

Access Request Referral Form

Date:

Applicant Details

| | |
|----------------------------------|--|
| First Name | |
| Last Name | |
| D.O.B | |
| Mobile | |
| Email | |
| Address | |
| Are you your own Decision Maker? | |

Referrer Details

| | |
|--------------|--|
| First Name | |
| Last Name | |
| Mobile | |
| Email | |
| Work Address | |

What diagnosis do you recognise as your primary (most impactful) impairment?

Do you have any secondary impairments? If so, what are they?

Contact Details of Support Network (fill all that are applicable)

| | Name | Phone / Email |
|-------------------------|------|---------------|
| General Practitioner | | |
| Psychiatrist | | |
| Specialist Practitioner | | |
| Psychologist | | |
| Allied Health | | |

What reports, letters and assessments have you received that might support your application to the NDIS?

****Please attach any reports, letters and assessments you have that may compliment your application.***

Is the individual an Australian Citizen / Permanent VISA Holder / Have a special category VISA?

Has the individual completed the NDIS Access request process before? If so, when?

****Please provide copies of any previous NDIS Decision Letter's for declined Access Request applications.***

Any further information regarding your enquiry to access the NDIS

Once complete, send this form to access@unitedfoundation.org.au and a friendly member of our team will be in touch shortly.