




# STEP BY STEP: HOW TO FILL OUT THE NDIS ACCESS REQUEST FORM

MAY 2018



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Released by the NDIA on \_\_\_\_\_  
 By \_\_\_\_\_  
 NDIA Office: \_\_\_\_\_

## Access Request Form

Complete this form to request to become a participant in the National Disability Insurance Scheme (NDIS). You must provide proof of age, residence (including citizenship or visa status) and disability (or your need for early intervention supports) with this Access Request Form. We cannot make a decision on your access request without this information.

If you have questions about this form, need help to complete 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: [NAT@ndis.gov.au](mailto:NAT@ndis.gov.au)

**Part A: Your details (the person wishing to become an NDIS participant)**

Full name	
Date of birth (DD/MM/YYYY)	/ /
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified (X)
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes - Torres Strait Islander <input type="checkbox"/> Yes - Aboriginal and Torres Strait Islander <input type="checkbox"/> Do not wish to disclose
Country of birth	
Language spoken at home	
Are you living in Australia permanently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current home address	<div style="text-align: right;">State: _____ Postcode: _____</div>
Postal address	<input type="checkbox"/> As above <i>If different to current home address:</i> <div style="text-align: right;">State: _____ Postcode: _____</div>
For Western Australia or Northern Territory only: What was your home address on 1 July 2014?	<input type="checkbox"/> Same as current home address above <i>If different:</i> <div style="text-align: right;">State: _____ Postcode: _____</div>

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**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 'You must provide proof of age, residence (including citizenship or visa status) and disability (or your need for early intervention supports) with this Access Request Form.'**

Keep in mind that if you have had previous communication or support from Centrelink, you can provide your Centrelink customer reference number (CRN) instead of providing all this evidence. There is a place for you to enter your Centrelink CRN on page 2 of the form.

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.

● For staff members

● For participants

<b>Are you an Australian Citizen?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If NO, what type of visa do you have?</b>	<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](http://www.ndis.gov.au/privacy) or by contacting the NDIA.

<b>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.</b>	<input type="checkbox"/> Yes, I consent	<input type="checkbox"/> No, I do not consent.
	<span style="font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">3</span>	

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.

<b>The Australian Government Department of Human Services</b> (including Centrelink and Medicare)	<input type="checkbox"/> Yes, I consent	<input type="checkbox"/> No, I do not consent.
	<b>My CRN is:</b> _____	I will provide the information myself.

3 'Do you consent to the NDIA collecting your information from third parties...'

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.

**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	
<b>How would you like to receive letters?</b>	<input type="checkbox"/> Email <input type="checkbox"/> Post
<b>Do you need an interpreter to help us talk with you?</b>	<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.

<b>Full name</b>	
<b>Relationship to person making request:</b>	
<i>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.</i>	
<b>Phone</b>	TTY:
<b>How would you like to receive letters?</b>	
<input type="checkbox"/> Email	
<input type="checkbox"/> Post	<input type="checkbox"/> Same as person making request <i>If different:</i> _____
	State: _____ Postcode: _____
<b>Do you need an interpreter?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes    Language: _____

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**4 'How would you like the NDIA 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.

**5 'How would you like the NDIA to contact you?'**

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.

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

<b>My Carer's full name:</b>	6 7
<b>Contact phone number:</b>	TTY:
<b>Will your carer be taking part in the planning conversation?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have another family member who is, or is seeking to become a NDIS participant?</b>	<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.

<b>Primary disability:</b> (This is the disability that has the most impact on your daily life)	8
<b>Please list other disabilities (if any):</b>	
<b>Did you acquire your disability because of an injury?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you seeking, or have you previously sought compensation related to your disability or injury?</b>	<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:**

<ul style="list-style-type: none"> <li>The Care and Needs Scale (CANS)</li> <li>Vineland Adaptive Behaviour Scales, 2nd Ed (Vineland-II)</li> <li>Diagnostic and Statistical Manual of Mental Disorders, 5th Ed (DSM-5) – Autism Spectrum Disorder</li> <li>Diagnostic and Statistical Manual of Mental Disorders, 4th Ed (DSM-4) – Autism Spectrum Disorder</li> <li>Childhood Autism Rating Scale (CARS)</li> <li>Adaptive Behaviour Assessment System (ABAS)</li> <li>Autism Diagnostic Observation Schedule (ADOS)</li> <li>Gross Motor Functional Classification Scale (GMFCS)</li> <li>Communication Function Classification Score (CFCFS)</li> <li>Manual Ability Classification System (MACS)</li> <li>Diagnostic and Statistical Manual of Mental Disorders, 5th Ed (DSM-5) –Intellectual Disability</li> <li>Diagnostic and Statistical Manual of Mental Disorders, 4th Ed (DSM-4) –Intellectual Disability</li> </ul>	<ul style="list-style-type: none"> <li>Clinical Evaluation of Language Fundamentals, 4th Ed</li> <li>Wechsler Preschool and Primary Scale of Intelligence, 3rd Ed (WPPSI-III)</li> <li>Wechsler Intelligence Scale for Children (WISC-IV)</li> <li>IQ test</li> <li>Hearing Loss (Measured in decibels in better ear) Disease Steps</li> <li>Expanded Disability Status Scale</li> <li>Level of lesion</li> <li>ASIA Score</li> <li>Modified Rankin Scale</li> <li>Visual acuity level</li> <li>Visual field loss (horizontal and vertical)</li> <li>World Health Organisation Disability Assessment Schedule (WHODAS 2.0)</li> <li>Other</li> </ul>
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**6 'Information about your carers and family members'**

For staff members: Ask the individual who they would like to nominate here. You might suggest one of these options:

- family member
- friend
- carer
- health professional
- health service staff member
- aged care facility staff member

**7 'Information about your carers and family members'**

If you do not have a close family member, friend or carer that you'd like to enter here, you might like to consider whether you are comfortable nominating someone else, such as a trusted staff member at your health service or aged care facility. We suggest that this person is someone that you trust and is available to take part in the planning conversation.

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

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.

**9 'If you have undertaken one or more of the following assessments...'**

It does not matter if you haven't undertaken one of these assessments. These assessments might not be relevant to you and your disability.



<b>2. Communication</b> 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:	
<b>3. Social interaction</b> Making and keeping friends, interacting with 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:	
<b>4. Learning</b> 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:	

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**14 Communication assistance might include:**  
Alphabet boards, communication books, community request cards, etc.

**15 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.

**16 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.

**17 Social interaction assistance might include:**  
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.

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

**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, do not need assistance  
 Yes, need equipment/ assistive technology  
 Yes, need assistance from another person in the areas of:  
 showering/bathing       toileting  
 eating/drinking           dressing  
 overnight care (e.g. turning)

If yes, please describe the type of assistance required:

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**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:

19 20

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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**19 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 self-care under internal and external conditions such as: when tired or ill, under stress, without shower chair, etc.

**20 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.

## 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

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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](mailto:NAT@ndis.gov.au) or

In person: take it to your local NDIA office

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21 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.



This project has been funded by the National Disability Insurance Scheme.

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

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