**NDIS ACCESS REQUEST:**

**What This Means for You and Your Health Professionals**

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**Applying for the NDIS: How Do I Start?**

The National Disability Insurance Scheme (NDIS) is for people with disability in Australia.

It gives funding to people who have an eligible disability or impairment and have support needs.

**Eligibility**

To get started, you need to check if you are eligible.

You must meet one of the following:

* Have an *impairment* that is *likely to be permanent* which *significantly impacts your functional ability*

**OR**

* Have an *impairment* that is *likely to be permanent*, and you could benefit from *early intervention* to prevent and or minimise deterioration of your condition

**OR**

* Be a child under the age of 6 with a *developmental delay*.

You must also:

* Be less than 65 years old, and
* Be an Australia citizen, hold a permanent visa or a Protected Special Category Visa.

**What is an impairment?**

An impairment is a condition affecting someone’s intellectual, cognitive, neurological, sensory, physical or psychiatric ability.

**When is an impairment likely to be permanent?**

An impairment is likely to be permanent or lifelong if there are no known or available evidence-based treatments that are likely to remedy or cure the condition.

**How much does an impairment need to impact on functional ability?**

There needs to be a ‘substantially reduced functional capacity’ in one of the following areas: communication, social interaction, learning, mobility, self-care, or self-management.

You are likely to have ‘substantially reduced functional capacity’ if you require assistance to participate in an activity in one of the above areas in the form of:

* Assistive technology or equipment (other than commonly used items),
* Home modifications, or
* Assistance from another person.

**What is a Developmental Delay?**

You need to demonstrate that the child has an impairment that:

* Is mental or physical (or both);
* Causes a substantial reduction in functional capacity in one or more of the following areas: self-care, receptive and expressive language, cognitive development, or motor development, and
* Requires multi-disciplinary treatment or coordinated care for an extended duration.

A more detailed explanation can be found on page 30.

You can check your eligibility by calling the National Disability Insurance Agency (NDIA) and speaking with someone directly, or ask the NDIA to put you through to a Local Area Coordinator (L.A.C) Partner who can do this with you in person.

If you are eligible, you will have to complete an Access Request Form and sometimes a Supporting Evidence Form.

**If You Are Eligible**

There are two main forms to apply for access to the NDIS:

1. the *Access Request Form* and
2. the *Supporting Evidence Form*.

Note: There is a general *Supporting Evidence Form* and a new *Evidence of Psychosocial Disability Form*.

These forms require you to see your doctor and any other health professionals. They should write about your disability and how it impacts your ability to take part in everyday activities.

Depending on your disability, you might be required to ask more than one person to write a report for you.

You might have to book appointments with your Physiotherapist, Occupational Therapist, Psychologist or Speech Pathologist to name a few.

We will call these people health professionals in the rest of this pack.

It is important to provide the NDIS with any letters, reports or assessments that support your Access Request.

**If You Are Not Eligible**

Some people are not eligible for the NDIS.

This does not mean you have to go without any support.

There are other options available.

You can speak to your doctor about what you would like help with.

Your doctor can do some research and give you information on other supports.

You can also ask your L.A.C. if they can give you some information on other supports in your area.

To get in touch with your L.A.C., visit the NDIS website or call the NDIS.

**Does NDIS Affect My Centrelink Payments?**

Depending on your payment, the NDIS should not impact your payments.

This is because Centrelink and the NDIS are two separate systems.

Centrelink gives you money to replace your income when you cannot work.

The NDIS does not replace your income.

The money you receive from the NDIS is for your everyday support needs.

You will not receive your mobility allowance when you move to the NDIS.

The NDIS has three levels of transport funding.

Check the NDIS website for the most current transport funding payments.

**Applying for the NDIS: Thinking About What I Might Need**

If you are going to apply for the NDIS, you will be asked to give information about:

* Your impairment/s and the diagnosis for them,
* Whether they are likely to be permanent,
* Treatments trialled, and any treatments that may be available in the future, and
* How your impairment/s affect the way you do things in and out of your home.

Using the dot points and table below as a guide for you and your doctor, write down how your impairment/s impact you and what support you think you need.

You can take this to your doctor and ask them to include this information in their letter to the NDIS.

The NDIS needs to know about your:

1. Communication – how you speak, listen and understand.
2. Social Interaction – family, friendships, relationships, and other people.
3. Learning – planning, learning, memory and concentration.
4. Mobility – getting around at home or out of the home.
5. Self-Care – how you look after yourself.
6. Self-management – responsibilities of everyday life.

The list on the next page is only an example.

This means it should give you some ideas to think about before seeing your doctor.

It does not cover everything.

Write down all of the dot points that you think apply to you.

You might have other things to write about too.

Speak to someone you trust if you have any questions.

**Communication**

* Difficulties interpreting information.
* Difficulties following instructions, directions and or conversations.
* Difficulties seeking help when needed.
* Difficulties reading verbal and non-verbal cues.
* Difficulty communicating needs and wants.

**Social Interaction**

* Difficulties initiating and responding to conversations.
* Difficulties making and keeping friendships.
* Difficulties talking to strangers.
* Difficulty interacting with the community and or other people.
* Difficulty coping with feelings and emotions.
* Friction or avoidance of others in the house.
* Impact on sense of purpose in life.
* Not actively involved when attending activities.
* Very limited social contacts.
* Isolated and withdrawn.
* Interaction affected by behaviours such as aggression, disruption and being offensive.
* Vulnerable to influence of others.
* Interpersonal conflicts at work, education or training that requires intervention by others.
* Unable to attend work, education or training.
* Connecting with faith, spirituality, volunteering or community.

**Learning**

* Difficulty organising tasks, planning, remembering, learning new information and concentrating on tasks.
* Difficulty participating in group learning like classes and tutorials.
* Difficulty following complex instructions such as a manual or recipe.
* Difficulty focussing.
* Slowed movements or reaction times because of symptoms or treatment side effects.

**Mobility**

* Difficulties using public transport, leaving the house, going to shopping centres, going to recreational/vocational activities.
* Mobility difficulties because of side effects of treatment (e.g. tremor, weight gain).
* Reluctant to travel alone to unfamiliar places.
* Does not go out alone very much or at all.
* Cannot travel alone to new places.
* Travels alone only in familiar places.
* Cannot travel without a support person.

**Self-Care**

* Issues with self-care, grooming, maintaining physical health, sexual health and wellbeing.
* Issues with coping strategies.
* Difficulty managing medication.
* Non-accidental self-injury.
* Lives independently, but requires support for self-care, grooming, meals and or medication.
* Unable to live on their own.
* Severely disturbed behaviour which may include self-harm, suicide attempts, unprovoked aggression towards others or manic excitement.
* Severely disturbed judgement, decision-making, planning and organisation.

**Self-management**

* Difficulty with, requires prompting or assistance with managing household such as laundry, paying bills, cleaning.
* Difficulty budgeting money
* Difficulty with problem solving, making decisions, and behaving safely.
* Difficulty with maintaining adequate diet and nutrition.
* Difficulty with shopping, cooking, safe meal preparation and food storage.
* Difficulty planning and organising activities that are more complex.
* Difficulty coping with situations involving stress, pressure or performance demands.

**My Support Needs**

Now it is your turn to write down your thoughts.

Have a think about how your impairment/s impact your life.

It is also a good idea to start thinking about what support you think you might need.

This may include supports such as equipment or assistance with daily care needs.

It may also include early intervention supports such as therapy to prevent or minimise the deterioration of your condition.

If your child has a developmental delay and is under the age of six, you do not need to provide this information to the NDIS.

It is okay to not know what support you think you might need, this can be done later.

Mobility

|  |
| --- |
| Impact of my Disability:  Support I Think I Need: |

Communication

|  |
| --- |
| Impact of my Disability:  Support I Think I Need: |

Social Interaction

|  |
| --- |
| Impact of my Disability:  Support I Think I Need: |

Learning

|  |
| --- |
| Impact of my Disability:  Support I Think I Need: |

Self-Care

|  |
| --- |
| Impact of my Disability:  Support I Think I Need: |

Self-Management

|  |
| --- |
| Impact of my Disability:  Support I Think I Need: |

It can be overwhelming thinking about every aspect of your life.

Each person is different and will have different support needs.

If you are still unsure, you can ask a person that you trust and feel comfortable talking to about your life.

**Checklist for the NDIS Access Request Process**

|  |  |  |
| --- | --- | --- |
| **I want to access the NDIS** | | |
|  | I have called the NDIA on 1800 800 110 and asked for help with the eligibility criteria:   * Do it by phone with the NDIA person; or * Ask to speak with an L.A.C. Partner. | C:\Users\Michele\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\529E7A5E.tmp |
|  | If eligible, I have asked for the Access Request Form and the Supporting Evidence Form from either the NDIA person or the L.A.C. Partner. | Image result for stock image paperwork |
|  | If not eligible, I have asked to meet with an L.A.C. Partner to discuss other options. | C:\Users\Michele\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\529E7A5E.tmp |
| **I need to get my doctor or health professional to complete my NDIS paperwork** | | |
|  | I have received my NDIS Access Request Form and the Supporting Evidence Form in the mail. | Image result for stock image paperwork |
|  | I have booked an hour-long appointment with my GP or health professional. I have told them I want to do my NDIS Access Request Form and Supporting Evidence Form. | Image result for stock image stethoscope |
| **What I Need To Prepare Before My Appointment with my GP or Health Professional** | | |
|  | I have written about how my impairment/s impacts my everyday life using the template provided. | Image result for clip art pen and paper images |
|  | I have copies of other assessments and reports, or asked for these to be sent to my doctor. | Image result for stock image paperwork |
|  | I have gathered all of the paperwork to bring to my appointment. | Image result for stock image paperwork |
|  | I have asked someone I trust to come with me if I think I need a support person. | Image result for stock image trust |
| C:\Users\Michele\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\44DAFB57.tmp | Be aware that you might need more than one appointment to write the report. It is okay if you cannot get everything done at the first appointment. | C:\Users\Michele\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\44DAFB57.tmp |
| **During My Appointment with my GP or Health Professional** | | |
|  | I have asked my doctor to write down:   * what my primary disability is, * how it impacts my ability to do things, and * the permanency on the NDIS Access Request Form or the Supporting Evidence Form. (PWdWA also have a letter that you can take with you at the end of this pack). | Image result for clip art pen and paper images |
|  | I have asked my doctor to write down what assessments were done to make the diagnosis for my disability. I have given copies of my reports and assessments to my doctor and asked them to attach these to their reports. | Image result for clip art pen and paper images |
|  | I have asked my doctor to write about:   * any treatments, medications and therapy that I am currently on, * have already taken, and * might still need to try in the future. | Image result for clip art pen and paper images |
|  | I have asked my doctor to write about the type of support I need and how often I need this support (such as daily, weekly, or monthly). | Image result for clip art pen and paper images |
| C:\Users\Michele\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\44DAFB57.tmp | It is important that your doctor clearly writes that your disability is likely to be permanent or life-long. | C:\Users\Michele\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\44DAFB57.tmp |
| C:\Users\Michele\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\44DAFB57.tmp | If your doctor does not know everything about how your disability impacts your everyday life, ask them to write that more functional capacity tests are needed. | C:\Users\Michele\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\44DAFB57.tmp |
| **After My Appointment with my GP or Health Professional** | | |
|  | I have all of my letters, reports and assessments. I am now ready to send them to the NDIA by post, email or in-person at my local NDIS office. A list of local offices is on the last page. | Image result for stock image paperwork |
|  | Before submitting my forms, if I would like someone to read my paperwork, I can speak to my L.A.C. about this. You can call the NDIA or go on the NDIA website to find out where they are. | C:\Users\Michele\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\529E7A5E.tmp |
|  | I have sent the paperwork to the NDIA. | C:\Users\Michele\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\7C4F1903.tmp |
| C:\Users\Michele\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\44DAFB57.tmp | When the NDIA receive my paperwork, I may have to wait up to 28 days to know if I have been accepted. | C:\Users\Michele\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\44DAFB57.tmp |
| **Whom can I talk to for extra help?** | | |
| C:\Users\Michele\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\44DAFB57.tmp | NDIA Local Area Coordinators or Early Childhood Early Intervention Partners. It is either APM, Mission Australia or Wanslea. You can call the NDIA or go on the NDIA website to find out who they are. | C:\Users\Michele\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\A8D366F2.tmpC:\Users\Michele\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\9250C444.tmpC:\Users\Michele\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\D55AC846.tmp |
| C:\Users\Michele\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\44DAFB57.tmp | People With Disabilities WA on 9420 7279. | C:\Users\Michele\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\DD66725A.tmp |
| C:\Users\Michele\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\44DAFB57.tmp | The NDIA on 1800 800 110. | C:\Users\Michele\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\13833B78.tmp |

**PWdWA Template for Medical Evidence**

Not everyone knows what information they must write about for the NDIS.

The NDIS forms do not give a lot of information.

This means that not enough information or the wrong information might be given to the NDIS.

PWdWA have created a letter that might help your doctor and health professional write about what is important.

The letter is attached to the next page.

You can ask your doctor or health professional to use this letter.

Your doctor or health professional needs to only write about the area of your life that is significantly impacted.

They do not have to write about an area if you do not have a significant impact.

We cannot guarantee that the NDIS will accept you if you use this letter.

This is because we do not make any decisions for the NDIS.

We cannot tell the NDIS what to do.

If you have any questions about medical evidence, please contact:

* The NDIA directly,
* Your L.A.C., or
* PWdWA.

*This example report template was created to assist medical professionals to gather relevant information for a person applying for the National Disability Insurance Scheme. It provides guidance on what type of evidence the National Disability Insurance Agency uses to assess whether a person is eligible. We have tried to keep the template as short as possible, however, our experience shows it is in the applicant’s best interest to have comprehensive information included. It is likely to take between 15 to 45 minutes to complete this form. Medicare can cover the cost of this appointment. You are not required to provide evidence in this report format. It is not guaranteed that providing evidence in this format will result in a person being found eligible for the NDIS. You only have to complete the form on the areas of severe impairment. If using this template, please delete all sections marked in red.*

Date: Click or tap to enter a date.

To Whom It May Concern,

**Re: Letter in support of NDIS Access Request for person’s name**

I am assisting person’s name with requesting access to the National Disability Insurance Scheme (NDIS). This person has been a patient at this practice since date. My details are:

Name:

Qualifications:

Address:

Phone Number:

1. **Diagnosis** -
   1. Please list the main impairments and the following information:

|  |  |  |  |
| --- | --- | --- | --- |
| Diagnosis | Date of Diagnosis | Diagnosis Made By | Is it likely to be permanent? Y/N |
|  |  |  |  |
| Diagnosis | Date of Diagnosis | Diagnosis Made By | Is it likely to be permanent? Y/N |
|  |  |  |  |

Please attach any supporting evidence relating to the diagnosis

1.2 Please identify which of the following categories apply:

Intellectual Disability Physical Disability

Cognitive Disability Psychiatric/Psychosocial Disability

Neurological Disability Developmental Delay

Sensory Disability

1.3 If applicable, the provision of early intervention supports will:

Alleviate the impact of the person’s impairment

Prevent deterioration of the person’s impairment

Improve functional capacity

Strengthen the sustainability of available or existing supports.

**If applicable, details of recommended early intervention supports:**

|  |
| --- |
|  |

1.4 A brief description of treatment includes:

|  |  |  |
| --- | --- | --- |
| Condition | Treatment | Outcome |
|  |  |  |

**Past Treatment and Outcomes** (*list previous medications, aids, protective equipment, and assistive technology)*

**Current Treatment** (*list current medication, aids and protective equipment and if these are expected to improve the symptoms or if they are for maintenance only)*

|  |  |  |
| --- | --- | --- |
| Condition | Treatment | Expected Outcome |
|  |  |  |

**Other Treatment Options**

Please list other treatment options not trialled and or considered. State the reason (*e.g. medication interaction, impact of other impairments, affordability)*

|  |  |
| --- | --- |
| Other Treatment Options | Reasons |
|  |  |

1.5 Have any assessments been undertaken on the level of impairment? (*E.g. WHODAS, LSP-16)*

Yes

No

**If yes**, the details of assessment are:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessment Type** | **Date Completed** | **Score or Rating** | **Conclusion** | **Assessment attached to this letter** |
|  |  |  |  | Yes No |
|  |  |  |  | Yes No |
|  |  |  |  | Yes No |
|  |  |  |  | Yes No |
|  |  |  |  | Yes No |

*List all assessments; add more rows if more space is required.*

**2 Functional Capacity**

Person’s name has substantial reduced functional capacity in the following domains because of their impairment/s:

**2.1 Communication**

Does the person require assistance to communicate because of their impairment/s? (*tick all that apply*)

**Yes**, needs assistance to communicate their needs or wants.

**Yes**, needs assistance to understand others, follow instructions and directions.

**Yes**, needs assistance to initiate and maintain conversations.

**Yes**, needs assistance to communicate with professionals about health and social supports.

**Yes**, needs special equipment, assistive technology and/or assistance from other people.

**No**, does not need assistance in this area.

**If yes,** please briefly explain the difficulties in communication:

|  |
| --- |
|  |

**2.2 Social Interaction**

Does the person require assistance to interact with others because of their impairment/s? (*tick all that apply*)

**Yes**, needs assistance to control and cope with emotions.

**Yes**, needs assistance to maintain family relationships and friendships, is socially isolated and withdrawn.

**Yes**, needs assistance to interact with strangers in an appropriate manner.

**Yes**, needs assistance to engage in social and or recreational activities.

**Yes**, needs assistance with initiating and responding to conversation.

**Yes**, needs assistance with employment, training or volunteer work.

**Yes**, needs assistance with driving and or using public transport.

**Yes**, needs special equipment, assistive technology and/or assistance from other people.

**No**, does not need assistance in this area.

**If yes,** please briefly explain the difficulties with social interaction:

|  |
| --- |
|  |

**2.3 Learning**

Does the person require assistance to learn new skills because of their impairment/s? (*tick all that apply*)

**Yes**, has difficulty in paying attention and focussing on tasks and activities.

**Yes**, needs assistance to learn, practice and retain new things and skills.

**Yes**, needs assistance to understand and remember information.

**Yes**, needs assistance to participate in group learning, classes, tutorials etc.

**Yes**, needs special equipment, assistive technology and/or assistance from other people.

**No**, does not need assistance in this area.

**If yes,** please briefly explain the difficulties with learning:

|  |
| --- |
|  |

**2.4 Mobility**

Does the person require assistance for independent mobility because of their impairment/s? (*tick all that apply*)

**Yes**, needs special equipment to move in or out of the home. This includes getting in and out of bed for example.

**Yes**, needs assistive technology.

**Yes**, needs home modifications.

**Yes**, cannot use public transport, or experiences difficulty doing so.

**Yes**, needs assistance from other persons, physical assistance, guidance, supervision or prompting within the home and leaving the home. This includes manual handling.

**Yes**, needs assistance with travel and or transport. This includes mobility difficulties because of side effects of treatment.

**Yes**, needs assistance with travel and or transport because they are reluctant to travel alone and or reluctant to travel to unfamiliar environments.

**No**, does not need assistance in this area.

**If yes,** please briefly explain the difficulties with mobility:

|  |
| --- |
|  |

**2.5 Self-Care**

Does the person require assistance to self- care because of their impairment/s? (*tick all that apply*)

**Yes**, needs assistance to maintain a safe living environment.

**Yes**, needs assistance to maintain physical health, including managing medication, sexual health and wellbeing.

**Yes**, needs assistance for personal hygiene and have a regular routine in the home. This includes grooming, feeding, showering, dressing, eating, and toileting.

**Yes**, needs assistance to do housework and gardening.

**Yes**, needs special equipment, assistive technology and/or assistance from other people.

**No**, does not need assistance in this area.

**If yes,** please briefly explain the difficulties with self-care:

|  |
| --- |
|  |

**2.6 Self-Management**

Does the person require assistance to manage themselves because of their impairment/s? (*tick all that apply*)

**Yes**, needs assistance to organise and coordinate their day-to-day life.

**Yes**, needs assistance to manage diet and or nutrition and or go grocery shopping and or prepare own meals.

**Yes**, needs assistance to make decisions and problem solve. This includes having difficulty coping with situations involving stress, pressure or performance demands.

**Yes**, needs assistance to attend appointments and engage with other professionals.

**Yes**, needs assistance to coordinate professional supports.

**Yes**, needs assistance to manage their finances. This can include paying bills and budgeting money.

**Yes**, needs special equipment, assistive technology and/or assistance from other people.

**No**, does not need assistance in this area.

**If yes,** please briefly explain the difficulties in self-management:

|  |
| --- |
|  |

**3 Concluding Statement**

Other important information to consider or note:

None.

To be considered/noted:

|  |
| --- |
|  |

*Delete this paragraph if not applicable –* Person’s name has a disability that is likely to be life long, reduces their functional capacity in their daily life, and or may benefit from early intervention to prevent or minimise the deterioration in their condition/s. Person’s name is likely to require assistance from the NDIS on an ongoing basis to effectively manage the impacts of their impairment/s.

If you have any questions related to any of the information stated above or you would like to discuss further, please do not hesitate to contact me.

Kind Regards,

Your name and signature

**Explanation of Key Words**

Taken from the NDIS website and the *National Disability Insurance Scheme Act 2013.*

Please look at the [Operational Guidelines for accessing the NDIS](https://www.ndis.gov.au/about-us/operational-guidelines/access-ndis-operational-guideline) for further information.

Likely to be permanent:

* + If likely to be permanent, it would be helpful to have information provided on past/present/future treatments.
  + Likely to be lifelong if:
    - There are no known, available and appropriate evidence-based treatments that would likely remedy the impairment;
    - The impairment varies in intensity and may be permanent;
    - The severity of the impact on functional capacity may fluctuate or potentially improve;
    - The impairment does not require further medical treatment or review;
    - The impairment may continue to be treated and reviewed after being medically demonstrated as permanent; and
    - If the impairment is degenerative and no other treatment is likely to improve the condition.

Early Intervention

* A person meets the early intervention requirements if:
  + The person:
    - Has one or more of the following- intellectual, cognitive, neurological, sensory or physical impairments that are permanent or likely to be permanent; or
    - Has one or more impairments attributable to a psychiatric condition which is permanent or likely to be permanent; or
    - Is a child who has developmental delay; **and**
  + Early intervention supports is likely to benefit the person by reducing the future needs for supports; **and**
  + Early intervention supports is likely to benefit the person by:
    - Alleviating the impact of the impairment; or
    - Preventing the deterioration of functional capacity; or
    - Improving functional capacity; or
    - Strengthening the sustainability of informal supports available to the person.

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.
* Includes experience difficulty in initiating or maintaining a conversation, communicating their needs or wants, or in following instructions, conversations or directions for mental health conditions.
* Describe how the person would function *without* any support appropriate to their age and consistent with normal expectations of a person of a similar age.
* If applicable, does the person require any special equipment, assistive technology, assistance from another person?

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.
* Includes person’s level of trust in other people, experiencing difficulty in social interactions and maintaining relationships with family, peers or in the workplace for mental health conditions.
* Describe how the person would function *without* any support appropriate to their age and consistent with normal expectations of a person of a similar age.
* If applicable, does the person require any special equipment, assistive technology, assistance from another person?

Learning

* Includes understanding and remembering information, learning new things, practicing and using new skills.
* Includes having trouble on planning, memory, concentration, ability to learn new information or participate in group learning for mental health conditions.
* Describe how the person would function *without* any support appropriate to their age and consistent with normal expectations of a person of a similar age.
* If applicable, does the person require any special equipment, assistive technology, assistance from another person?

Mobility

* Means the ability of the person to move around the home crawling/walking to undertake ordinary activities of daily living as is normal of peers of a similar age, getting in and out of bed or a chair, leaving the home, moving about the community and performing other tasks requiring the use of limbs.
* Includes the person experiencing difficulty to leave the house, use public transport, go to shopping centres, attend recreational or vocational activities as a result of side effects of treatment for mental health conditions.
* Describe how the person would function *without* any support appropriate to their age and consistent with normal expectations of a person of a similar age.
* If applicable, does the person require any special equipment, assistive technology, assistance from another person?

Self-Care

* Means activities related to personal care, hygiene, grooming and feeding oneself, includes showering, bathing, dressing, eating, toileting, caring for own health care needs.
* Describe how the person would function *without* any support appropriate to their age and consistent with normal expectations of a person of a similar age.
* If applicable, does the person require any special equipment, assistive technology, assistance from another person?

Self-Management

* Means the cognitive capacity to organise one’s life, to plan and make decisions, to take responsibility such as completing daily tasks making decisions, problem solving and managing finances.
* Includes experiencing difficulty with maintaining accommodation, motivation, interest in life, ability to concentrate on and prioritise tasks for mental health conditions.
* Describe how the person would function *without* any support appropriate to their age and consistent with normal expectations of a person of a similar age.
* If applicable, does the person require any special equipment, assistive technology, assistance from another person?

**Appendix: NDIA Local Offices in WA**

**Metro**

117-121 Shepperton Road, Victoria Park

78-80 Railway Parade, Midland

94 Lissiman Street, Gosnells

Unit 7, 11 Wentworth Parade, Success

Unit 1, 162 Grand Boulevard, Joondalup

42 William Street, Armadale

**Regional – East**

Cnr Porter Street & Egan Street, Kalgoorlie

89 Fitzgerald Street, Northam

**Regional – North**

14 Napier Terrace, Broome

Cnr Forrest St & Chapman Road, Geraldton

14 De Grey Place, Karratha

Cnr Brand & Tonkin Street, South Hedland

**Regional – South**

15 Peels Place, Albany

56 Wittenoom Street, Bunbury

65 Duchess Street, Busselton