

DATE

By email: ADDRESS (DELETE IF NOT REQUIRED)

NAME
POSITION
ADDRESS

Dear NAME,

Re: Request for Supporting Documentation – Eligibility – National Disability Insurance Scheme Application

I am currently in the process of applying for access to the National Disability Insurance Scheme (**‘the NDIS’**). In order to gain access to the NDIS, I require supporting documents from treating or specialised professionals, generally in the form of reports or letters, to evidence my eligibility. Many prospective participants are denied from accessing the NDIS because their supporting documentation does not address the relevant criteria under the *National Disability Insurance Scheme Act* (**‘the Act’**).

I request that you provide, in your professional opinion, whether you believe I meet the eligibility criteria. Provided in **Annexure A** is a structured guide to assist in this process. You may also find attached in **Annexure B** an example supporting letter. **Annexure B** is included for example only and I do not recommend that you copy it directly.

I would like to thank you for your assistance with my request. If you have any further questions regarding the above, please do not hesitate to contact me at **CONTACT DETAILS**.

Kind regards,

NAME

Enclosed:

1. Annexure A: Guide to writing letter of support, and;
2. Annexure B: Example letter of support.



Annexure A

Process to writing letter of support

Your letter of support should include the following information:

- 1) Your professional position and/or area of expertise;
- 2) The time period/s in which you have treated me;
- 3) My medical diagnosis;
- 4) The impairment/s amounting to, or resulting from, my diagnosis;
- 5) Whether the impairments are permanent, or are likely to be permanent, or of an ongoing nature. For example:

- a. What assessments/treatments have been performed to come to this conclusion, or are currently being performed?
- b. Are further tests or treatments required to determine that the impairment is permanent or likely to be permanent?
- c. Are there any further available and appropriate treatments that are likely to improve the impairment?

Note: An impairment/s that fluctuate in intensity may be categorised as permanent notwithstanding the fluctuation. An impairment/s may also be categorised as permanent notwithstanding that it may continue to be treated and reviewed post categorisation.

- 6) If, and how, I have a **substantially reduced functional capacity** to undertake any of the following as a result of my impairment/s:
 - a. communication, or;
 - b. social interaction, or;
 - c. learning, or;
 - d. mobility, or;
 - e. self-care, or;
 - f. self-management.

This is the most important criterion which must be addressed.

Note: My impairment/s will result in a substantially reduced functional capacity to undertake the relevant activities (5(a)-(f)), if:

- i. I am unable to participate effectively or completely in the activity, or to perform tasks or actions required to undertake or participate effectively or completely in the activity, without assistive technology, equipment (other than commonly used items such as glasses) or home modifications; or
- ii. I usually requires assistance (including physical assistance, guidance, supervision or prompting) from other people to participate in the activity or to perform tasks or actions required to undertake or participate in the activity; or

- iii. I am unable to participate in the activity or to perform tasks or actions required to undertake or participate in the activity, even with assistive technology, equipment, home modifications or assistance from another person.

7) If and how I would benefit from support/s provided by the NDIS:

- a. How would the support benefit my goals and aspirations, and;
- b. How would the support assist me to be socially and economically active.

8) Whether I would be likely to require support provided by the NDIS for my lifetime.

Note: A person may be likely to require the support of the NDIS despite a variation in intensity of their impairment/s.



Annexure B

[Letterhead]

To whom it may concern,

Re: CLIENT NAME

[Insert Client information: address, DOB and NDIS application number (if known)]

[Insert writer's name, position and/or area of expertise]

Example: *I am writing this letter to support the application made by Jane Doe to gain access to the National Disability Insurance Scheme ('the NDIS'). Jane was been was referred to me by ORGANISATION in January 2015, and has since been my patient for a period of approximately 3 years. Jane has a severe and persistent psychiatric illness diagnosed by Psychiatrist 1, at Professional Organisation on 1 February 1997. Jane's psychiatric illness presents the following symptoms: hypervigilance, extreme anxiety and depression. Thus, as a result of her diagnosis, Jane has complex needs requiring extensive support.*

During the period which Jane has been my patient, she has undertaken the following treatments

- *TREATMENT 1 [DETAILS, DATES];*
- *TREATMENT 2 [DETAILS, DATES];*
- *TREATMENT 3 [DETAILS DATES];*

Unfortunately, these treatments have been to no avail in alleviating Jane's condition. There are some remaining treatments not yet undertaken by Jane, however I am of the opinion that they are not appropriate. The treatments yet to be undertaken are not supported by a general consensus of medical opinion and are of undue expense and risk relative to the benefits that may realistically be achieved. I am thus of the opinion that Janes diagnosis is permanent and the symptoms caused by it will be of an ongoing nature.

Throughout the time Jane has been my patient it has become evident to me that this diagnosis substantially impacts on her capacity to function at home and socially interact:

1. Social Interaction:

As a result of Jane's diagnosis, Jane has become socially isolated and does not interact with the community. As Jane experiences hypervigilance, anxiety and depression, she finds it extremely difficult to communicate with others; engage in any meaningful work or leisure activities; or independently undertake tasks in the community, such as shopping. I am of the opinion that Jane can only undertake the aforementioned with the assistance of a support worker. These supports would be required at least 4 days per week.

[Insert further relevant sub-headings].



As a result of my experience working with Jane, the following goals have been identified:

- *GOAL 1.(e.g. volunteering or gaining employment)*
- *GOAL 2.*
- *GOAL 3.*

In my professional opinion, I believe the supports as identified in sub-headings 1-5 will assist to counteract the substantially reduced functional experienced by Jane, and thus, will assist her to participate in employment and volunteer opportunities; facilitating her social and economic participation. I am also of the opinion that these supports will greatly assist Jane to achieve GOAL 2 and GOAL 3 as aforementioned. Jane would be likely to require these supports for her lifetime.

Per the information provided above, Jane's permanent diagnosis substantially impacts her ability to socially interact and SUMMARIES RELEVANT TO OTHER SUB-HEADINGS. Thereby, Jane cannot exercise independence; achieve her goals, or; participate in the community socially or economically without the provision of substantial supports. If you have any questions regarding the above information, or you would like to request further information, please do not hesitate to contact me.

Kind regards,

[INSERT DETAILS]

