

NDIS Application

Assistance Guide

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Documentation Needed

1. Evidence of Identity
2. Medical History/Assessments
3. Support Documents
4. Application form
5. Parent, Legal Guardian or Representative – Their details and possibly legal documentation
6. stating relationship to primary applicant

Documents need to state:

Impairment is **lifelong/permanent**/impacts daily life and social life/no treatment will change disability

Supports cannot be accessed through mainstream services

Evidence of how your permanent impairment affects ability to function in everyday activities

Describe the **type** and **frequency** of support required.

Process

Evidence of Identity - Certified by JP

- Name
- Date of Birth/birth certificate
- Contact details

Medical History/Assessments (GP or Paediatrician who has known person for at least 6 months)

Evidence of disability

- Recent – no more than 2 years old
- Completed by treating health professional who is relevant to your primary disability
- Confirms your primary disability – date of diagnosis
- Confirms the impact of your disability on the different areas of your life (what will happen if support is not provided)
- Describes previous treatment undertaken and outcomes
- Describes future treatment options and expected outcome of those treatments
- Attempts for Early Intervention and outcomes
- Any scans and associated reports to

Reports from OTs, Speech Therapists/Psychologists - recommendations need to include:

(Include a cover sheet with each report outlining main points)

- How they relate to the person's disability
- How they will help person achieve goals
- How they will increase or maintain functional capacity and social and economic participation
- How they are evidence-based and value for money
- For children – how child is going compared with children of same age without disability
- How disability impacts day-to-day functioning

Functional Capacity Assessment by OT -

Substantially reduced function capacity (includes supervision and prompting) –

- Communication – ability to express self
- Social – interactions with community and family, friends
- Learning – How person remembers/understands/learns new skills
- Mobility – How person moves around home and community
- Self care – Hygiene/grooming/feeding
- Self Management – Homelessness, improper use of money, hoarding, lacks insight into management of household
- Cognitive Impairment – How person thinks/learns/uses judgment to make decisions/pays attention
- Psychosocial impairment – Reduced capacity to perform daily tasks due to mental health

Psychosocial – Proof of reduced functional capacity **over last 6 months**

- If linked with a continued support services for psychology or psychiatric supports a completed Evidence of psychosocial disability form. To be completed by Mental health professional and treating GP.
- Current Mental Health Care Plan or Plan of Care.

Supporting Documents

Lived Experience Statement –

A personal perspective of the effects of the disability on daily life.

Carer Lived Experience Statement –

The carer's perspective of the impact of caring on daily life.

- Impact of caring on family as a whole
- Discuss the impact of providing higher level care for a child compared to a similar aged child without disability
- Outline the time spent on caring, and the impact on social and economic participation for the carer

School reports –

- Impact of disability on ability to participate in school life.
- Impacts of disability on ability for meaningful employment.

Letters of recommendation –

Recommendation support letters for NDIS from all treating professionals listing;

- Recommended care plans
- Potential for risks for **Client or Community** if not supported.

Application Form

Download the Access Form from -

<https://www.ndis.gov.au/applying-access-ndis>

Download the Evidence of psychosocial disability form

<https://www.ndis.gov.au/media/6971/download?attachment>

Early intervention services (0-9)

- [Early Childhood Provider Report \(DOCX 84KB\)](#)
- [Early Childhood Provider Report \(PDF 185KB\)](#)
- [Report writing guidance \(DOCX 117KB\)](#)
- [Report writing guidance \(PDF 178KB\)](#)

Families and carers can read more about early childhood provider reports and Early childhood intervention providers can read more about early childhood provider reports on the link below

[Information for families and carers | NDIS](#)

Eligibility for the NDIS

- Younger than 65 when you apply
- Australian citizen or permanent resident, and live in Australia
- Meet the requirements for disability, early intervention (0-9), or both.

Legislation requires supports are –

- Reasonable and necessary
- Value for money
- Provide the participant with choice and control

Manifest granted conditions

Primary disability - Acquired brain injury

Treating health professionals

Any member of a multidisciplinary team:

- ABI health professionals.

Disability evidence

- Care and need scale (CANS) (17 years and over)
- World Health Organisation disability assessment schedule (WHODAS) 2.0 (17 years and over) or PEDI-CAT (16 years and under).

Primary disability - Autism

Health professional

Autism diagnosed by a specialist multi-disciplinary team, pediatrician, psychiatrist or clinical psychologist:

- Pediatrician
- Psychologist
- Psychiatrist
- Occupational Therapist
- Speech Therapist.

Disability evidence required.

- Diagnostic and statistical manual of mental disorders, fifth edition (DSM-V5)
- Vineland adaptive behaviour scale (Vineland-II)
- World Health Organisation disability assessment schedule (WHODAS) 2.0 (17 years and over) or
- PEDI-CAT (16 years and under).

Primary disability - Cerebral palsy

Treating health professional

- Occupational Therapist
- Physical Therapist
- Paediatrician
- Physiotherapist.

Disability evidence

- Gross motor functional classification scale (GMFCS)
- Other: Manual ability classification scale (MACS)
- Other: Communication function classification system (CFCS).

Primary disability - Hearing impairment

Treating health professional

- Audiologist.

Disability evidence

- Hearing impairment responses and groupings guide (17 years and over) or,
- PEDI-CAT (16 years and under)
- Other: Hearing acuity score.

Primary disability - Intellectual disability, Developmental delay, Global developmental delay, Down syndrome

Health professional

Any member of a multidisciplinary team, such as a:

- Paediatrician
- Psychologist
- Occupational Therapist
- Speech Therapist.

Disability evidence

- Diagnostic and statistical manual of mental disorders, fifth edition (DSM-V5)
- Vineland adaptive behaviour scale (Vineland-II)
- World Health Organisation disability assessment schedule (WHODAS) 2.0 (17 years and over) or PEDI-CAT (16 years and under).

Primary disability - Multiple Sclerosis

Treating health professional

- Neurologist
- Disease steps trained Nurse examiner.

Disability evidence

- Disease steps
- Patient determined disease steps (PDDS)
- Other: Expanded disability status scale (EDSS).
- Scan or Xray reports and evidence of.

Primary disability - Psychosocial disability

Health professional

- Paediatrician
- Psychiatrist
- General Practitioner (GP)
- Psychologist (in limited circumstances).

Other specialist health professionals who can provide evidence:

- Clinical Psychiatric staff (eg. Mental health/Psychiatric nurses, Occupational Therapists, Social Workers)
- Mental Health Allied Health Professionals
- Australian Mental Health Outcomes and Classification Network (AMHOCN) trained mental health staff (including Mental Health Peer Workers).

Other specialist health professionals who can provide evidence:

- Clinical Psychiatric staff (eg. Mental health/Psychiatric nurses, Occupational Therapists, Social Workers)
- Mental Health Allied Health Professionals
- Australian Mental Health Outcomes and Classification Network (AMHOCN) trained mental health staff (including Mental Health Peer Workers).

Disability evidence

A statement from a treating health professional, including information about:

- how long they have been working with you
- evidence of the mental health condition, a diagnosis is helpful if available
- treatments you have explored and any you have not tried (with reasoning)
- how your mental health condition impacts on your everyday life (a functional assessment may be helpful).

Functional assessments (in order of preference):

These can be provided by a treating health professional or other people as listed above:

1. Life Skills Profile 16 measure (LSP-16)
2. Health of the Nation Outcomes Scale (HoNOS)
3. World Health Organisation Disability Assessment Scale (WHODAS).

Find out more about providing supporting evidence on the [Psychosocial disability](#) page.

Primary disability - Spinal cord injury

Treating health professional

Any member of a multidisciplinary team:

- Neurologist
- Physiotherapist
- Occupational Therapist
- Recreational Therapist
- Psychologist
- Psychiatrist.

Disability evidence

Level of lesion, or

- American spinal injury association impairment scale (ASIA/AIS)
- World Health Organisation disability assessment schedule (WHODAS) 2.0 (17 years and over) or
- PEDI-CAT (16 years and under).

Primary disability - Stroke

Treating health professional

Any member of a multidisciplinary team

- Neurologist.

Disability evidence (in preference order)

- Modified Rankin Scale (mRS).

Primary disability - Vision impairment

Treating health professional

- Ophthalmologist.

Disability evidence (in preference order)

- Vision impairment questionnaire (17 years and over) or
- PEDI-CAT (16 years and under)
- Other: Visual acuity rating.

Primary disability - Other

Health professional

- Paediatrician
- Occupational Therapist
- Speech Therapist
- Physiotherapist
- Social Worker.

Disability evidence (in preference order)

1. World Health Organization disability assessment schedule
2. (WHODAS) 2.0 (17 years and over)
3. PEDI-CAT (16 years and under).

Intellectual disability diagnosed and assessed as moderate, severe or profound in accordance with current DSM criteria.

Autism diagnosed by a specialist multi-disciplinary team, pediatrician, psychiatrist or clinical psychologist experienced in the assessment of Pervasive Developmental Disorders and assessed using the current Diagnostic and Statistical Manual of Mental Disorders (DSM-V) diagnostic criteria as having severity of Level 2 (Requiring substantial support) or Level 3 (Requiring very substantial support).

Cerebral palsy diagnosed and assessed as severe (e.g. assessed as Level 3, 4 or 5 on the Gross Motor Function Classification System - GMFCS).

Genetic conditions that consistently result in permanent and severe intellectual and physical impairments:

- Angelman syndrome
- Coffin-Lowry syndrome in males
- Cornelia de Lange syndrome
- Cri du Chat syndrome
- Edwards syndrome (Trisomy 18 – full form)
- Epidermolysis Bullosa (severe forms):
 - YR
 - Autosomal recessive dystrophic epidermolysis bullosa
 - Hallopeau-Siemens type
 - Herlitz Junctional Epidermolysis Dystrophica
 - Lesch-Nyhan syndrome
 - Leigh syndrome
- Leukodystrophies:
 - Alexander disease (infantile and neonatal forms)
 - Canavan disease
 - Krabbe disease (globoid cell leukodystrophy) – Infantile form
 - Pelizaeus-Merzbacher Disease (Connatal form)
- Lysosomal storage disorders resulting in severe intellectual and physical impairments:
 - Gaucher disease Types 2 and 3
 - Niemann-Pick disease (Types A and C)
 - Pompe disease
 - Sandhoff disease (infantile form)
 - Schindler disease (Type 1)
 - Tay-Sachs disease (infantile form)
 - Mucopolysaccharidoses – the following forms:
 - MPS 1-H (Hurler syndrome)
 - MPS III (San Fillipo syndrome)
 - Osteogenesis Imperfecta (severe forms):

- Type II - with two or more fractures per year and significant deformities severely limiting ability to perform activities of daily living
- Patau syndrome
- Rett syndrome
- Spinal Muscular Atrophies of the following types:
 - Werdnig-Hoffmann disease (SMA Type 1- Infantile form)
 - Dubowitz disease (SMA Type II – Intermediate form)
 - X-linked spinal muscular atrophy

Conditions primarily resulting in intellectual or learning impairment

- Pervasive developmental disorders not meeting severity criteria in List A or List C, such as autism
- Abetalipoproteinaemia
- Aceruloplasminemia
- Addison-Schilder disease /Adrenoleukodystrophy
- Adrenoleukodystrophy
- Adult Refsum disease
- Adult-onset spinal muscular atrophy/late-onset SMA type III)
- Aicardi-Goutières syndrome
- Albinism
- Alpers disease/Grey-matter degeneration/Alpers syndrome/progressive sclerosing poliodystrophy/progressive infantile poliodystrophy
- Alzheimer's dementia
- Alzheimer's disease
- Amputation
- Andersen-Tawil syndrome/ Periodic paralysis /myoplegia paroxysmalis familiaris
- Arginosuccinic aciduria
- Arnold-Chiari Types 2 and 3/Chiari malformation
- Aspartylglucosaminuria
- Asperger syndrome
- Atypical autism
- Becker muscular dystrophy
- Behr's syndrome
- Brain stem stroke syndrome
- Cerebellar stroke syndrome
- Cerebral palsy
- Cerebral palsy and other paralytic syndromes not meeting severity criteria on List A
- Cerebrotendinous xanthomatosis /cerebral cholesterosis
- Charcot-Marie-Tooth disease/Hereditary motor and sensory neuropathy/ peroneal muscular atrophy

- CHARGE syndrome
- Childhood autism.
- Chromosomal abnormalities resulting in permanent impairment and not specified on List A
- Cockayne syndrome Types I and Type II/Cerebro-oculo-facio-skeletal (COFS) syndrome /Pena Shokeir syndrome Type II/Weber-Cockayne syndrome/Neill-Dingwall syndrome)
- Cohen syndrome
- Conditions primarily resulting in Neurological impairment
- Conditions resulting in multiple types of impairment
- Conditions resulting in Physical impairment
- Conditions resulting in Sensory and/or Speech impairment
- Congenital absence of limb or part thereof
- Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment but with variable severity
- Congenital cytomegalovirus infection
- Congenital iodine-deficiency syndrome /cretinism
- Congenital muscular dystrophy
- Congenital rubella syndrome
- Cortical deafness
- Creutzfeldt-Jakob disease
- Dandy-Walker syndrome
- Dejerine-Sottas disease /Dejerine-Sottas syndrome/Dejerine-Sottas neuropathy/progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Demyelinating diseases of the central nervous system
- DiGeorge syndrome /22q11.2 deletion syndrome/Velocardiofacial syndrome/ Shprintzen syndrome/Conotruncal anomaly face syndrome
- Diplegia
- Diseases of myoneural junction and muscle
- Disorders of the choroid and retina where permanent blindness diagnostic and severity criteria on List A are not met
- Disorders resulting in hearing loss
- Distal muscular dystrophy
- Down syndrome/Trisomy 21

- Duchenne muscular dystrophy
- Epidermolysis bullosa
- Episodic and paroxysmal disorders
- Extrapyrarnidal and movement disorders
- Facioscapulohumeral muscular dystrophy
- Fazio-Londe disease/Progressive bulbar palsy of childhood
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Fragile X syndrome
- Friedrich's ataxia
- Glycine encephalopathy /non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hallervorden-Spatz syndrome /Pantothenate kinase-associated neurodegeneration (PKAN)/neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Harlequin type ichthyosis
- Hartnup disease
- Hemiplegia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11Huntington's disease/Huntington's chorea
- HIV dementia
- Homocystinuria
- Hunter syndrome /MPS II
- Huntington's disease
- Hurler-Scheie syndrome /MPS 1 H-S
- Hydrocephalus
- Infantile Refsum disease.
- Juvenile arthritis / Stills Disease (excluding monocyclic/self-limited Adult Onset Stills disease)
- Kabuki syndrome
- Kearns-Sayre syndrome
- Lennox syndrome /Lennox-Gastaut syndrome

- Lewy body dementia
- Limb-girdle muscular dystrophy
- Louis-Bar syndrome/Ataxia-telangiectasia
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Maroteaux-Lamy syndrome /MPS VI
- Menkes disease
- Menkes disease
- Microcephaly
- Mitochondrial myopathy
- Monoplegia
- Morquio syndrome /MPS IVA
- Motor and sensory lacunar syndromes
- Motor neuron disease/Motor neurone disease/ Lou Gehrig's disease /Amyotrophic lateral sclerosis
- Mucopolidosis II /I-cell disease
- Mucopolidosis III /pseudo-Hurler polydystrophy
- Mucopolidosis IV
- Multi-infarct dementia
- Multiple sclerosis
- Multiple system atrophy.
- Myotonic dystrophy /dystrophia myotonica
- Myotonic muscular dystrophy
- Myotubular myopathy
- Neuronal ceroid lipofuscinosis (NCL)/ Adult type (Kuf's or Parry's disease)/ Juvenile (Batten disease)/ Late infantile (Jansky-Bielschowsky)
- Niemann-Pick disease
- Oculopharyngeal muscular dystrophy
- Optic atrophy
- Other degenerative diseases of the nervous system
- Other disorders of the nervous system

- Paramyotonia Congenita
- Paraplegia
- Parkinson's disease
- Parkinson's disease
- Pendred syndrome
- Pick's disease.
- Polyneuropathies and other disorders of the peripheral nervous system
- Post-polio syndrome
- Prader-Willi syndrome
- Primary lateral sclerosis
- Progressive bulbar palsy
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Quadriplegia
- Retinitis pigmentosa
- Retinoschisis (degenerative and hereditary types/juvenile retinoschisis)
- Rheumatoid arthritis.
- Scheie syndrome /MPS 1-H
- Schilder's disease /Diffuse myelinoclastic sclerosis – non-remitting.
- Seckel syndrome /microcephalic primordial dwarfism/Harper's syndrome/Virchow-Seckel dwarfism
- Sensorineural hearing loss
- Shy-Drager syndrome /Multiple System Atrophy /Striatonigral degeneration (MSA-P)/ Sporadic olivopontocerebellar atrophy (MSA-C)
- Sialidosis
- Sly syndrome /MPS VII.
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Spina bifida
- Spinal muscular atrophy – all types
- Spinal muscular atrophy Types III and IV

- Spinocerebellar Ataxia – all types, including Machado-Joseph disease.
- Stargardt disease
- Steele-Richardson-Olszewski syndrome/Progressive supranuclear ophthalmoplegia
- Stickler syndrome
- Stiff-man syndrome /Stiff-person syndrome.
- Sturge-Weber syndrome
- Sulfite oxidase deficiency.
- Systemic atrophies primarily affecting the central nervous system
- Tetraplegia.
- The following mucopolysaccharidoses
- Thomsens disease /Congenital myotonia/ Becker myotonia).
- Trisomy 9
- Tuberous sclerosis
- Turner syndrome
- Usher syndrome
- Usher syndrome.
- Vascular dementia.
- VATER syndrome /VACTERL association.
- Waardenburg syndrome.
- West's syndrome.
- Williams syndrome
- Wolf-Hirschhorn syndrome.