





STEP BY STEP:

HOW TO FILL OUT THE NDIS ACCESS REQUEST FORM

JUNE 2023

your personal ar	to the NDIA and disclosing and sensitive	Yes, I consent No, I do not con	sent 2
	he above purposes ce with our Privacy		
Evidence of Age	and Residence		
get proof of your	age and residence from n provide us with copie:	Centrelink using your	ence. You can give us consent to Customer Reference Number lents yourself (Go to Attachment B
		ou will need to make su in Part A - Question 14	re the name and address on your 4.
2. Provide conse	ent to verify age and r	esidence using Centre	elink
using your Cust	omer Reference Numb		nce information from Centrelink
Yes, I conse	nt and I do not know m	y CRN	
parental record be	ecause the two records		entrelink record and their associated entrelink system. Where consent is only.
No, I do not	consent. I will provide o	copies of the required do	ocuments from Attachment B.
	ot consent, we will not be mation from Attachmen		ur NDIS eligibility until you provide
			Page 6 of 28

- 1 For staff members: If you are working in a residential aged care facility, or a health service, you might be supporting a person with disability to submit this NDIS access request. Please note, however, that you are required to have the person with disability with you while you complete the form.
- 2 Do you consent to the NDIA collecting, using and disclosing your personal and sensitive information for the above purposes and in accordance with our Privacy Policy?

This consent relates to information that the NDIA might need in order to assess whether you are eligible to access the NDIS, but also relates to your consent for sharing information if you do become an NDIS participant.

If you choose not to consent here, service providers such as hospitals and allied health professionals cannot give information about you to the NDIA, which may be important at the access or planning stages. At the access stage, it may mean that your NDIS access request is delayed.







			Section 1: The Applicant
1. Provide third	party consent		
your personal ar information for t	and disclosing	Yes, I consent No, I do not conse	ent
Evidence of Age	and Residence		
get proof of your (CRN), or you can for more informat	age and residence from n provide us with copies ion).	Centrelink using your Co s of the required documen	ce. You can give us consent to ustomer Reference Number hts yourself (Go to Attachment B
		ou will need to make sure in Part A - Question 14.	the name and address on your
2. Provide conse	ent to verify age and re	esidence using Centreli	nk
Yes, I conse	nt and my CRN is:		
Note: If the applic parental record be given, we will acc	ecause the two records less both records to che consent. I will provide of	ent will apply to their Cen are linked within the Cen ck age and residence onl opies of the required doc- e able to determine your	trelink record and their associated trelink system. Where consent is ly. uments from Attachment B. NDIS eligibility until you provide

3 You must provide us with evidence to verify your age and residence. You can give us consent to get proof of your age and residence from Centrelink using your Customer Reference Number (CRN), or you can provide us with copies of the required documents yourself.

If you don't have a Centrelink CRN, ideally you will need to attach to your completed form a copy of your birth certificate or your passport. If you do not have a copy of either of these, it may be OK to provide a couple of other copies of identification, such as birth extract, or a drivers licence.

Part C: Contact Metho	Section 1: The Applicant ods
Your Communication Preferences	
l. Would you prefer us to send you etters or emails?	Letters Emails
P. Who would you like us to contact about your application?	Contact me – Go to Question 3 Contact my representative – Go to Part D
Note: If you want us to contact your epresentative, we will still need to send you letters about your application.	Contact me and my representative – Go to Part D
3. How would you like us to contact you?	Home phone – provide details below
	Mobile phone – provide details below
	Email – provide details below
	TTY – provide details below
I. Can we use SMS to contact you?	□ No □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
	Yes – I consent to being contacted by SMS Please use SMS only, I am Deaf or Hard of Hearing
5. What is the main language spoken at your home?	
5. Do you need an interpreter to help us communicate with you?	□ No

'How would you like us to contact you?'

Remember that whatever you select as being the best way to contact you will generally be used by the NDIS as the first way they will try to contact you from now on. That might mean that if you have selected that you'd like to be contacted on your mobile phone, you might need to make sure you have your phone charged and take it with you when you go out in case someone calls from the NDIS.

Also, keep in mind that often when the NDIA phones you, the number may be displayed as 'No Caller ID'. If you are someone that typically disregards these calls, it might be best to answer, especially during the application phase.

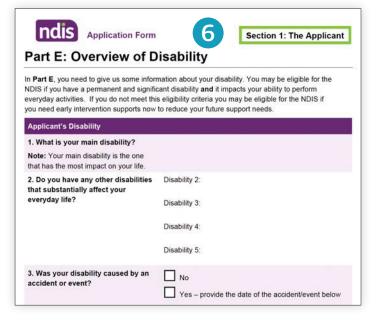
ndis Application Form		Section 1: The Applicant
Part D: Parent, Legal	Guardian or l	Representative
ou should complete Part D if you are filling someone aged under 18 for whom you are a repression do not need to complete this section if	ou have parental respon- entative or a legal guard	an.
Do you have parental responsibility?		
Parental responsibility means all of the du under 18 years of age. To have parental r responsibility due to an order made under All people with parental responsibility for a contact information to the NDIA.	responsibility, you must not the Family Law Act 1975	ot have ceased to have parental or a law of a State or Territory.
Are you a legally authorised represent	ative?	
legally authorised representative could legal guardian public trustee power of attorney decision-maker appointed by an ad A legally authorised representative must present authority to act on the applicant's better authority to act on the applicant's better.	vance care health directi	
1. Representative's Details		
1. First name/s:	(5)	
2. Surname:		
3. What is your relationship to the applicant?		
4. What is your authority to act on behalf of the applicant?	Person with parent	
Note: You will need to provide proof that the applicant has provided express written or verbal consent for you to act	The applicant has their behalf to apply for	given consent for me to act on the NDIS.

G 'Representative's Details'

For staff members: If you are filling out the Access Request Form with a person with disability, ask them who they would like as a contact person. You might like to suggest one of these options:

- person with disability (applicant)
- family member
- friend
- carer
- health professional
- health service staff member
- aged care facility staff member

This person will be the first point of contact for the NDIS for the whole application process.



6 'Part E: Overview of Disability'

List all the disabilities that you have that impact on your life. If you enter only one disability here, you will be assessed in terms of supports related to that disability only.

ndis	Application Form	Section 1: The Applicant
How to provi	de evidence of Disability	
You need to p	provide us with evidence about your disabi	lity. You can do this by:
 asking 	your Treating Professional to complete Se	ection 2 – Part B, or
 providir 	ng copies of existing reports, assessments	or letters you already have, such as a Care
and Ne	eds Scale (CANS).	
Your Treating	Professional may be a GP, psychologist,	or speech pathologist. You can find
nformation al	bout what to provide and who can provide	it, on our website (ndis.gov.au). Select
Applying', so	croll and select 'How to apply', then 'Prov	iding evidence of your disability'.
How to provi	de evidence of Early Intervention suppo	ort needs
You need to p	provide us with evidence about your need to	for Early Intervention. You can do this by:
 asking 	your Treating Professional to complete Se	ction 2 - Part C, or
 providir 	ng copies of existing reports, assessments	or letters you already have.
nformation al Select 'Apply	요즘 보이 하고 있는데 함께 보고 있는데 하는데 하는데 그 때문에 가장 얼마나 없는데 하는데 없다. 이번 사람이 없는데 없는데 없다면	your evidence on our website (<u>ndis.gov.au</u> n 'Providing evidence of your disability'.
You need to p	provide us with evidence about how your d vities in the following areas:	isability impacts your ability to complete
 mobility 	y - the ability to move freely and use limbs	
	nication - the ability to express wants and	needs through spoken, written and/or non-
 social i 	methods	ers and behave appropriately within limits
 learning 	methods nteraction – the ability to connect with other	
		relop new skills
 self-car 	nteraction – the ability to connect with other	
	nteraction – the ability to connect with other g – the ability to retain information and dev	as hygiene and feeding
self-ma	nteraction – the ability to connect with other g – the ability to retain information and dev re – the ability to care for basic needs such inagement – the ability to organise and ma	as hygiene and feeding
 self-ma You can do th 	nteraction – the ability to connect with other g – the ability to retain information and device – the ability to care for basic needs such inagement – the ability to organise and mails by:	as hygiene and feeding
self-maYou can do theasking	nteraction – the ability to connect with other g – the ability to retain information and device – the ability to care for basic needs such inagement – the ability to organise and mails by:	as hygiene and feeding kke decisions for yourself.
 self-ma You can do the asking Section 	nteraction – the ability to connect with other g – the ability to retain information and device – the ability to care for basic needs such inagement – the ability to organise and mails by: your Treating Professional, support worker	n as hygiene and feeding lake decisions for yourself. rs, family members and carers to complete

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NDIS Application Form

section of the form

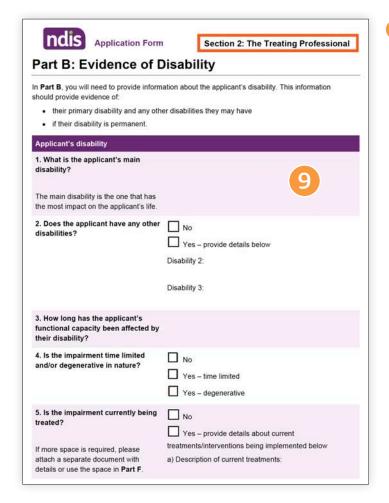
'Asking your Treating Professional to complete Section 2 - Part B...'

For health professionals: Make sure you describe the individual in terms of impact on mobility and support needed on his/her worst day. Consider the impact of a person's disability on functioning under all internal and external conditions: in hot/cold weather, when tired or ill, on uneven surfaces, etc. Also remember to avoid using clinical language and use plain language: summerfoundation.org.au/resources/getting-the-language-right

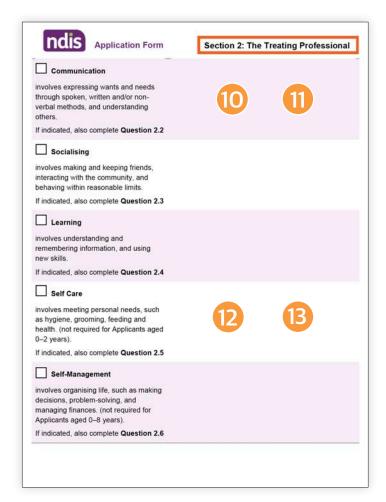
8 'Providing copies of existing reports, assessments or letters you already have......'

You might like to ask your doctor or other health professional for any previous clinical reports or assessments they have on file that might support your NDIS application. The more evidence you can provide about your disability and its impact on your life, the better chance you have of being successful in your application.

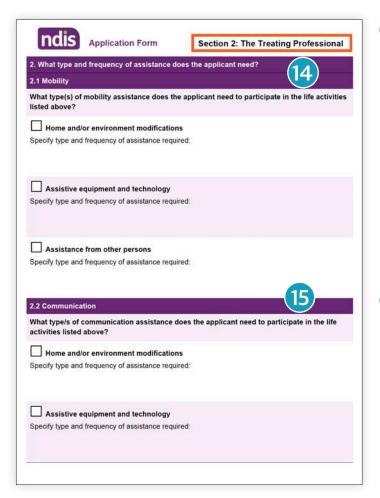
Check that the reports use plain language that clearly describes the impact of your disability on your daily life. If you feel that the reports or assessments do not describe the full extent or impact of your disability, you can contact the person or organisation that issued the report to discuss whether there are any other details they can provide to support your application.



9 For aged care staff: Make sure you describe impact of the resident's disability on mobility if the person was in the community. That is, on unfamiliar and uneven surfaces, on wet and smooth surfaces, in areas without grab rails or non-slip mats, etc.

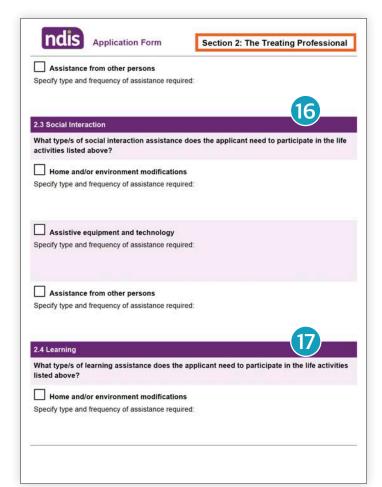


- For health professionals: Remember to describe the individual in terms of impact on functioning and support needed on his/her worst day. Consider the impact of a person's disability on communication under internal and external conditions such as: when tired or ill, among strangers, in noisy environments, under stress, etc.
- 11 For aged care staff: Make sure you describe impact of the resident's disability on communication if the person was in the community e.g. conversations related to various topics, with strangers, in noisy environments, under stress, etc.
- Por health professionals: Remember to describe the individual in terms of impact on functioning and support needed on his/her worst day. Consider the impact of a person's disability on self-care under internal and external conditions such as: when tired or ill, under stress, without shower chair, etc.
- (B) For aged care staff: Make sure you describe impact of the resident's disability on self-care if the person was in the community e.g. making own meals, managing medications and medical appointments, without shower chair, etc.



Mobility Assistive equipment and technology might include: Electronic scooters, walking aids, lift and recline chairs, grab bars, ramps etc.

Communication assistive equipment and technology might include: Alphabet boards, communication books, community request cards, etc.



Object calendars, picture shopping lists, activity schedules, behaviour script etc. Consider whether the person requires supervision (monitoring verbal control, cueing, coaxing) under stressful or unfamiliar situations, has the ability to cooperate, participate and demonstrate socially appropriate behaviours.

17 Learning assistance might include:
Budget wheels, menu planner, etc.
Consider cognitive skills such as memory,
comprehension, attention, and how these
impact function.



Once your form is complete, take a photocopy of the form and keep it somewhere safe.

Health professionals should file this in the medical record (with permission).

Make a note of the date that you submit your access request form. Generally, NDIS aims to respond to each access request within 21 days.

For health staff supporting people in hospital: Please refer to the 'Urgent Access Request Cover Letter' resource for guidance on creating a cover letter that should be sent with the person's ARF.



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We value your feedback about this resource – please contact the Summer Foundation at info@summerfoundation.org.au, or 1300 626 560.

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