

Name
Address
Address
Etc

DATE

NDIS
Address
Address
Email etc

For the attention of NDIS Representative

RE NAME and DoB

Please find following an application for abovementioned person requesting to access NDIS supports.

NAME lives with DIAGNOSIS resulting in significant and permanent impairment in the following domains:

1 - (Provide the name of the domain and one example from supporting documentation).

2

3

4

5

6

The following documentation is provided in support of the areas identified above:

1. Access Request Form
2. Evidence of Psychosocial Disability Form
3. Functional Capacity Assessment (if applicable)
4. Clinical information
5. Assessments
6. Medical Records
7. Support Worker Support Letter (name of organisation)
8. Life Skills Profile
9. WHODAS (if applicable)
10. CANSAS (if applicable)

Please let me know if you require anything further for this application.

Thank you for your consideration
NAME