



Participant Claim Form (Self-Managed)

FORM INSTRUCTIONS

A. When to use this form

You can use this form to make a claim for the payment of an NDIS amount.

We encourage you to submit your claim electronically for faster processing. You can do this by:

- myplace participant portal
- my NDIS participant portal, or
- my NDIS App.

Claims submitted using this form may take longer to process than claims submitted electronically. If you need help to set up the NDIS app and portal or submit a claim electronically, you can call 1800 800 110 or talk to your National Disability Insurance Scheme (NDIS) contact.

B. Who can use this form

You can only make claims if you are the person who manages the funding in the participant's plan. This may be the Participant, Child Representative, Plan Nominee or other authorised representative.

C. Supporting information

To help us process your claim smoothly, please provide evidence for each claim.

Evidence must include:

- a receipt or tax invoice from the provider or third party.

Other types of evidence may include:

- a bank statement or a payroll record for any worker employed.
- a bank statement showing the purchase/transaction.

This is a form approved for the purposes of s 9A s 45A of the National Disability Insurance Scheme Act 2013. It has been approved by the Chief Executive Officer of the National Disability Insurance Agency pursuant to s 9A(1) of that Act.



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To make sure your claim is processed smoothly, please include **copies** of all necessary documentation. This helps us avoid any issues with your claim, such as the claim being rejected and not paid.

D. How to complete this form

Please make sure you complete all sections and fields in this form.

E. How to return this form

Return this form with supporting documentation by:

- **Email:** enquiries@ndis.gov.au
- **In person:** Take it to your local NDIA office
- **Post:**
National Disability Insurance Agency
GPO Box 700
Canberra ACT 2601

Claims submitted by post may take longer to process.



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Participant details

Please complete **all** fields.

Full name:	
Date of birth (DD/MM/YYYY):	
NDIS number:	

Nominee or representative details

Please complete **all** fields if a Participant is not completing this form.

Full name:	
Date of birth (DD/MM/YYYY):	
NDIS number:	
Relationship to participant:	



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Payee	Payee's ABN or exemption reason*	Support start and end date	Support category *	Claim amount (GST inclusive)	Description of support*
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				Total claim amount (GST inclusive):	\$

If completing this form electronically, you can include additional rows in the table above to make multiple claims.



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How to complete the table

ABN

- If you do not have an ABN, please include the reason in the claim table. Reasons may include:
 - "The ABN was not provided in an accessible way."
 - "I bought this item or NDIS support overseas."
 - "I bought this item or NDIS support online."
 - "I directly engage my own staff."
 - "The business did not provide an ABN."

Support Category

- In the support category field, write the support category you are claiming. Some examples of a support category are:
 - Consumables
 - Improved Daily Living Skills
 - Assistance with social, Economic and Community Participation

Description of support

- Please describe the support or service you are claiming so that it is clear and meaningful to you. This will help us understand what support or service was delivered. For example:
 - Physio on 15 April 2024
 - Assistive Technology (Dragon software)
 - Meal preparation

Further advice regarding providing an ABN can be found on the NDIS website (Search '**Making Claims**').



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I declare the information I have provided in each claim to be true and correct. I consent to the NDIS collecting my personal and sensitive information.

- I understand that support category listed on each claim will be recorded on my NDIS plan.
- I understand that I may be audited by the NDIS to verify the amounts submitted in each claim.
- The NDIA will collect your claim information to process your claim and to identify and respond to any fraudulent activities or misuse of NDIS funds.
- If a claim is insufficiently explained, evidenced or otherwise of concern, the Agency may seek further information or documentation pursuant to s 45A(3)(b).

Full name	
Signature	
Date	

Digital signatures are acceptable. If unable to provide a signature, forms submitted by the participant, nominee or authorised representative from the email address registered with us are also accepted.

Your privacy and personal information

The NDIA will use the personal information you provide on this form to assist in determining whether your claim is valid and, if it is, to make payments into your nominated bank account.

You can find out more about how we collect and handle your personal information, and information about how to request access to or correction of the personal information we hold about you or make a complaint about a breach of your privacy by visiting our Privacy Policy at: www.ndis.gov.au/about-us/policies/privacy.

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