



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).

NOTE: **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 an NDIS participant	Instructions for health or education professionals
<p>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:</p> <ul style="list-style-type: none">• your impairment;• how long it will last; and• how it impacts on your daily life. <p>Section 1 can be completed by you, your parent, representative or your health or educational professional.</p> <p>Sections 2 and 3 must be completed by a health or education professional.</p> <p>Enquiries: If you have questions about this form, are having difficulty completing it, or would like more information about the NDIS, please contact us:</p> <p>Phone: 1800 800 110 TTY: 1800 555 677 Speak and Listen: 1800 555 727</p> <p>Internet Relay: Visit http://relayservice.gov.au and ask for 1800 800 110</p> <p>Email: NAT@ndis.gov.au</p> <p>Please return the completed form to: Mail: GPO Box 700, Canberra, ACT 2601 Email: NAT@ndis.gov.au or take it to your local NDIA office.</p>	<p>Sections 2 and 3 must be completed by a health or education professional.</p> <p>You may provide the person applying to the NDIS with copies of letters, assessments or other reports in lieu of completing this form.</p> <p>If you have any questions about this form, please contact the NDIA on 1800 800 110 or go to ndis.gov.au</p>

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	Mohammed Saleh Ali
Date of birth	07/06/1981
Name of parent/ guardian/ carer/ representative	Ayesha Ali
Phone	XXXXXXXX
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	Dr Abdul Malik
Professional qualifications	Bachelor of Psychology (Hons), Masters of Clinical Psychology (MCP)
Address	XXXXXX
Phone	XXXXXXX
Email	XXX@mail.com
Signature	<i>AMalik</i>
Date	17/06/2017

2. Details of the person's impairment/s

2.1 What is the person's primary impairment (i.e., the impairment with the most impact on daily life)?	Mohammad has been diagnosed with a range of mental health conditions which impact his functional capacity: depression, anxiety, bipolar disorder and posttraumatic stress disorder by multiple psychologists.
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2.2 How long has the person had this impairment?	Mohammad was first diagnosed with depression when he was 23.
2.3 Is the impairment likely to be lifelong? Note: an impairment may be considered likely to be lifelong even if the impact on the functional capacity fluctuates or varies in intensity over time.	While Mohammad's impairment varies in intensity, Mohammad has faced severe functional impairment over his whole adult life. Mohammad's mental health has deteriorated over the past five years. His ability to function at home, work and be out in the community have all been impaired.
2.4 Please provide a brief description of any relevant treatment undertaken (current and/or past)	Mohammad is currently on medication including an antidepressant and benzodiazepine.
2.5 Does the person have another impairment that has a significant impact? If yes, please list.	No
2.6 How long has the person had this impairment?	
2.7 Is the impairment likely to be lifelong?	
2.8 Please provide a brief of any relevant treatment undertaken (current and/or past)	
2.9 Does the person have any other impairments? If yes, please list	No

2. 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>
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3. 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
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Assessment Type	Date completed	Score or rating	Assessment attached to this form?
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 (please specify):			<input type="checkbox"/> Yes <input type="checkbox"/> No

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.

FUNCTIONAL IMPACT	
<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, nonslip 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 checked="" type="checkbox"/> Yes, needs assistance from other persons (including physical assistance, guidance, supervision or prompting)</p>

If yes, please describe the type of assistance required:

Mohammad does not feel comfortable in crowds, as a direct result of his anxiety and post-traumatic stress disorder. This affects his ability to go outside his house on a weekly basis, and he will avoid anywhere which will be crowded. Mohammad also reports that he feels tired and lethargic, and sometimes finds it difficult to get out of bed as his whole body aches. He can have difficulty getting out of bed multiple times a week. This could be seen as a direct side-effect of his medication.

One-on-one support on a weekly basis would assist him to cope with his anxiety in public places. Further, when Mohammad is doing not so well and finds it difficult to get out of bed, he could benefit from more hours of in-home support.

2. Communication

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.

Does the person require assistance to communicate because of their impairment/s?

No, does not need assistance

- Yes**, needs special equipment
- Yes**, needs assistive technology
- Yes**, needs home modifications
- Yes**, needs assistance from other persons (including physical assistance, guidance, supervision or prompting)

If yes, please describe the type of assistance required:

When Mohammed is doing not so well often he can become paranoia, and feels like he is laughed at or stared at by others. He therefore finds it difficult to interact with others, engage in paid work and venture without his family into the community (his wife works during the week which minimises the support Mohammad has around communication). Mohammad can also start speaking very quickly to express his rapid thoughts he can have, and he feels like often people can't understand him.

Mohammad is someone who has English as his second language, and has found it hard to discuss his mental health with medical staff, especially with medical staff he doesn't know. Mohammad has avoided medical appointments in the past because of this.

Mohammad would benefit from weekly one-on-one support to attend all appointments that involved interactions, as well as culturally appropriate supports for his medical appointments. He could also benefit from support to attend classes to improve his English language skills to reduce his need for support around his communications in the future.

3. Social interaction

Making and keeping friends and relationships, behaving within limits accepted by others, coping with feelings and emotions.

Does the person require assistance to interact socially because of their impairment/s?

No, does not need assistance

Yes, needs special equipment

Yes, needs assistive technology

Yes, needs assistance from other persons:
(including physical assistance, guidance, supervision or prompting)

If yes, please describe the type of social interaction assistance required:

Mohammad has reported feeling isolated from his community, and has been called 'majnun' (crazy or mad) by people in his local community. Mohammad rarely ventures into the community alone, and will often stay home when his In the past he has engage in anxious repetitive behaviours, such as calling people repeatedly all night, and he is impacted by high levels of anxiety when out in the community, which have affected his ability to maintain friendships.

Mohammad has also had difficulty controlling his emotions, becoming easily frustrated or angry, especially when not doing so well. Mohammad often becomes angry with his children and wife, and feels that they do not trust him anymore.

Mohammad would benefit from one-on-one support attending behavioural training, as well as graded support for when he needs to attend new social activities (dropping off).

4. Learning

Understanding and remembering information, learning new things, practicing and using new skills

Does the person require assistance to learn effectively because of their impairment/s?

No, does not need assistance

Yes, needs special equipment

Yes, needs assistive technology

Yes, needs assistance from other persons:
(including physical assistance, guidance, supervision or prompting)

If yes, please describe the type of assistance required:

Mohammad would like to help his children with their homework, but he has a number of cognitive difficulties - trouble concentrating on their homework as well as learning new information. These can be directly linked to medication side effects and his mental health conditions.

Mohammad is a keen woodworker and would like to learn new skills to allow him to make more complex pieces of furniture, but he can have trouble completing tasks once he starts them, and remembering instructions, especially when feeling 'high' in periods of mania.

Mohammad would benefit from support to attend courses or training on devices that can help him with his cognitive difficulties (10 hours over a number of weeks).

5. Self-Care

Showering/ bathing, dressing, eating, toileting, caring for own health.

Note: 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 impairment/s?

No, does not need assistance

Yes, need special equipment

Yes, needs assistive technology

Yes, needs home modification

Yes, needs assistance from other persons in the areas of:

showering/bathing

eating/drinking

overnight care (e.g. turning)

toileting

dressing

If yes, please describe the type of assistance required:

Mohammad believes it is very important to be clean, but when he is unwell he is unable to maintain the level of hygiene that he would like. He finds that he is lethargic and lacks the energy to look after his hygiene. Mohammad reports this makes him feel ashamed and is less likely to seek out social opportunities when he does not feel clean.

Mohammad also reports that he can have trouble remembering to eat when he is feeling 'high', or has no interest in eating when feeling depressed. Mohammad's appetite is also affected by his medication, and he is having trouble maintaining a healthy weight.

Mohammad would benefit from one-on-one support weekly to ensure that can prompt him to look after his self-care, especially his hygiene, while his wife is away. He would also benefit from prompting to eat to ensure he creates a healthy eating habit.

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:

Mohammad is very reliant on his wife Ayesha to prompt him with his self-management.

When Mohammad has more severe episodes of mania or depression, he finds it hard to make decisions, and finds it difficult to complete daily tasks such as getting dressed. Tasks which require decision making such as paying bills or budgeting can lead Mohammad to having panic attacks. Mohammad and his family have been evicted from a number of houses which is linked to Mohammad being unsupported to budget and pay bills.

Mohammad does not currently have in place systems or routines to help him with his selfmanagement and decision making. Mohammad would benefit from assistance about three hours a week to help him build skills and support him to complete home based activities, as well as decision making. He would also benefit from equipment that could assist with organising himself, and support and training how to use this device (10 hours training total).