, date of diagnosis, how long it will last and available treatments - medications, surgeries or therapies)
- **how the disability impacts** upon person's everyday life in six areas - mobility/motor skills, communication, social interaction, learning, self-care and self-management
- **what supports the person needs, how and when.**

It is important that the information provided about the impacts of the disability, and their support needs directly relate to the primary disability that has been listed. It needs to be clear that this disability is permanent and the person is likely to need supports over the course of their lifetime.

Do I need to complete Part F of the *Access Request Form* or *Access Request (Supporting Evidence) Form* or can I just send in some reports?

The person will need to complete their relevant sections of the form. The health professional does not need to fill in Part F of the *Access Request Form* or *Access Request - Supporting Evidence Form* if they are able to provide recent existing information - letters, assessments or other reports which detail the person's impairment, how long it will last and how it impacts upon their daily life. If the GP has these documents on file, they can be provided instead of completing Part F.

However, if the assessments, letters or reports do not detail this information, particularly how the disability and the functional impairments impact upon the person's day to day life - then Part F of the *Access Request Form* or the *Access Request - Supporting Evidence Form* need to be completed.

How long will it take me to complete the forms and how do I bill for the consultation?

It is anticipated that it will take approximately 25 – 35 minutes to complete the forms for participants who already have evidence of their disability. For a participant who does not have supporting evidence, completing the *Access Request Form* or *Supporting Evidence Form* may take more time.

How do I claim for consultation when providing evidence for the NDIS?

GPs should claim normal consultation fees through the Medicare Benefits Schedule (www.mbsonline.gov.au) for the consultation when providing the evidence a person requires for the NDIS.

What if the person doesn't have any assessments or anyone to help them?

In exceptional circumstances, a staff member from the NDIA may complete a general standardised functional assessment (such as WHODAS or PEDI-CAT) with the patient or their authorised representative.

Who decides if the person is eligible for the NDIS?

Only a staff member of the NDIA, who is a delegate for access, can decide if a person is eligible against the *National Disability Insurance Scheme Act (2013)*.

If the NDIA decides a person is not eligible, they may be able to access mainstream and community supports. The LACs and Early Childhood Partners help people to link with services. If the person with disability is not happy with this, they can appeal this decision.

Will the person with disability lose their pension if they get the NDIS?

The NDIS is not means-tested and does not affect a person's income support through Centrelink for their Disability Pension.

What is the difference between the NDIS and the Disability Support Pension?

The NDIS is the funding that a person gets for their day-to-day support around their disability. The Disability Support Pension is an income support for people with disability who are unable to work and it is means-tested.

Can the participant use their Centrelink Assessment to apply for the NDIS?

A participant can complete Part B of the *Access Request Form* giving permission to the NDIA to collect information from a third party, including Centrelink. This information will help determine whether access requirements will be met but cannot be used instead of *Access Request Form*.

Different eligibility requirements are determined for Centrelink (income support) and the National Disability Insurance Scheme (funded disability support). These determinations are guided by:

- *Human Services (Centrelink) Act 1997*
- *National Disability Insurance Scheme Act 2013*.

Will the person still get the health services they need or is everything part of the NDIS?

The NDIS does not replace health responsibilities and health services like clinical services, outreach treatment, hospital services, primary health, health education and promotion, dental services and nursing.



Will all the disability programs stop when the NDIS is here?

There are a range of programs that the State and Commonwealth Governments have 'cashed out' as part of the bilateral agreements and these services will cease once the NDIS rollout is finished by 30 June 2019. All eligible participants need to have transitioned to the NDIS by this time or their services will cease. For a list of programs transitioning to the NDIS, see Appendix E.

What do the mainstream services like health, housing, education still have to provide to people with disability?

Mainstream services are required to continue to provide their services to people with disability. The State and Commonwealth have determined arrangements for what the NDIS will do and what the mainstream services will continue to do. This is outlined in the Council of Australian Governments (COAG) *Principles to Determine the Responsibilities of the NDIS and Other Service Systems*.

The National Disability Strategy 2010 - 2020 provides a policy framework to ensure people with disability have fair and equal access to a full range of mainstream programs and services including employment, healthcare, education, transport, public facilities and infrastructure.

Who can help participants get their evidence together?

Local Area Coordinators can help people get their evidence together. For more information, visit www.ndis.gov.au/about-us/locations.html#qld

The ECEI Partner in Community also provides support to families and assists families in gathering evidence as required.

Queenslanders with Disability Network (QDN) has some funding to help participants through the access, pre-planning and planning phases (see Referral Pathways and Resources for contact details).

For children aged 0-6 years, does the GP complete Section F of an Access Request Form?

Children aged 0-6 DO NOT ring the NDIA 1800 800 110 to make an access request and do not need a GP to complete an *Access Request Form*. The pathway for children aged 0-6 is via the Early Childhood Partner, and this will be the first step for children aged 0-6 rather than completing an *Access Request Form*. They need to contact the Early Childhood Partner in their area.

Is there a special number that the GPs can ring to talk to the NDIA if they have any questions?

No, there is only one phone number for the NDIA that everyone has to call and that is 1800 800 110. There are generally waiting times to be able to connect to speak with a person.



The toolkit

1.1 The NDIS rollout in northern Queensland

The National Disability Insurance Scheme (NDIS) was rolled out in the Townsville and Mackay areas from 1 July 2016, and in the Cairns, Cape and Torres areas from 1 July 2018.

1.2 The role of the GP in the NDIS

GPs have an important role in the healthcare and lives of people with disability and their families/carers and their professional relationship and partnership with patients. With regards to NDIS, GPs have an important role in completing specific sections of the documents required by NDIA to prove eligibility and enable a person to complete the access process.

GPs can also play a role in helping identify patients who are not currently receiving disability support but who might be eligible for the NDIS, and referring them to NDIS 1800 800 110 number or www.ndis.gov.au to check eligibility and access.

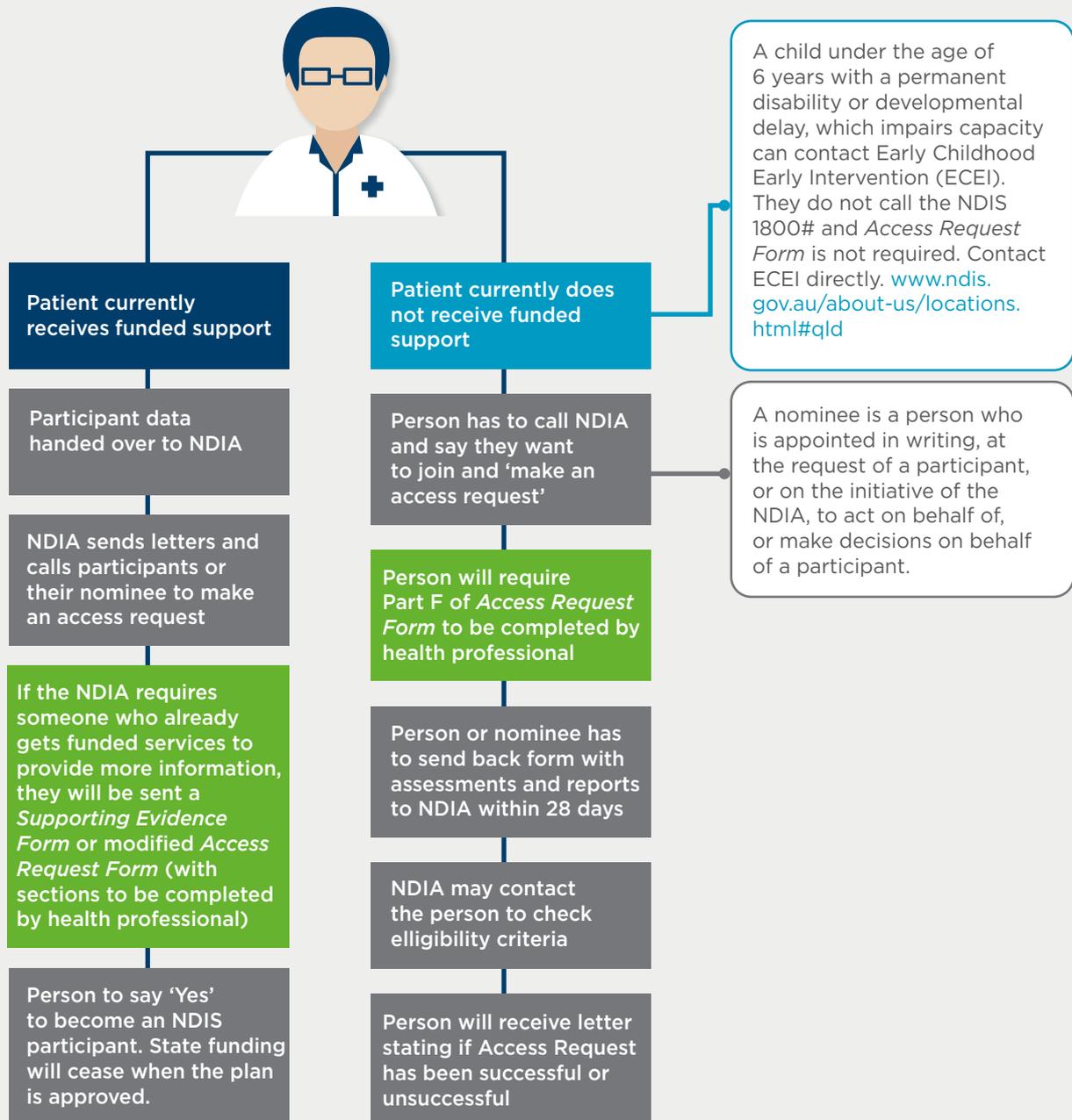
GPs may be asked to provide evidence through completing part of the *Access Request Form* (Sample Form Appendix A) or *Supporting Evidence Form* (Sample Form Appendix B), confirming a person's permanent disability or documenting the impact of the person's functional limitations of their disability and how this relates to their support needs.

It is anticipated that GPs will have increased requests within practices to assist participants with the NDIS access component.

Consider longer consultations to complete the NDIS paperwork and the patient can provide information needed in a timely way, and attend their appointment with any information that will assist.

Flowchart 1: What do I have to do as the GP for my patients as part of the NDIS process?

NB. The boxes highlighted in orange are the GP's role within the NDIS steps



A request for review of a decision or appeal can be made



Chief Executive Officer
National Disability Insurance Agency
GPO Box 700, Canberra, ACT 2601

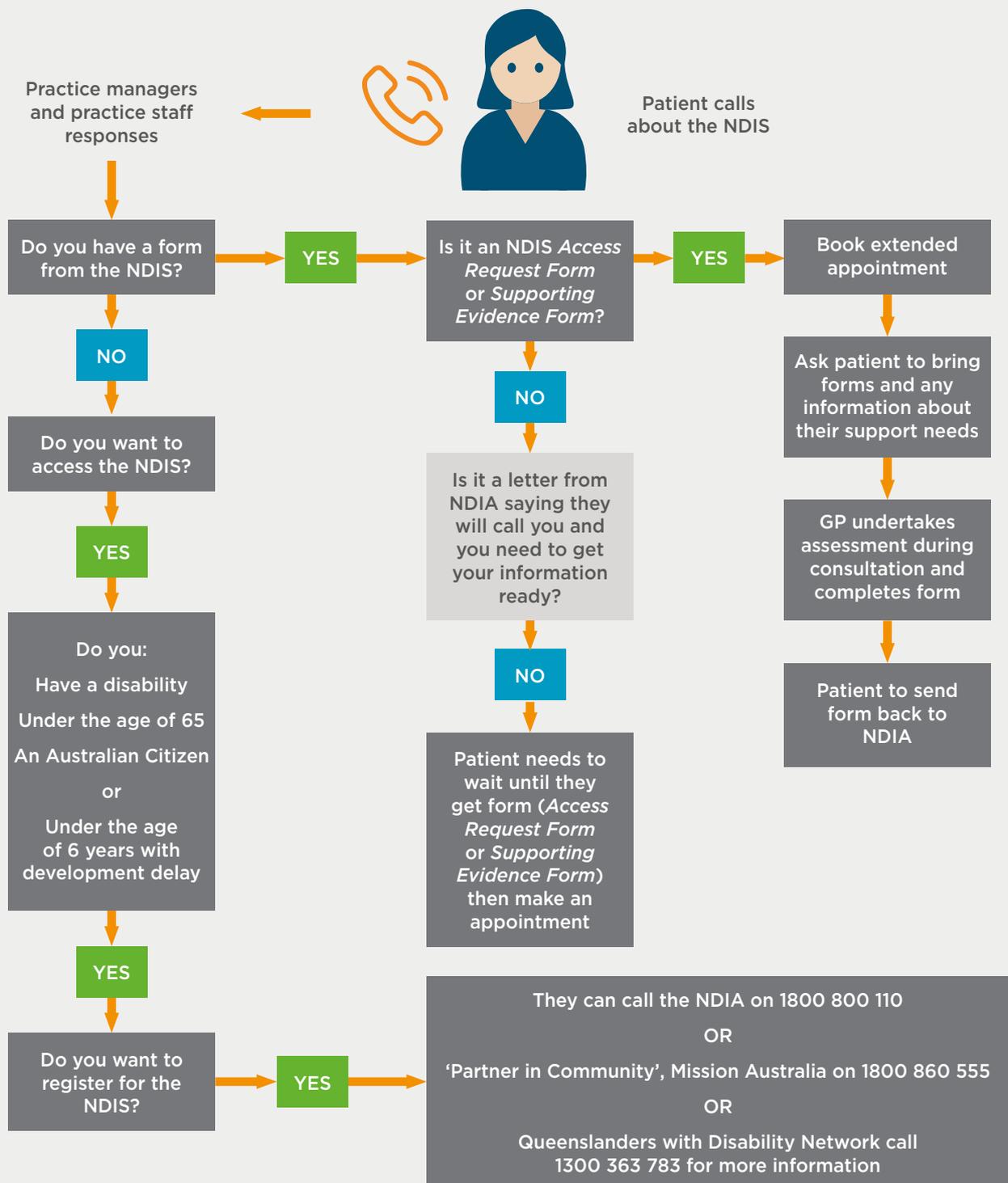
✉ enquiries@ndis.gov.au

📞 NDIA - 1800 800 110

1.3 The role of practice managers and practice staff in the NDIS

Practice managers and practice staff can play an important role in this process and the increase of requests, and make for a smoother journey for the person with disability, their family and carers, the GP and the clinic.

Flowchart 2: Support practice managers and practice staff when a patient calls about the NDIS



1.4 What is the National Disability Insurance Scheme?

The NDIS is a new way for people with disability to get the support they need to manage day-to-day living, and to socially and economically participate in their community.

The NDIS is individually funded, based upon what needs people have. It is not a scheme that will place people on waiting lists. If eligible, people can get funding for support. The aim is that disability support funded through the NDIS complements people's clinical care.

The NDIS provides reasonable and necessary supports, Reasonable meaning something that is fair and Necessary meaning something a person requires to support their disability. The NDIS gives people with disability more choice and control in how, when, where and from whom they purchase their supports.

1.5 Who is eligible for the NDIS?

The NDIS is a national approach to providing individualised support and services for eligible people with a disability.

The NDIA are the only people who can decide eligibility.

To be eligible, a person:

- must be under the age of 65 years when applying to join the NDIS
- must live in Australia
 - > be an Australian citizen OR
 - > hold a Permanent Visa OR
 - > hold a Protected Special Category Visa, that is
 - were in Australia on a Special Category Visa on 26 February 2001 or
 - had been in Australia for at least 12 months in the two years immediately before 26 February 2001 and returned to Australia after that day.
- have an impairment or condition that is likely to be permanent (i.e. it is likely to be lifelong) and
 - > the impairment substantially reduces the ability to participate effectively in activities, or perform tasks and actions unless the person has:
 - assistance from other people or
 - assistive technology or equipment or
 - can't participate effectively even with assistance or aides and
 - > the impairment affects the person's capacity for social and economic participation and
 - > are likely to require support under the NDIS for life.

An impairment that varies in intensity e.g. because the impairment is of a chronic episodic nature may still be permanent, and may require support under the NDIS for life, despite the variation.

People with psychiatric disability, or psychosocial disability, may be eligible for the NDIS. For further information on psychosocial disability and NDIS access, visit www.ndis.gov.au/psychosocial/products

1.6 What are the eligibility requirements for children aged 0-6?

A child under the age of 6 years with a permanent disability or developmental delay, which impairs capacity and daily function, may be eligible for NDIS early intervention support through Early Childhood Early Intervention (ECEI).

Each area will have a NDIA Early Childhood Partner made up of teams of professional and paediatric allied health staff. They will work with children to determine appropriate supports for their development. Referral to the Early Childhood Partner will be the first step rather than completing an *Access Request Form*.

ECEI contact in your area can be found on the NDIS website www.ndis.gov.au/about-us/locations.html#qld

1.7 What supports and help will NDIS provide for people with disability?

Supports can be provided under the NDIS if the NDIA is satisfied the impairment is of a permanent nature and, most likely that any evidence-based treatments will not provide a cure.

The NDIS will provide support that is both Reasonable and Necessary.

The NDIS can help with things like support to access the community such as social, study, sporting or other interests, learning new things and new skills, assistive technologies or with support to live in your home. It is about the supports a person needs because of a disability.

The different types of support areas include community access, employment and education, day to day living, learning and applying knowledge and health and wellbeing. These are listed in the NDIS Price Guide, and each individual will receive supports that are considered reasonable and necessary for the person, and these will be based upon information that the participant provides at their planning meeting. For information about the Price Guide, visit www.ndis.gov.au/providers/pricing-and-payment

1.8 How do people get into the NDIS?

There are different entry pathways and requirements for people with disability to prove they are eligible, depending on if they are new and never had any specialist disability support before, or for people who have been currently getting specialist disability support from either State or Commonwealth Government programs.

Generally the pathway is shown on Page 10, and participants will make an access request to the NDIS. If they are accepted, the NDIA will have a planning meeting with them to help identify their goals and their plan for their supports, approve the plan and then the participant will go and implement their plan through purchasing their supports, where, how, when and with whom they choose. Every year, their NDIS plan will be reviewed.

Start your NDIS journey here



The NDIS journey has been recreated for illustrative purposes from graphics supplied by the NDIA.

New participants and people currently getting disability services will enter in two different ways.

1. New participant



2. Currently get funded disability supports now from State or Commonwealth funding programs



NB: Children aged 0-6 years will need to contact the Early Childhood Partner. The Early Childhood Partner in your area can be found on the NDIS website, see www.ndis.gov.au/about-us/locations.html#qld

1.9 What if a person does not meet NDIS eligibility?

If a person is unsuccessful in their access request, they may still be able to access support through mainstream and community supports. The Local Area Coordinator, or Early Intervention Partner (for children aged 0 – 6 years) will be able to provide information or referral.

Eligibility can be reassessed if additional evidence provides new information that supports access criteria and is in a three-month period from initial request.



New participants to the NDIS need to call 1800 800 110 to begin the access process.

Participants currently receiving disability supports will be contacted by the NDIA to begin access to the NDIS. Children aged 0-6 need to contact the Early Childhood Partner for NDIS early intervention support see

www.ndis.gov.au/about-us/locations.html#qld

NDIS evidence – tips for the GPs

2.1 What evidence will a GP be asked to provide?

GPs can be requested to provide evidence to support a participant's access to the NDIS.

This may include:

- completing Part F of the *Access Request Form* (GPs only need to complete pages 5-8)
- completing *Supporting Evidence Form* (GPs only need to complete Sections 2&3)
- providing copies of relevant reports or assessments outlining the functional impact of the person's disability, and/or information about the disability.
- NB: There are some disabilities where information about how a person's disability impacts upon them may not be needed or where functional capacity changes and further assessment is requested. These are listed here at Appendix C and Appendix D
 - > List A Conditions which are likely to meet the disability requirements [ndis.gov.au/operational-guideline/access/list-a.html](https://www.ndis.gov.au/operational-guideline/access/list-a.html)
 - > List B Permanent conditions for which functional capacity are variable and further assessment of functional capacity generally is required www.ndis.gov.au/operational-guideline/access/list-b

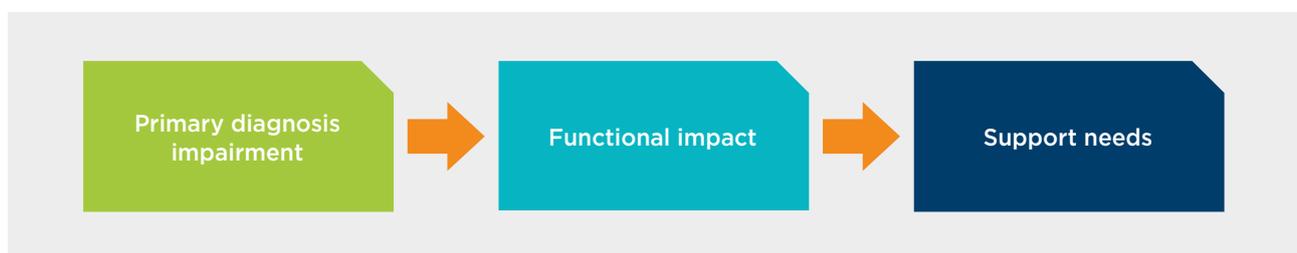
In completing the NDIS documentation, it is important to:

- identify primary disability
 - > type of disability and date of diagnosis
 - > how long the disability will last and available treatments (medications, therapies or surgeries)
 - > describe factors of the disability (e.g. anxiety, behavioural issues, cognitive impairment) that impacts on the person's functionality.
- describe the functional impacts and support needs as they relate to the primary disability (i.e. not a secondary disability or impairment)

(If there are secondary disability or impairment, the functional impact described must be clearly linked and related to the secondary disability when writing up the information)

- identify the type and frequency of support the person needs to be able to live their daily life. Gather information from carers, family and supports about the person's day-to-day functions. Carers and family can complete family/carer impact statements
- use language that anyone can read and understand and try to avoid medical terminology and language.

Although a participant may have multiple disability diagnoses or impairments, it is important to **identify the primary condition, disability or impairment**, what functional impact relates to the primary disability and what support they need because of that functional limitation.



If this is not completed accurately, the participant may be denied access to the NDIS or requested to gather further information.

For example:

A participant with Cerebral Palsy has a disability that impacts upon their functional ability to move around, get out of the house, or use public transport (Mobility and Motor Skills) and impact on their ability to attend to every day personal care (Self Care).

A person with a psycho-social* disability has an impairment that impacts upon their functional ability to manage day to day living (Self-Management) and care for their personal hygiene or take their medication as prescribed (Self Care).

*See www.ndis.gov.au/psychosocial/products.html#what for the meaning of psychosocial disability.

2.2 Tips for completing *Access Request Form—Part F* or *Supporting Evidence Form—Sections 2 & 3*

GPs may be asked by their patients to complete either of the two forms and the relevant sections for GPs:

- *Access Request Form* – Part F
- *Supporting Evidence Form* – Sections 2&3

Part F or Sections 2&3 provide the evidence of the primary disability, functional impact of the person's disability or impairment and support they require.

The key parts of the information a GP will be requested to provide are:

- **permanent disability** – evidence that the person has or likely to have a permanent disability or impairment for life.
- **functional impact** – evidence of the substantial impact of the disability or impairment has on the person's day to day functioning across one or more of the six areas below
- **support needs** – what support the person needs related to their functional impact, how much they need and how often they need the support.

2.3 Functional impacts

Functional impact – six areas:

It is important in completing NDIS documentation, for GPs to provide evidence that the primary diagnosis substantially reduces the functional capacity in one or more of the following activities:

- **mobility:** this means the ability of a person to move around the home (crawling/walking) to undertake ordinary activities of daily living, getting in and out of bed or a chair, leaving the home, moving about in the community and performing other tasks requiring the use of limbs
- **communication:** includes being understood in spoken, written or sign language, understanding others and expressing needs and wants by gesture, speech or context appropriate to age
- **social interaction:** includes making and keeping friends (or playing with other children), interacting with the community, behaving within limits accepted by others, coping with feelings and emotions in a social context
- **learning:** includes understanding and remembering information, learning new things, practicing and using new skills
- **self-care:** means activities related to personal care, hygiene, grooming and feeding oneself, including showering, bathing, dressing, eating, toileting, grooming, caring for own health care needs
- **self-management:** means the cognitive capacity to organise one's life, to plan and make decisions, and to take responsibility for oneself, including completing daily tasks, making decisions, problem solving and managing finances.

Note: The functional impact needs only to identify significant impairment or capacity in one of the impact areas.

2.4 Examples of different types of support needs that people have across the six areas of Functional impact

Examples of support					
Mobility and motor skills	Communication	Social interaction	Learning	Self-care	Self-management
Using public transport	Letting other people know needs and wants	Initiating conversations	Learning new things	Looking after self	Doing household jobs
Leaving the house	Help to talk with others	Social interaction	Organising information	Personal hygiene	Budgeting money
Moving around house	Assistive technology	Making and keeping friends	Memory and planning	Shower, dressing	Problem solving things that arise
Going to shops	Following instructions or directions	Understanding feelings and interactions	Studying and attending courses	Dental/oral hygiene	Making decisions
Modifications to house	Other	Talking to strangers or particular people	Other	Medication	Keeping safe
Other		Other		Other	Taking responsibility
					Looking after nutrition and diet
					Other

To access the NDIS, a person will need to show they have support needs in one or more of the six functional areas. Below is a table that shows the most likely functional areas impacting on an impairment with examples below.

Impairment	Mobility and motor skills	Communication	Social Interaction	Learning	Self-care	Self-management
Intellectual		○	○	○		○
Cognitive		○		○		
Neurological	○				○	
Sensory		○				
Physical	○				○	
Psyco-social					○	○

2.5 Examples of patients' information for six areas of functional impairment

The following sections provide examples of how Section F or the *Access Request Form* can be completed for a range of disabilities.

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 in 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:

Physical disability example:

X has impaired mobility and cannot mobilise without equipment and physical assistance. As such requires: Equipment – a wheelchair to move around her house and also in the community, a hoist and shower chair to assist her transferring in and out of her chair and with bathing; equipment charger, drinking cup and modified cutlery for eating. Assistance from other persons – to assist with hoist transfers in the house and in the community, including transferring in and out of bed 7 days x twice per day, onto her shower chair 1 x 7 days and with transfers when in the community. X also requires assistance to charge her equipment each night.

Neurological disability example:

T's Multiple Sclerosis results in restricted movement including moving around his home without support. Because of his muscular spasms and problems with weakness in his legs. He is unable to walk and relies on a wheelchair to get around both at home and in the community. T has lack of functioning in his upper limbs which affects his ability to be able to properly control his movement in his hands to direct his controls for his wheelchair, or to be able to get smaller items such as money, cards, independently out of his own wallet. As such he requires: Equipment – wheelchair for at home and in the community, hoist, shower chair, charger. Assistive technology – to assist with controlling and driving his chair – due to limited mobility, environment control unit to allow him to control his room temperature, door opening, light switching and vital call system. Assistance from other persons to assist with transfers, including transferring in and out of bed 7 days x twice per day, onto his shower chair 1 x 7 days and with transfers when in the community, assistance to charge equipment each night and to pay for goods and services while out in the community – 4 times on average per week.

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:

Intellectual disability example:

M is a 45 year old woman with severe intellectual disability. She lives at home with her aging mother who is unable to physically support her undertaking community outings and activities, due to the mother's mobility issues. M receives a disability service 5 hours and 3 days per week where a support worker assists her around Centrelink pension issues, banking and shopping.

M has good receptive communication skills in terms of understanding what others are saying to her, however she experiences challenges with being understood by others through spoken words and sign language. M has only 3 words that she can say that can be generally understood. This includes, yes, no, and Mum. She has some basic Makaton signing, however these are not widely understood by the broader community. M can understand what others are saying to her but has limited communication and gestures to point at things. With regards to interacting with the community and mainstream services, M is challenged with expressing her needs for example with banks, Centrelink, medical services, shopping, etc. She requires a support person to be with her at all times when she accesses these services. When M is unable to be understood by others, she can become frustrated and start to display behaviours of hitting herself. M needs someone to help her at these times with prompting her with words to help her use her self-calming strategies.

Hearing impairment (Sensory) example:

D is a 36 year old woman who has a hearing impairment, lives with her husband and two children, and has a job in an accounting firm.

D has a hearing impairment and communicates using Auslan. D does not have any spoken communication and can not lip read. D experiences challenges in being understood by others as they do not understand Auslan. D needs an interpreter to communicate with others in her employment, accessing all services as a customer in the community and everything she does.

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 assistance required:

Cognitive disability example:

T has an acquired brain injury (ABI) and currently spends most of his time at home. Since his injury 10 years ago at the age of 35, T is living at home with his elderly mother. He is spending most of this time at home as he does not like to leave the house, and he has lost all of his friends and informal networks beyond his mother. T has difficulty making and keeping friends, as he has limited control over managing his own responses and anger and frustration. When he is frustrated, he will respond to people aggressively, and this has impacted upon his friendships. T is choosing to be alone and apart from times when his mother takes him to medical appointments and to the shops he has limited interactions and his mother has to help him manage his behaviour and responses to others when his behaviour is becoming aggressive. T needs this support every day.

Intellectual disability example:

F is 8 years old and has reduced capacity and inability to effectively participate in play with other children. F becomes frustrated and overwhelmed by noise and in situations where there are lots of voices talking, particularly challenging for him when in situations that are not one to one. When F is in these situations, his behaviour will escalate quickly into yelling, screaming and hitting out at others including other children and adults. This occurs on a daily basis. F does not understand the social norms and rules in playing with other children, he will talk only about himself and dominate the conversation with a limited focus on topics particularly planes. As a result, he is unable to communicate effectively with his peers and is isolated and does not have any friends or friendships. At lunch time he sits by himself, F becomes easily upset when things do not go as he expects and bursts into tears immediately, and runs away. This has led to him running away from the school and being lost in the community. He needs supervision and guidance from a support person at all times to assist him with understanding what is going to happen next, to monitor where he is, and to ensure that he is not able to leave the school or his home environment. This constant monitoring is required by his parents also which has impacted upon their capacity to care for him. He needs continual prompting and guidance from others to help him with what comes next, and what he can do to manage his emotions and respond to the situation. He needs this on a daily basis in his interactions with others.

4. Learning

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

Does the person require assistance with self-care 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:

Intellectual disability example:

M has difficulty with understanding and remembering information, and challenges with remembering simple and complex tasks and instructions. M has difficulty in learning new things in school or traditional education settings and needs specific assistance with a tailored teaching program to assist the learning process. Even with repetitive teaching of new skills, M needs prompting and guidance from a supervisor to help keep on task and undertake the steps of the task that are required. M needs a longer time to practice new skills and this needs to be in an environment where he can have the time and space without additional pressure to complete things within a specific time frame. M needs this for simple tasks like the steps of making toast, through to more complex tasks like catching the train. M needs this in all areas of his life on a day to day basis.

Cognitive disability example:

K has difficulty understanding and remembering information and then translating that into actions or tasks. He is unable to learn and remember the tasks associated with going shopping by himself, or cooking, or being able to predict what is going to happen next and organise information in a logical way to make his decisions. K is unable to be left alone within his home or the community as he needs supervision constantly to ensure his safety in all these environments. He requires a support person to be with him to assist him to understand when he is interacting with others in the community.

5. Self Care

Showering/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, 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:

Physical disability example:

X has a physical disability that means they use a wheelchair and are unable to weight bear without assistance to transfer from their wheelchair into the shower or the toilet. Their disability also means that they have limited movement in their upper limbs which impacts upon X's ability to eat food, and means that they can not dress themselves without assistance. X needs this support every day to be able to shower, dress, eat and go to the toilet.

Psycho-social disability example:

S is a 32 year old woman who lives in a supported accommodation facility with 25 other residents. Due to her delusional beliefs about people spying on her and recording her every move through hidden cameras in the bathrooms, she has paranoia about showering and going to the toilet. Because of this she has poor levels of hygiene, only showering when someone instructs her to do so, and checks the bathrooms to turn off the 'cameras'. S has poor diet as she only wants to eat takeaway meals, and she does not take her medication unless someone prompts her to do so.

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:

Intellectual disability example:

M has an intellectual disability and needs daily support to keep his house tidy including making his bed, washing dishes and clothes and sweeping the floor. He finds it difficult to complete any tasks that are outside of his routine. He needs support with household chores every day. The Public Trustee is appointed as administrator for M with regards to his money. While the PT administers his money, M still does not have the skills to budget his money on a day to day basis. He does not understand the value of money and the difference between handing over \$100 vs \$5, what items costs and that he needs to get change back as part of a transaction. M is able to make decisions about what clothes he wants to wear and what he wants to eat, however, he is unable to work through more complex decisions to work through a range of options, what risks there are, and make the best decision. M cannot cook his meals, but is able to independently pour his cereal into the bowl and add milk but needs assistance to do the shopping once a week and cook his dinner meals daily.

Psycho-social disability example:

S has difficulty completing daily chores due to ongoing auditory hallucinations, her inability to concentrate and low motivation due to her medications associated with schizophrenia. While she lives independently, she finds managing the auditory hallucinations exhausting and distracting and needs assistance daily through guidance and prompting to assist her cleaning her house, doing her washing and cooking her meals. She needs prompts and guidance with managing her money, planning her budget and ensuring that she does not spend all her pension in the first week.

2.6 Reports and assessments

The NDIA may ask the person to provide evidence of their disability and functional and significant impact. It is not necessary to pay for new assessments as existing reports and evidence may be enough to satisfy the eligibility criteria. Evidence can include proof of identity, evidence of disability, impact of disability and functional assessments.

Below are examples of assessments or reports a GP may have on file that can support the person's access request.

Type of evidence	What evidence	Examples
Evidence of disability	Diagnosis and treatments	<ul style="list-style-type: none">• hospital discharge plan• mental health plan• level of lesion SCI• ASIA Score• Modified Rankin Scale (Stroke)• DSM ID and ASD
Impact of disability on daily life	How the disability impacts on daily life	<ul style="list-style-type: none">• case notes from a service provider• person's diary• carer statement
Functional assessments	How disability impacts on the ability to function in everyday activities	<ul style="list-style-type: none">• specialist reports e.g. OT, Psychologist, psychiatrist, speech therapist• assessment information provided to or prepared by existing service providers e.g. specialised disability support service, Partners in Recovery program, Personal Helpers and Mentors (PHaMs), Home and Support Program (HASP)• assessments from Queensland Health, Department of Communities, Disability Services and Seniors, Department of Justice and Attorney General, Department of Housing• statement by the person, family members, carers, support workers• other assessments

2.7 What standardised assessments are considered 'best practice' in evidence for each primary disability?

The following table provides a summary of examples of the different standardised assessment tools which treating health professionals who are part of multidisciplinary teams of care for people with disability can carry out to assist evidence of disability requirements for the NDIS.

Primary Disability	Treating health professional – any following member of the multidisciplinary teams listed	Disability Evidence (in preference order)
Acquired Brain Injury	ABI health professionals	<ol style="list-style-type: none"> Care and needs scale (CANS) (17 years and over) World Health Organisation disability assessment schedule (WHODAS) 2.0 (17yrs+) and 3. PEDI-CAT (16 yrs and under)
Autism	Psychologist Occupational Therapist Speech Therapist	<ol style="list-style-type: none"> DSM-V Vineland adaptive behaviour scale (Vineland-II) WHODAS 2.0 – (17+) PEDI-CAT (16 yrs and under)
Cerebral Palsy	Occupational Therapist Physical Therapist Paediatrician Physiotherapist	<ol style="list-style-type: none"> Gross motor functional classification scale (GMFCS) Manual ability classification scale (MACS) Communication function classification system (CFCS)
Hearing impairment	Audiologist	<ol style="list-style-type: none"> Hearing impairment responses and groupings guide (17+ years) PEDI-CAT (16 years and under) Hearing acuity score
Intellectual disability, Developmental Delay, Global Developmental delay, Down Syndrome	Psychologist Occupational Therapist Speech Therapist	<ol style="list-style-type: none"> DSM-V Vineland adaptive behaviour scale (Vineland-II) WHODAS 2.0 – (17+) PEDI-CAT (16 yrs and under)

Primary Disability	Treating health professional – any following member of the multidisciplinary teams listed	Disability Evidence (in preference order)
Multiple Sclerosis	Neurologist Disease steps trained Nurse examiner	1. Disease steps 2. Patient determined disease steps (PDDS) 3. Expanded disability status scale (EDSS)
Psychosocial disability	HoNOS trained clinical mental health staff Clinical psychiatric staff Mental Health Occupational Therapist Psychologist Psychiatrist	1. Health of the nation outcome survey (HoNOS) 2. Life skills profile – 16 item (LSP-16) 3. WHODAS 2.0 – (17yrs +) 4. PEDI-CAT (16 yrs and under)
Spinal cord injury	Neurologist Physiotherapist Occupational Therapist Recreational Therapist Psychologist Psychiatrist	1. Level of lesion; or 2. American spinal injury association impairment scale (ASIA/AIS) 3. WHODAS 2.0 (17 yrs +) 4. PEDI-CAT (16 yrs and under)
Stroke	Neurologist	1. Modified Rankin Scale (MRS)
Vision impairment	Ophthalmologist	1. Vision impairment questionnaire (17yrs+) 2. PEDI-CAT (16 yrs and under) 3. Visual acuity rating
Other	Occupational Therapist Speech Therapist Physiotherapist Social worker	1. World Health Organisation disability assessment schedule 2. WHODAS 2.0 (17 yrs+) 3. PEDI-CAT (16 yrs and under)



The key information a GP may be requested to provide are:

- **permanent disability** - evidence that the person has or likely to have a permanent disability or impairment for life.
- **functional impact** - evidence of the substantial impact of the disability or impairment has on the person's day to day functioning across one or more of the six areas below
- **support needs** - what support the person needs related to their functional impact, how much they need and how often they need the support.

Referral pathways and resources

3.1 Referral pathways

NDIS Information	
Cairns Local Area Coordinators (LAC)	Mission Australia Phone: 1800 860 555 Email: wattridgem@missionaustralia.com.au Website: www.missionaustralia.com.au
Cairns Early Childhood Early Intervention Partners (ECEI)	Mission Australia Phone: 1800 860 555 Email: wattridgem@missionaustralia.com.au or eceicairns@ndis.gov.au for all ECEI NDIS-related referrals to the program Website: www.missionaustralia.com.au
Townsville–Mackay Local Area Coordinators (LAC)	Feros Care Phone: 1300 986 970 Email: lacinfo@feroscare.com.au Website: www.feroscare.com.au
Townsville–Mackay Early Childhood Early Intervention Partners (ECEI)	UnitingCare Community Phone: 1300 778 081 Website: www.unitingcareqld.com.au
Advocacy Services	
Cairns Rights in Action Inc	Phone: (07) 4031 7377 Email: info@rightsinaction.org Website: www.rightsinaction.org
Townsville Independent Advocacy NQ	Phone: 1800 887 688 Email: reception@ianq.org.au Website: www.independentadvocacy.org.au
Mackay Mackay Advocacy Inc	Phone: (07) 4957 8710 Website: www.mackayadvocacy.com.au

3.2 Fact sheets

NDIS Access checklist	www.ndis.gov.au/ndis-access-checklist
Accessing the NDIS	www.ndis.gov.au/people-disability/access-requirements
Early Childhood Early Intervention	www.ndis.gov.au/ecei
NDIS Local Area Coordinator	www.ndis.gov.au/communities/local-area-coordination
Evidence of your Disability	www.ndis.gov.au/people-with-disability/access-requirements/completing-your-access-request-form/evidence-of-disability
NDIS FAQs	www.ndis.gov.au/questions-and-answers
RACGP NDIS Guide for Physicians and Paediatricians	www.racp.edu.au/ndis-guide-for-physicians

Sample Access Request Form – page 2

Are you an Australian Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO , what type of visa do you have?	<input type="checkbox"/> Permanent visa	<input type="checkbox"/> Protected special category visa.
	<input type="checkbox"/> Other including temporary visa (<i>please specify below</i>)	
	Visa Type: _____ Nationality: _____ Passport Number: _____	

Part B: Your privacy and consent to collect and share your information

The National Disability Insurance Agency (NDIA) collects personal information to help us determine whether you can access the NDIS. As a participant, the NDIA will also collect and use your information to help develop and implement your NDIS Plan and do other things related to the NDIS.

In addition to collecting certain information from you, we may contact your service providers, health and medical practitioners and other government agencies to request the provision of personal and health information about you which will help us to determine whether you meet the access requirements for the NDIS and, if so, to provide supports to you under the NDIS.

If you live in Shared Supported Accommodation, (e.g. a home shared with other people with disabilities that includes shared support from paid staff), we may also disclose your personal information to personnel employed within the group home to enable the Agency to collect further personal information about you in order to support the development of your NDIS plan if you become a participant.

Please note that if you do not consent to the collection of your personal information, the NDIA may not be in a position to determine whether you meet the access requirements for the NDIS or develop your NDIS Plan if you become a participant. More information about the collection, use, disclosure and storage of your personal information by the NDIA can be accessed on our online Privacy Notice and Privacy Policy at www.ndis.gov.au/privacy or by contacting the NDIA.

Do you consent to the NDIA collecting your information including from these third parties, for the purposes of determining whether you meet the access requirements for the NDIS and to help develop or implement your NDIS Plan if you become a participant.	<input type="checkbox"/> Yes, I consent	<input type="checkbox"/> No, I do not consent.
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You can give us consent to obtain information about your age, disability, and residence from Centrelink (below) or you can provide us with certified copies of the required documents yourself. **We cannot make a decision without this information.**

The Australian Government Department of Human Services (including Centrelink and Medicare)	<input type="checkbox"/> Yes, I consent My CRN is:	<input type="checkbox"/> No, I do not consent. I will provide the information myself.
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Part C: How would you like NDIA to contact you?

<input type="checkbox"/> Home phone	TTY:
<input type="checkbox"/> Mobile phone	
<input type="checkbox"/> Email	
How would you like to receive letters?	<input type="checkbox"/> Email <input type="checkbox"/> Post
Do you need an interpreter to help us talk with you?	<input type="checkbox"/> No <input type="checkbox"/> Yes Language: _____
<input type="checkbox"/> Do not contact me directly	<input type="checkbox"/> Contact my parent/legal guardian or representative (Part D) <input type="checkbox"/> Other (please specify):

Part D: Parent, legal guardian or representative details (if applicable)

Complete this section if you are filling out this form for:

- a person aged under 18 for whom you have parental responsibility, OR
- a person for whom you are a representative or a legal guardian

You do not need to complete this section if you are just helping the person fill out this form.

Full name	
Relationship to person making request:	
<p>NOTE: If you are a legally appointed guardian you will need to provide your Proof of Identity (POI) and guardianship status to the NDIA. This information can be verified through the Australian Department of Human Services (Centrelink) using the CRN provided on page 2 (if applicable) or you can provide copies of two POI documents (or a 'Government issued photo card') and the guardianship document with this form.</p>	
Phone	TTY:
How would you like to receive letters?	
<input type="checkbox"/> Email	
<input type="checkbox"/> Post	<input type="checkbox"/> Same as person making request If different: State: Postcode:
Do you need an interpreter?	<input type="checkbox"/> No <input type="checkbox"/> Yes Language: _____

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Part E: Information about your carers and family members (if applicable)

My Carer's full name:	
Contact phone number:	TTY:
Will your carer be taking part in the planning conversation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have another family member who is, or is seeking to become a NDIS participant?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide their name: _____

Part F: Your disability, or need for early intervention supports

So we can determine whether you (or your child) meet the disability or early intervention access requirements (including developmental delay), you need to provide us with information about your disability or impairment.

Primary disability: (This is the disability that has the most impact on your daily life)	
Please list other disabilities (if any):	
Did you acquire your disability because of an injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you seeking, or have you previously sought compensation related to your disability or injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have undertaken one or more of the following assessments or reports in relation to your disability, please provide a copy with your Access Request Form:

- The Care and Needs Scale (CANS)
- Vineland Adaptive Behaviour Scales, 2nd Ed (Vineland-II)
- Diagnostic and Statistical Manual of Mental Disorders, 5th Ed (DSM-5) – Autism Spectrum Disorder
- Diagnostic and Statistical Manual of Mental Disorders, 4th Ed (DSM-4) – Autism Spectrum Disorder
- Childhood Autism Rating Scale (CARS)
- Adaptive Behaviour Assessment System (ABAS)
- Autism Diagnostic Observation Schedule (ADOS)
- Gross Motor Functional Classification Scale (GMFCS)
- Communication Function Classification Score (CFCFS)
- Manual Ability Classification System (MACS)
- Diagnostic and Statistical Manual of Mental Disorders, 5th Ed (DSM-5) –Intellectual Disability
- Diagnostic and Statistical Manual of Mental Disorders, 4th Ed (DSM-4) –Intellectual Disability
- Clinical Evaluation of Language Fundamentals, 4th Ed
- Wechsler Preschool and Primary Scale of Intelligence, 3rd Ed (WPPSI-III)
- Wechsler Intelligence Scale for Children (WISC-IV)
- IQ test
- Hearing Loss (Measured in decibels in better ear)
- Disease Steps
- Expanded Disability Status Scale
- Level of lesion
- ASIA Score
- Modified Rankin Scale
- Visual acuity level
- Visual field loss (horizontal and vertical)
- World Health Organisation Disability Assessment Schedule (WHODAS 2.0)
- Other

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Sample Access Request Form – page 5

We need supporting information about your disability and the impact it has on your mobility, communication, social interaction, learning, self-care and/or ability to self-manage.

You can do this by:

Providing us with copies of reports, letters or assessments from your health or education professional detailing your (or your child's) impairment and the impact it is has on daily life

OR

By asking a professional to complete the table below:

Full name of professional (health or education)			
Professional Qualification			
Phone		Email	
Length of time you have known or treated the person making request?			
Primary disability and any secondary disabilities:			
Current treatment (if any):			
Is there any other treatment that is likely to remedy the impairment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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?	<input type="checkbox"/> No , does not need assistance <input type="checkbox"/> Yes , needs special equipment <input type="checkbox"/> Yes , needs assistive technology <input type="checkbox"/> Yes , needs assistance from other persons: (physical assistance, guidance, supervision or prompting)		
If yes , please describe the type of assistance required:			

Sample Access Request Form – page 6

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?	<input type="checkbox"/> No , does not need assistance <input type="checkbox"/> Yes , needs special equipment <input type="checkbox"/> Yes , needs assistive technology <input type="checkbox"/> Yes , needs assistance from other persons: (physical assistance, guidance, supervision or prompting)
If yes , please describe the type of assistance required:	
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?	<input type="checkbox"/> No , does not need assistance <input type="checkbox"/> Yes , needs special equipment <input type="checkbox"/> Yes , needs assistive technology <input type="checkbox"/> Yes , needs assistance from other persons: (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, practising and using new skills	
Does the person require assistance to learn effectively because of their disability?	<input type="checkbox"/> No , does not need assistance <input type="checkbox"/> Yes , needs special equipment <input type="checkbox"/> Yes , needs assistive technology <input type="checkbox"/> Yes , needs assistance from other persons: (physical assistance, guidance, supervision or prompting)
If yes , please describe the type of assistance required:	

Sample Access Request Form – page 7

<p>5. Self-Care Showering/ 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</p>	
Does the person require assistance with self-care because of their disability?	<input type="checkbox"/> No , do not need assistance <input type="checkbox"/> Yes , need equipment/ assistive technology <input type="checkbox"/> Yes , need assistance from another person in the areas of: <input type="checkbox"/> showering/bathing <input type="checkbox"/> toileting <input type="checkbox"/> eating/drinking <input type="checkbox"/> dressing <input type="checkbox"/> overnight care (e.g. turning)
If yes , please describe the type of assistance required:	
<p>6. Self-Management Doing daily jobs, making decisions and handling problems and money (not applicable for children under 8 years of age)</p>	
Does the person require assistance with self-management because of their disability?	<input type="checkbox"/> No , does not need assistance <input type="checkbox"/> Yes , needs special equipment <input type="checkbox"/> Yes , needs assistive technology <input type="checkbox"/> Yes , needs assistance from other persons: (physical assistance, guidance, supervision or prompting)
If yes , please describe the type of assistance required:	
Signature of Professional	Date _____ / _____ /20 ____

Part G: Change of circumstances

The law requires you to tell the NDIA if a change of circumstances happens (or is likely to happen) that might affect your request to be a participant in the NDIS or, if you become a participant, that might affect your status as a participant or your NDIS Plan.

For example, you must tell us if your disability support needs change, you move house or overseas, or receive compensation relating to an injury.

You must tell us as soon as you reasonably can. You can do this in person, over the telephone or by letter, email or fax.

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Part H: Signature

When I sign this Access Request Form:

- I certify that the information I have provided is true and correct and that I have given all of the information and documents that I have or can get that are required by this Access Request Form
- I understand that giving false or misleading information is a serious offence.
- I understand that I am giving consent for the NDIA to do the things with my information set out in Part B and with the people I have indicated in Part D. I understand that I can withdraw my consent for the NDIA to do things with my information at any time by letting the NDIA know.
- I understand that I can access the NDIA's Privacy Notice and Privacy Policy on the NDIA website or by contacting the NDIA.
- I understand that if I have selected email under Part C as my preferred means of communication, that the NDIA may email me sensitive or confidential information. I understand that the NDIA cannot guarantee the security of the email once it leaves the NDIA system.
- I understand that my access to the following Commonwealth programs will cease (if applicable) if I become a participant in the NDIS:
 - Helping Children with Autism and Better Start
 - Mobility Allowance

Signature: _____ **Date:** / /20

Full Name (please print) _____

If you have signed this Access Request Form on behalf of the person wishing to become an NDIS participant please complete the details below. It is an offence to provide false or misleading information.

Full name of person completing this form (please print): _____

Relationship to person wishing to become an NDIS participant: _____

We may require you to provide evidence of your authority to sign on behalf of the person.

Please return the completed form to:

Mail: GPO Box 700, Canberra, ACT 2601

Email: NAT@ndis.gov.au or

In person: take it to your local NDIA office

Appendix B

Sample Access Request – Supporting Evidence Form – page 1



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: nationalaccesssteam@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

Sample Access Request – Supporting Evidence Form – page 2

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 Qualification	
Address	
Phone	
Email	
Signature	
Date	

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Supporting Evidence Form v1.0 Feb 2016

2. Details of the person’s impairment/s

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

Sample Access Request – Supporting Evidence Form – page 4

3. 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.

<p>The provision of early supports will: Please tick <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> Alleviate the impact on functional capacity</p> <p><input type="checkbox"/> Prevent deterioration of functional capacity</p> <p><input type="checkbox"/> Improve functional capacity</p> <p><input type="checkbox"/> Strengthen the sustainability of available or existing supports</p>	<p>Details of recommended early intervention supports:</p>
--	---

4. 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)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Gross Motor Functional Classification Scale (GMFCS)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing Acuity Score			<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-4)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Visual Acuity Rating			<input type="checkbox"/> Yes <input type="checkbox"/> No
Communication Function Classification System (CFCS)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Vineland Adaptive behaviour Scale (Vineland-II)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Modified Rankin Scale (mRS)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Manual Ability Classification Scale (MACS)			<input type="checkbox"/> Yes <input type="checkbox"/> No
American Spinal Injury Association Impairment Scale (ASIA/AIS)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Disease Steps			<input type="checkbox"/> Yes <input type="checkbox"/> No
Expanded Disability Status Scale (EDSS)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other.....			<input type="checkbox"/> Yes <input type="checkbox"/> No

Sample Access Request – Supporting Evidence Form – page 5

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.

<p>1. Mobility</p> <p>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.</p> <p>* 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.</p>	
<p>Does the person require assistance to be mobile because of their impairment/s?</p> <p><input type="checkbox"/> No, does not need assistance</p>	<p><input type="checkbox"/> Yes, needs special equipment</p> <p><input type="checkbox"/> Yes, needs assistive technology</p> <p><input type="checkbox"/> Yes, needs home modifications</p> <p><input type="checkbox"/> Yes, needs assistance from other persons (including physical assistance, guidance, supervision or prompting)</p>
<p>If yes, please describe the type of assistance required:</p>	
<p>2. Communication</p> <p>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.</p>	
<p>Does the person require assistance to communicate because of their impairment/s?</p> <p><input type="checkbox"/> No, does not need assistance</p>	<p><input type="checkbox"/> Yes, needs special equipment</p> <p><input type="checkbox"/> Yes, needs assistive technology</p> <p><input type="checkbox"/> Yes, needs home modifications</p> <p><input type="checkbox"/> Yes, needs assistance from other persons (including physical assistance, guidance, supervision or prompting)</p>
<p>If yes, please describe the type of assistance required:</p>	

Sample Access Request – Supporting Evidence Form – page 6

<p>3. Social interaction</p> <p>Making and keeping friends and relationships, behaving within limits accepted by others, coping with feelings and emotions.</p>	
<p>Does the person require assistance to interact socially because of their impairment/s?</p> <p><input type="checkbox"/> No, does not need assistance</p>	<p><input type="checkbox"/> Yes, needs special equipment</p> <p><input type="checkbox"/> Yes, needs assistive technology</p> <p><input type="checkbox"/> Yes, needs assistance from other persons: (including physical assistance, guidance, supervision or prompting)</p>
<p>If yes, please describe the type of social interaction assistance required:</p>	
<p>4. Learning</p> <p>Understanding and remembering information, learning new things, practicing and using new skills</p>	
<p>Does the person require assistance to learn effectively because of their impairment/s?</p> <p><input type="checkbox"/> No, does not need assistance</p>	<p><input type="checkbox"/> Yes, needs special equipment</p> <p><input type="checkbox"/> Yes, needs assistive technology</p> <p><input type="checkbox"/> Yes, needs assistance from other persons: (including physical assistance, guidance, supervision or prompting)</p>
<p>If yes, please describe the type of assistance required:</p>	

<p>5. Self-Care</p> <p>Showering/ bathing, dressing, eating, toileting, caring for own health. * Assistance required does not include commonly used items such as non-slip bath mats, bathroom grab rails and hand rails installed at stairs.</p>							
<p>Does the person require assistance with self-care because of their impairment/s?</p> <p><input type="checkbox"/> No, does not need assistance</p>	<p><input type="checkbox"/> Yes, need special equipment</p> <p><input type="checkbox"/> Yes, needs assistive technology</p> <p><input type="checkbox"/> Yes, needs home modification</p> <p><input type="checkbox"/> Yes, needs assistance from other persons in the areas of:</p> <table border="0"> <tr> <td><input type="checkbox"/> showering/bathing</td> <td><input type="checkbox"/> toileting</td> </tr> <tr> <td><input type="checkbox"/> eating/drinking</td> <td><input type="checkbox"/> dressing</td> </tr> <tr> <td><input type="checkbox"/> overnight care (e.g. turning)</td> <td></td> </tr> </table>	<input type="checkbox"/> showering/bathing	<input type="checkbox"/> toileting	<input type="checkbox"/> eating/drinking	<input type="checkbox"/> dressing	<input type="checkbox"/> overnight care (e.g. turning)	
<input type="checkbox"/> showering/bathing	<input type="checkbox"/> toileting						
<input type="checkbox"/> eating/drinking	<input type="checkbox"/> dressing						
<input type="checkbox"/> overnight care (e.g. turning)							
<p>If yes, please describe the type of assistance required:</p>							
<p>6. Self-Management</p> <p>Doing daily jobs, making decisions and handling problems and money (not applicable for children under 8 years of age)</p>							
<p>Does the person require assistance with self-management because of their disability?</p> <p><input type="checkbox"/> No, does not need assistance</p>	<p><input type="checkbox"/> Yes, needs special equipment</p> <p><input type="checkbox"/> Yes, needs assistive technology</p> <p><input type="checkbox"/> Yes, needs assistance from other persons: (physical assistance, guidance, supervision or prompting)</p>						
<p>If yes, please describe the type of assistance required:</p>							



New participants

If the person is new to getting services – they will contact the NDIA and receive an *Access Request Form*. GPs complete only Section F (pages 5-8). The person completes the rest

Participants who have been getting disability services

If the person has had services before but the NDIA doesn't have enough information, then GPs will be asked to complete the *Supporting Evidence Form*.

Appendix C – List A

Conditions that do not require evidence under current NDIS guidelines

For more information about List A, visit www.ndis.gov.au/people-with-disability/access-requirements/completing-your-access-request-form/evidence-of-disability or www.ndis.gov.au/operational-guideline/access/list-a.html

- Intellectual disability diagnosed and assessed as moderate, severe or profound in accordance with current DSM criteria (e.g. IQ 55 points or less and severe deficits in adaptive functioning).
- Autism diagnosed by a specialist multi-disciplinary team, paediatrician, psychiatrist or clinical psychologist experienced in the assessment of Pervasive Developmental Disorders, and assessed using the current Diagnostic and Statistical Manual of Mental Disorders (DSM-V) diagnostic criteria as having severity of Level 2 (Requiring substantial support) or Level 3 (Requiring very substantial support).
- Cerebral palsy diagnosed and assessed as severe (e.g. assessed as Level 3, 4 or 5 on the Gross Motor Function Classification System – GMFCS).
- Genetic conditions that consistently result in permanent and severe intellectual and physical impairments:
 - > Angelman syndrome
 - > Coffin-Lowry syndrome in males
 - > Cornelia de Lange syndrome
 - > Cri du Chat syndrome
 - > Down syndrome
 - > Edwards syndrome (Trisomy 18 – full form)
 - > Epidermolysis Bullosa (severe forms):
 - YR
 - Autosomal recessive dystrophic epidermolysis bullosa
 - Hallopeau-Siemens type
 - Herlitz Junctional Epidermolysis Dystrophica
 - > Lesch-Nyhan syndrome
 - > Leigh syndrome



- Alexander disease (infantile and neonatal forms)
 - Canavan disease
 - Krabbe disease (globoid cell leukodystrophy) – Infantile form
 - Pelizaeus-Merzbacher Disease (Connatal form)
 - > Lysosomal storage disorders resulting in severe intellectual and physical impairments:
 - Gaucher disease Types 2 and 3
 - Niemann-Pick disease (Types A and C)
 - Pompe disease
 - Sandhoff disease (infantile form)
 - Schindler disease (Type 1)
 - Tay-Sachs disease (infantile form)
 - > Mucopolysaccharidoses – the following forms:
 - MPS 1-H (Hurler syndrome)
 - MPS III (San Fillipo syndrome)
 - > Osteogenesis Imperfecta (severe forms):
 - Type II – with two or more fractures per year and significant deformities severely limiting ability to perform activities of daily living
 - > Patau syndrome
 - > Rett syndrome
 - > Spinal Muscular Atrophies of the following types:
 - Werdnig-Hoffmann disease (SMA Type 1 – Infantile form)
 - Dubowitz disease (SMA Type II – Intermediate form)
 - > X-linked spinal muscular atrophy
- Spinal cord injury or brain injury resulting in paraplegia, quadriplegia or tetraplegia, or hemiplegia where there is severe or total loss of strength and movement in the affected limbs of the body.
- Permanent blindness in both eyes, diagnosed and assessed by an ophthalmologist as follows:
 - > Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
 - > Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
 - > A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points. (An optometrist report is not sufficient for NDIS purposes.)
- Permanent bilateral hearing loss > 90 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz)
- Deafblindness confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.
- Amputation or congenital absence of a foot, dominant hand or two limbs.

Note: There are many conditions in which the functional capacity is variable and further assessment of functional capacity is required.

Appendix D – List B

Permanent conditions for which functional capacity are variable and further assessment of functional capacity generally is required

For more information about List B, visit www.ndis.gov.au/operational-guideline/access/list-b

1. Conditions primarily resulting in Intellectual/learning impairment

- Intellectual disability
- Pervasive developmental disorders not meeting severity criteria in List A or List C
- Asperger syndrome
- Atypical autism
- Childhood autism

Chromosomal abnormalities resulting in permanent impairment and not specified on List A:

- Aicardi-Goutières syndrome
- CHARGE syndrome
- Cockayne syndrome Types I and Type II/Cerebro-oculo-facio-skeletal (COFS) syndrome/Pena Shokeir syndrome Type II/Weber-Cockayne syndrome/Neill-Dingwall syndrome)
- Cohen syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome/22q11.2 deletion syndrome/Velocardiofacial syndrome/Shprintzen syndrome/Conotruncal anomaly face syndrome
- Down syndrome
- Fragile X syndrome
- Kabuki syndrome
- Menkes disease
- Prader-Willi syndrome
- Seckel syndrome/microcephalic primordial dwarfism/Harper's syndrome/Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Spinal muscular atrophy Types III and IV
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Turner syndrome
- Williams syndrome
- Wolf-Hirschhorn syndrome

2. Conditions primarily resulting in Neurological impairment

- Alzheimer's dementia
- Creutzfeldt-Jakob disease
- HIV dementia
- Huntington's disease
- Multi-infarct dementia
- Parkinson's disease
- Post-polio syndrome
- Vascular dementia

Systemic atrophies primarily affecting the central nervous system:

- Abetalipoproteinaemia
- Adult-onset spinal muscular atrophy/late-onset SMA type III)
- Fazio-Londe disease/Progressive bulbar palsy of childhood
- Friedrich's ataxia
- Hereditary spastic paraplegia/Infantile-onset ascending hereditary spastic paralysis/L1 syndrome/spastic paraplegias types 2 and 11/Huntington's disease/Huntington's chorea
- Louis-Bar syndrome/Ataxia-telangiectasia
- Motor neuron disease/Motor neurone disease/Lou Gehrig's disease/Amyotrophic lateral sclerosis
- Primary lateral sclerosis
- Progressive bulbar palsy
- Spinal muscular atrophy – all types
- Spinocerebellar Ataxia – all types, including Machado-Joseph disease

Extrapyramidal and movement disorders:

- Hallervorden-Spatz syndrome/Pantothenate kinase-associated neurodegeneration (PKAN)/neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Parkinson's disease
- Shy-Drager syndrome/Multiple System Atrophy/Striatonigral degeneration (MSA-P)/Sporadic olivopontocerebellar atrophy (MSA-C)
- Steele-Richardson-Olszewski syndrome/Progressive supranuclear ophthalmoplegia
- Stiff-man syndrome/Stiff-person syndrome

Other degenerative diseases

of the nervous system:

- Alzheimer's disease
- Alpers disease/Grey-matter degeneration/Alpers syndrome/progressive sclerosing poliodystrophy/progressive infantile poliodystrophy
- Lewy body dementia
- Pick's disease

Demyelinating diseases of the central nervous system:

- Adrenoleukodystrophy
- Multiple sclerosis
- Schilder's disease/Diffuse myelinoclastic sclerosis – non-remitting

Episodic and paroxysmal disorders:

- Brain stem stroke syndrome
- Cerebellar stroke syndrome
- Motor and sensory lacunar syndromes
- Lennox syndrome/Lennox-Gastaut syndrome
- West's syndrome

Polyneuropathies and other disorders of the peripheral nervous system:

- Adult Refsum disease
- Charcot-Marie-Tooth disease/Hereditary motor and sensory neuropathy/peroneal muscular atrophy
- Dejerine-Sottas disease/Dejerine-Sottas syndrome/Dejerine-Sottas neuropathy/progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease

Other disorders of the nervous system:

- Hydrocephalus
- Multiple system atrophy

3. Conditions resulting in Physical impairment

- Amputations
- Congenital absence of limb or part thereof
- Epidermolysis bullosa
- Harlequin type ichthyosis
- Juvenile arthritis/Stills Disease (excluding monocyclic/self-limited Adult Onset Stills disease)
- Rheumatoid arthritis

Diseases of myoneural junction and muscle:

- Andersen-Tawil syndrome/Periodic paralysis/myoplegia paroxysmalis familiaris
- Becker muscular dystrophy
- Congenital muscular dystrophy
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Limb-girdle muscular dystrophy
- Mitochondrial myopathy
- Myotonic dystrophy/dystrophia myotonica
- Myotonic muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita
- Thomsens disease/Congenital myotonia/Becker myotonia

Cerebral palsy and other paralytic syndromes not meeting severity criteria on List A:

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia

Tetraplegia

4. Conditions resulting in Sensory and/or Speech impairment

Disorders of the choroid and retina where permanent blindness diagnostic and severity criteria on List A are not met:

- Behr's syndrome
- Kearns-Sayre syndrome
- Optic atrophy
- Retinitis pigmentosa
- Retinoschisis (degenerative and hereditary types/ juvenile retinoschisis)
- Stargardt disease
- Usher syndrome

Disorders resulting in hearing loss:

- Cortical deafness
- Pendred syndrome
- Sensorineural hearing loss
- Stickler syndrome
- Usher syndrome
- Waardenburg syndrome

5. Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease/Adrenoleukodystrophy
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis/cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital iodine-deficiency syndrome/cretinism
- Congenital rubella syndrome
- Glycine encephalopathy/non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucopolidosis II/I-cell disease
- Mucopolidosis III/pseudo-Hurler polydystrophy
- Mucopolidosis IV
- Neuronal ceroid lipofuscinosis (NCL)/Adult type (Kuf's or Parry's disease)/Juvenile (Batten disease)/Late infantile (Jansky-Bielschowsky)
- Niemann-Pick disease
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency

The following mucopolysaccharidoses:

- Scheie syndrome/MPS 1-H
- Hurler-Scheie syndrome/MPS 1 H-S
- Hunter syndrome/MPS II
- Morquio syndrome/MPS IVA
- Maroteaux-Lamy syndrome/MPS VI
- Sly syndrome/MPS VII

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment but with variable severity:

- Arnold-Chiari Types 2 and 3/Chiari malformation
- Microcephaly
- Fetal alcohol syndrome
- Fetal hydantoin syndrome
- Spina bifida
- VATER syndrome/VACTERL association

Appendix E

Programs transitioning to the National Disability Insurance Scheme

Commonwealth Programs transitioning to the NDIS:

- Disability Employment Assistance
- Work Based Personal Assistance
- Helping children with Autism
- Better Start for Children with Disability
- Mental Health Respite – Carer Support
- Mobility Allowance
- National Auslan Interpreter Booking and Payment Service
- Outside School Hours Care for Teenagers with Disability
- Personal Helpers and Mentors
- Respite Support for Carers of Young People with Severe or Profound Disability
- Remote Hearing and Vision Services for Children
- Young Carers Respite and Information Service
- Younger Onset Dementia Key Worker Program
- Continence Aids Payment Scheme
- Support for Day to Day Living in the Community
- Partners in Recovery

Queensland State Government Programs Transitioning to the NDIS:

Clients of the following Queensland schemes will generally be considered to satisfy the disability requirements without further evidence being required and these program areas are transitioning across to NDIS:

- Service Access Team Assessed
- Individual Funding
- AS and RS (Accommodation Support and Respite Support)
- Supported Accommodation (large/small residential, group homes, attendant care/personal care, in-home accommodation support and other accommodation support)
- Centre Based Respite
- Registration of Need Database
- Housing and Support Program (HASP)

For more information about defined programs that will transition to the NDIS, see www.ndis.gov.au/operational-guideline/access/list-c.html

Other programs to transition:

- Medical Aids Subsidy Scheme (MASS)
- Taxi Subsidy Scheme (TSS) transitioning for NDIS participants is currently suspended pending decision between State and Commonwealth post 30 June 2019

Not transitioning to NDIS:

- Income Support (Centrelink)
- Health
- Education
- Child care, play groups
- Housing
- Public Transport
- Companion Card
- General community support services
- Family
- Friend
- Community



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