

A Step-By-Step Guide to Accessing the National Disability Insurance Scheme (NDIS)

The NDIS provides funding to eligible Australians living with a significant and permanent disability, to help support a better life for them, their families and carers.

Every NDIS participant has an individual plan that lists their goals and the funding they have received. NDIS participants use their funding to purchase supports and services that will help them pursue their goals. The NDIS is implemented by an independent statutory agency, the National Disability Insurance Agency (NDIA).

The Application Process

Step 1

Check eligibility (NDIS):

- If you are applying on behalf of a child younger than 7, please visit [Help for children younger than 7 page](#) and then contact your local Early Childhood Partner.
- If you are applying for a person with disability aged 7 - 65 years, you will need to meet the access requirements. To find out more, visit the [NDIS access criteria page](#).
- If you or the person requiring support is over the age of 65 you need to apply to ['My Aged Care'](#)

Not eligible?

If you are not eligible for NDIS, you can still access other government support programs (Mental Health Care Plan and/or Chronic Disease Management Plan through your GP, My Age Care, and region-specific services. Reach out to your local council to find out what services are available to your area or visit the [Disability Gateway website](#).

Step 2

Speak to your doctors and allied health professionals to make sure they are willing to support your application. If they are not supportive, discuss the reasons and justifications with each professional. If you disagree with them, be prepared to change practitioners.

Step 3

If you think you meet the eligibility requirements, you can access the application in one of two ways:

1. Download the [Access Request Form](#) from NDIS website or
2. Call NDIS on 1800 800 110 and ask to have the form sent to your address

Step 5

Begin filling out the form. Compile reports and evidence from treating doctors and allied health practitioners.

NB: It can take up to six months to complete this step.

Step 6

Have your GP or other allied health practitioner complete the NDIS Access Request Form, Section 2.

Step 7 (Final step)

Submit the documentation.

You should receive a response within 21 working days.

- Email to NAT@ndis.gov.au, or
- Post to GPO Box 700, Canberra, ACT 2601, or
- Hand-deliver to an NDIS office

Submission via email is preferable as this makes it easily and legally trackable. If you have a lot of documentation you might need to split your application into several emails. Make sure you clearly track the number of emails the application is split over.

NB: Make sure you keep a copy of the documentation submitted. The LDAA recommends that you keep a notebook/journal/diary to assist you with management of NDIS applications, processes and record keeping.

Relevant legislation

[National Disability Insurance Scheme Act 2013](#) (Please refer to Chapter 3—Participants and their plans “Part 1—Becoming a participant 18-30”)

Next steps

If your application is accepted, you will be asked to attend a meeting with an NDIA Planner or a Local Area Coordinator (LAC).

NB: The NDIA are known to refer to this planning meeting as a “pre-planning meeting”.

At the meeting you will be asked about:

- Your personal details
- Your support network (family/friends/community/mainstream services)
- How you manage everyday activities such as washing, cleaning, cooking, showering, toileting etc.
- Your safety at home and in the community.

NB: This refers to your physical functional safety, environmental safety as well as your feelings of mental safety.

- Goals you would like to achieve.

NB: The NDIS is likely to say you can only have six goals, but you can have as many goals as you want. The LDAA suggest that you submit these goals in writing prior to the meeting.

- How you would like to manage your NDIS plan (self-managed, plan-managed, NDIS-managed) [Compare plan types](#).
 - **Self-managed:** You are responsible for managing and processing claims with the NDIS. Self-managed has the highest risk associated with funding misuse. [More information here](#)
 - **Plan-managed:** You have a financial intermediary who processes your claims although you still have control over which claims are paid and when. [More information here](#)
 - **NDIA-managed:** Your provider submits your claims and are automatically paid by the NDIA. You normally don't get to see these claims when they are submitted. [More information here](#)

Most people prefer to be self or plan-managed if possible as it gives the most flexibility on how to spend your funds.

Tips to prepare for the planning meeting:

1. Confirm which disabilities or diagnoses have been accepted by the NDIA. For example, you may have applied for support with Tick-Borne Disease, Anxiety and Depression, Chronic Fatigue Syndrome, but the NDIS has only accepted you for Anxiety and Depression.

It is important to know which conditions were approved, so that you can tailor your goals and support request towards these accepted conditions/diagnoses.

The [Planning booklet](#) supplied by the NDIS may help you with the next steps.

2. Write out a list of all the things you require help with (E.g. cleaning, gardening, showering, admin, toileting, support in the community, support to coordinate your health care, shopping, transport, finding housing, and finding/keeping work), including:
 - The number of hours you think you need help for each of these activities.
 - The frequency of the task/activity (e.g. shower twice daily).
 - The time of day you usually complete the task.
 - The number of people required for each support.
E.g. 1:1, 2:1, 1:3. In these ratios, the first number is generally the number of support persons required and the second number is generally the number of participants (this is referred to as a staffing to participant ratio).
 - Keep in mind anything you require support with that does not require direct assistance (e.g., medication management, housing applications, shopping, admin).

For example:

TASK	HOURS	TIMES	PER	HOURS PER FORTNIGHT	DAY/TIME	SUPPORT REQ
Grocery shopping	1	2	week	4	Mon & Thur AM	1:1
Cleaning	4	1	fortnight	4	Fridays AM	1:3
Showering	0.5	1	day	7	Between 7-8am	1:1
Hair washing	1	3	week	6	8am Mon, Wed, Fri	1:1

If your informal support network (family, friends) is willing to help with any of the tasks, you will need to note:

- How often are they willing to help (E.g. The NDIS participant requires assistance to wash their hair daily, but the friend or family member is only available to assist on the weekends).
- How long they are willing to help with the task (E.g. Hair washing. Your family member might be able to assist with shampooing and conditioning but not brushing and blow drying your hair).
- Period of time (E.g. They are only able to assist with hair washing until they find work).
- Number of hours (E.g. It takes one hour to shampoo, condition, brush and blow dry but the brush and blow dry steps take 40 minutes of the allocated time).

3. List all the types of therapy appointments you wish to try or are currently engaging with, including:

- How often (E.g. once a week, once a month) and
- The length of time of each appointment.

(If you are unsure, it is OK to estimate)

4. List of all the types of medical treatments/appointments you are currently engaging with, including:
 - How often (e.g., once a week, once a month)
 - Length of time of the treatment/appointment
 - How often you engage in tests as part of your management plan (e.g., MRI, blood tests, X-rays, CT scans)

(If you are unsure, it is OK to estimate. Reminder: Medication is a treatment)

5. Write a list of any physical devices, technology or mobility aids you think will be able to help you overcome your barriers and challenges. If possible, these items should be linked to a diagnosis as well as a functional impairment category set by the NDIS.

NB. This may include items you are already using.

6. **Important:** You need to tell the NDIS if any of the following apply to you (past or present).

This helps the NDIA determine who is the most appropriate person to facilitate your planning meeting.

You need to tell the NDIA if you are at risk of harm, social isolation, vulnerable due to financial situation or may have a cognitive impairment.

Once you have completed your planning process meetings, the information you have supplied will be sent to the NDIA delegate for their approval. It's important to note that the planner you sit with at the meetings generally cannot approve the contents of your plan.



The NDIA may take longer to approve your plan if they need you to give them more information or get an assessment. For children younger than 7, the NDIA aim to approve your plan within 90 days after you become a participant. If you're 7 or older, the NDIA aim to approve your first plan within 56 days after you become a participant. See the [When Will We Approve Your Plan page](#).