Applying to the NDIS

Quick summary: If you want to become an NDIS participant and get supports through an NDIS plan, you'll need to apply to the NDIS. There are some requirements you need to meet to be eligible for the NDIS.

First, you need to be younger than 65 when you apply, be an Australian citizen or permanent resident, and live in Australia. Then, you'll need to meet the disability or early intervention requirements.

You may be eligible under the disability requirements if you have one or more impairments that are likely to be permanent and this substantially impacts your ability to do daily life activities. Your impairment must also affect your social life, or your ability to work and study and you must be likely to need support under the NDIS for your whole life[1].

Or, you may be eligible under the early intervention requirements if you have one or more impairments that are likely to be permanent, and supports would help you by reducing your need for supports in the future. We will also consider if these needs could best be met by the NDIS, or by other government and community services.

If you think you might be eligible, we can help you apply to the NDIS. We'll look at all the information you give us to decide if you're eligible. If you're eligible for the NDIS, you'll become a participant and we'll work with you to start creating your plan. If you're not eligible, we can help you connect to other government and community services available to you.

What's on this page?

- What do we mean by applying to the NDIS?
- Do you meet the age requirements?
- Do you meet the residence requirements?
- Do you meet the disability requirements?
- Do you need early intervention?
- What about children younger than 6 with developmental delay?
- How do you apply to the NDIS?
- How do we decide if you're eligible?
- What happens after we decide?

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What do we mean by applying to the NDIS?

Applying to the NDIS means doing things to find out if you can become a participant and start getting supports under the NDIS. There is a process to follow when you apply to the NDIS. After you apply, we'll look at all the information you provide and decide if you're eligible.

If we decide you're eligible, you'll become a participant in the NDIS. We'll then work with you to create your first plan, which will include funding for any reasonable and necessary supports.

If you're not eligible, there are other services available to you, such as other government and community services. We can help you connect to these other services.

For children younger than 7, we encourage families to talk to an early childhood partner before applying to the NDIS. They can provide supports to children before they apply, and let families know if the NDIS is right for their child. Learn more about our early childhood approach.

Are you eligible for the NDIS?

To be eligible for the NDIS, you first need to meet the age and residence requirements. This means you need to be younger than 65 when you apply, live in Australia, and be an Australian citizen or permanent resident.[2]

You also need to have a disability caused by an impairment.

When we say impairment in this guideline, we mean a loss or significant change in your body's function, structure, or in how you think and learn. Under the law for the NDIS, we check if you're eligible based on your impairments, not your type of disability or diagnosis.

You will need to meet either the disability requirements[3] or the early intervention requirements.[4]

Disability requirements

To meet the disability requirements, we must have evidence of **all** of the following:

- You have a disability caused by an impairment.
- Your impairment is likely to be permanent.
- Your impairment means you have a substantially reduced functional capacity to do one or more daily life activities. These activities include moving around, communicating, socialising, learning, undertaking self-care, or self-management tasks.

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- Your impairment affects your ability to work, study or take part in social life.
- You'll likely need NDIS supports your whole life.

Early intervention requirements

To meet the early intervention requirements, we must have evidence of **all** of the following:

- You have an impairment that's likely to be permanent, or that you are a child younger than 6 has developmental delay. [5]
- Early intervention will help you by reducing your need for supports in the future
- Early intervention will help you by either reducing the impact your impairment has on your functional capacity, or support your informal supports to build their skills to help you
- The early intervention you need is most appropriately funded by the NDIS.

If you're receiving disability supports from the Western Australian government, you might already meet most of the eligibility criteria.

We'll use information in your application to decide if you're eligible for the NDIS.

If you're eligible, you become an NDIS participant.[6] The length of time you'll be an NDIS participant will depend on your situation and disability support needs. For more information, check out our information on leaving the NDIS.

This guideline has detailed information on how we decide if you're eligible for the NDIS. For general information about who's eligible, read Am I Eligible and Booklet 1. For information about children younger than 7, go to Help for children under 7.

We also have information on Mental Health and the NDIS. If you have a psychosocial disability, this webpage has information on whether the NDIS is right for you, and what information we need if you apply.

A psychosocial disability isn't a mental health condition or diagnosis. A psychosocial disability means you have reduced capacity to undertake tasks and activities of daily living due to your mental health.

Do you meet the age requirements?

To be eligible for the NDIS, you must first meet the age requirements. This means:

- You are younger than 65 on the day you apply.

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How old are you?

You must be younger than 65 on the day you make your NDIS application.[7]

This means your application needs to be complete, in the format we ask for, and received by the NDIA before you turn 65. Learn more about how to complete your NDIS application.

If you're turning 65 soon and want to apply, contact us so we can help you apply on time.

Do you meet the residence requirements?

Then you must meet the residence requirements. This means:

- You are an Australian citizen or permanent resident.
- You live in Australia.

Are you an Australian citizen or permanent resident?

You must be an Australian citizen,[8] or have one of two visa types that means you can live here.

- A permanent visa[9]
- A protected special category visa[10] – this is only for some citizens of New Zealand

Do you live in Australia?

You must live in Australia.[11] This means Australia is your home and you spend most of your time here.

To help us decide, you need to give us evidence to show us you live here. If you give us consent to use your Centrelink record, that usually gives us enough evidence to decide if you live in Australia.

If you don't give us consent, you need to give us enough information to help us decide that you live in Australia. You'll need to answer these questions:

- Where do you live?
- Where is your family?
- Do you work in Australia?
- Do you own property in Australia?
- How much time do you spend outside Australia?

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Some of these questions might not apply to you, but we must consider them when we decide whether you live in Australia.[12]

We may also ask you other questions to determine whether you live in Australia.[13] For example, your family might be deployed overseas in the Defence Force, meaning you need to leave Australia for a while. In these situations, we'll ask you for more information about why you're leaving and can't return.

If you apply, we look at your whole situation when we decide if there's enough evidence to show that you live here. This will be a simple decision for us in most situations. But sometimes we may need to look at the questions below.

Where do you live?

We consider where you live, and your living situation.[14] We'll look at whether you have more permanent accommodation in Australia than any other country.

For example, you might own a home or have a formal rental agreement in Australia. This is a good sign to us that you live in Australia.

Where is your family?

We also consider where your immediate family lives.[15]

We look at where you spend most of your time with them, face-to-face. We don't consider how you connect with your family on the phone or internet.

Do you work in Australia?

If you work, we look at where you normally work or make money.[16] If you work or make money in Australia, that's a good sign you live here. If you don't work or are unemployed we'll consider the other questions to determine whether you live in Australia.

Do you own property in Australia?

We consider what assets or property you own in Australia.[17] We also see if you have an Australian bank account.

If you own assets or property here, it doesn't always mean you live in Australia. Your assets or property will need to show you have an ongoing connection to Australia. You don't live in Australia just because you own assets or property here. Your assets or property will need to show you have an ongoing connection to Australia.

How much time do you spend outside Australia?

We consider how often you go overseas, and how long you're outside Australia when you travel.[18] We also consider why you travel overseas, such as for work, holiday or to live with family.

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This is usually the most important point to help us decide if you live in Australia. You need to show us that you have a long-term and meaningful connection to living in Australia.

You don't need to stay in Australia all the time. You can still work overseas or go on a holiday.

You will need to show a stronger connection to Australia than other countries if you spend a lot of time overseas.

If we decide you're eligible and create your plan, there may be times you can't use your NDIS funding overseas. This is usually after you're overseas for more than 6 weeks, unless we give you more time. Learn more about when you can't use your plan.

Do you meet the disability requirements?

You meet the disability requirements if we have evidence of all of the following:[19]

- Your disability is caused by an impairment.
- Your impairment is likely to be permanent.
- Your permanent impairment substantially reduces your functional capacity to undertake one or more of the following activities: moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks.
- Your permanent impairment affects your ability to work, study or take part in social life.
- You'll likely need support under the NDIS for your whole life.

If you give us evidence you have been diagnosed with one or more conditions on List A, we'll likely decide you meet the disability requirements.

If you meet the disability requirements, it's likely you'll need the NDIS for a long time. But we'll still check this at each plan review, or if we get evidence that shows this may have changed.

We only ask you for more information about your eligibility if there is evidence that you may no longer meet the disability requirements.

Learn more about how we check if you are still eligible for the NDIS.

Is your disability caused by an impairment?

When we consider your disability we think about whether any reduction or loss in your ability to do things, across all life domains, is because of an impairment.

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An impairment is a loss or significant change in at least one of:

- your body's functions
- your body structure
- how you think and learn.

To meet the disability requirements, we must have evidence your disability is caused by at least one of the impairments below[20]

- **intellectual** – such as how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – such as how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – such as how your body functions
- **sensory** – such as how you see or hear
- **physical** – such as the ability to move parts of your body.

You may also be eligible for the NDIS if you have a psychosocial disability.[21] This means you have reduced capacity to do daily life activities and tasks due to your mental health.

It doesn't matter what caused your impairment, for example if you've had it from birth, or acquired it from an injury, accident or health condition.

It also doesn't matter if you have one impairment, or more than one impairment.

Is your impairment likely to be permanent?

We need evidence that you'll likely have your impairment for your whole life.

Even when your condition or diagnosis is permanent, we'll check if your impairment is permanent too. For example, you may not be eligible if your impairment is temporary, still being treated, or if there are remaining treatment options.

Generally, we'll consider whether your impairment is likely to be permanent after all available and appropriate treatment options have been pursued.

If you give us evidence you have been diagnosed with a condition on List B, we'll likely decide your disability is from an impairment that's likely to be permanent.

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Is there any medical treatment for your impairment?

We don't fund supports to treat your impairment.

Instead, the supports we fund can help you reduce or overcome the impact your impairment has on your daily life. They can also help you increase your functional capacity, independence, and your ability to work, study or take part in social life.

Your impairment will likely be permanent if your treating professional gives us evidence that indicates there are no further treatments that could relieve or cure it.

Your treating professional will tell us or be asked to certify if there are medical, clinical or other treatments that are likely to remedy your impairment. We need to understand whether there are treatments which are:[22]

- known and available
- appropriate for you and your impairment
- evidence-based – that is, there's proof they are likely to be effective.

The word treatment should be understood in a broadest sense, and may include changes to your diet and lifestyle. So for example, conditions such as obesity are unlikely to be found to be permanent.

If you're still undergoing or have recently had treatment, we'll need to wait until you know the outcome of the treatment before we can decide your impairment is likely to be permanent.[23]

In some situations, it may be clear your impairment is likely to be permanent while you're still undergoing treatment or rehabilitation. For example, you may still need treatment and rehabilitation for a spinal cord injury, but it's clear you'll have a permanent impairment.

You might still have a permanent impairment, even if its effects may change over time.[24]

For degenerative impairments, or those that get worse over time, we consider them permanent if treatment isn't likely to help or improve the impairment's effects.[25]

Does your impairment substantially reduce your functional capacity?

Your permanent impairments needs **to substantially reduce your functional capacity or ability** to undertake activities in one of the following areas:

- **Communicating** – how you speak, write, or use sign language and gestures, to express yourself compared to other people your age. We also look at how well you understand people, and how others understand you.

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- **Socialising** – how you make and keep friends, or interact with the community, or how a young child plays with other children. We also look at your behaviour, and how you cope with feelings and emotions in social situations.
- **Learning** – how you learn, understand and remember new things, and practise and use new skills.
- **Mobility**, or **moving around** – how easily you move around your home and community, and how you get in and out of bed or a chair. We consider how you get out and about, and use your arms or legs.
- **Self-care** – personal care, hygiene, grooming, eating and drinking, and health. We consider how you get dressed, shower or bathe, eat or go to the toilet.
- **Self-management (if older than 6)** – how you organise your life. We consider how you plan, make decisions, and look after yourself. This might include day-to-day tasks at home, how you solve problems, or manage your money. We consider your mental or cognitive ability to manage your life, not your physical ability to do these tasks.

Your impairment substantially reduces your functional capacity if you usually need disability-specific supports to participate in or complete the above tasks.[26]

These disability-specific supports include:

- a high level of support from other people, such as physical assistance, guidance, supervision or prompting[27]
- assistive technology, equipment or home modifications that are prescribed by your doctor, allied health professional or other medical professional.[28]

To help us decide if you're eligible, we need to know your capacity and where you need more help. We get this information from your NDIS application.

If you have more than one permanent impairment we will consider them together, to see if they substantially reduce your functional capacity.

We consider how you're involved in different areas of life like home, school, work and the community, and how you carry out tasks and actions. We also consider any other factors that may impact your day to day life.

Your needs might go up and down each day or each month. Progressive Multiple Sclerosis (MS) can be a good example of this. We consider your ability over time, taking into account your ups and downs.

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How does a child's impairment affect their daily life?

To help us decide if a child's ability is substantially reduced, we compare their abilities with other children of the same age.

If a child's ability is much less than most other children the same age, they may meet the disability requirements. For example, if they:

- need assistive technology, equipment or home modifications to participate in daily activities – except for common items like glasses
- usually need more assistance to join activities, or they can't join in.

Sometimes when a child's impairment doesn't substantially reduce their ability right now, but might in the future, we will look at the early intervention requirements. Similarly, if a child's impairment currently substantially reduces their ability, but may not after receiving supports, we will look at the early intervention requirements. Early intervention can be for children of any age.

Learn more about the early intervention requirements.

What if you have a hearing impairment?

Some hearing impairments may lead to a substantially reduced functional capacity.

We'll generally decide you have a substantially reduced functional capacity if your hearing loss is at least 65 decibels in your better ear. This is based on a pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz.

We may also decide you have a substantially reduced functional capacity if your hearing loss is less than 65 decibels in your better ear. We may decide this if either:

- you also have another permanent impairment, such as a vision or cognitive impairment
- you give us evidence your speech detection and speech discrimination outcomes are significantly poorer than expected.

Does your impairment affect your social, work or study life?

Then, we look at how your impairments affect your ability to work, study or take part in social life.[29] This means your permanent impairments affect how you can find and keep a job, contribute to your community, or join social activities. We get this information from your NDIS application.

We look at your ability to do things like:

- find and keep a job, or start your own business

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- study
- spend and save money
- play sport
- go to the movies
- volunteer
- travel.

It doesn't matter how much your ability to work, study or socialise is affected by your impairment. It only needs to affect your social or work life in some way for you to meet the criteria.

Will you likely need support under the NDIS for your whole life?

You must be likely to need support under the NDIS for your whole life.[30]

NDIS supports are investments that help you build or maintain your functional capacity and independence, and help you work, study or take part in social life.

Even if your needs go up and down over time, we may still consider it's likely you'll need lifetime support under the NDIS.[31]

We consider your overall situation to answer this question.

When we decide if you'll likely need support under the NDIS for your whole life, we consider:

- your life circumstances
- the nature of your long-term support needs
- whether your needs could be best met by the NDIS, or by other government and community services.

For example, you may have an impairment which is caused by a chronic health condition. Many chronic health conditions are most effectively managed or remedied through medical management through the health system. If this is the case, we may decide that you don't have a lifetime need for support under the NDIS.

Do you need early intervention?

If you don't meet the disability requirements, you may be eligible for the NDIS under the early intervention requirements. Early intervention is usually early access to support, to help reduce the functional impacts of your impairment.

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Early intervention can be for both children and adults. You won't need these supports for your lifetime, so your treating professional or your early childhood partner will tell us how early intervention support could benefit you or your child.

You will meet the early intervention requirements if you meet all of the following:

- You have an impairment that's likely to be permanent.
- Early intervention supports will help you, for example if it means you'll need less disability support in the future and your functional capacity will improve.
- The early intervention you need is most appropriately funded by us.

There are different requirements for children younger than 6 with developmental delay to meet the early intervention requirements.

If we have evidence a child younger than 7 has been diagnosed with a condition on List D, we'll decide they meet the early intervention requirements.

You may also meet the early intervention requirements if you're aged between 0 and 25 with a hearing impairment.

If you meet the early intervention requirements when you join the NDIS, we'll regularly check your eligibility. We'll check this at plan reviews, and at other times too. Learn more about leaving the NDIS.

Do you have an impairment that's likely to be permanent?

To meet the early intervention requirements, there must be enough evidence that you have at least one of the impairments below and your impairment is likely to be permanent.[32]

An impairment is a loss or significant change in at least one of:

- your body's functions
- your body structure
- how you think and learn.

An impairment could be:[33]

- **intellectual** – such as how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – such as how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – such as how your body functions
- **sensory** – such as how you see or hear

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- **physical** – such as the ability to move parts of your body.

We also need evidence at least one of your impairments will be permanent, or likely to be permanent.[34] In other words, you'll likely have your impairment for your whole life.

When we decide if your impairment is likely to be permanent, we consider the same things as in the disability requirements.

You may also be eligible for the NDIS if you have a psychosocial disability.[35] This means you have reduced capacity to do daily life activities and tasks due to your mental health Your psychosocial disability might vary at different times in how much it impacts your daily life. Even if it fluctuates and you have some periods where there is a smaller impact on your daily life, you might have this impairment for your whole life.

If you give us evidence you have been diagnosed with a condition on List B, we'll decide you have an impairment that's likely to be permanent.

How will early intervention help you?

We need to decide that getting early intervention supports means you'll likely need less disability supports in the future.[36]

We need to know that early intervention supports will help you with at least one of the following:[37]

- addressing the impact of your impairment on your ability to move around, communicate, socialise, learn, look after yourself and organise your life.
- preventing your functional capacity from getting worse.
- improving your functional capacity.
- supporting your informal supports, which includes building their skills to help you.

To help us decide if the early intervention will help you in these ways, we look at:[38]

- how your impairment might change over time
- how long you've had your impairment
- if there's been a significant change to your impairment
- if your needs are likely to change soon, such as if you're finishing school.

Is your early intervention most appropriately funded by the NDIS?

The support you need must be most appropriately funded or provided by us.[39]

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You won't be eligible if we decide the support you need is more appropriately funded or provided:

- by other general systems of service delivery or support services, such as a workers compensation scheme
- under a universal service obligation that other government services must provide to all Australians, such as schools and public hospitals
- as a reasonable adjustment under discrimination law, such as making places or venues accessible for you.

For example, you usually won't be eligible if you only need the following supports. These are more appropriately provided by other government and community services:

- medical services,[40] and treatments for health conditions, including ongoing or chronic health conditions[41]
- clinical early intervention mental health supports, such as services to help children, teenagers and young people grow and develop[42]
- clinical acute and crisis mental health supports[43] – such as care in a hospital or similar setting
- inclusion supports to help young children join early childhood learning and care settings[44]
- Disability Employment Services,[45] and reasonable adjustments in the workplace to make your job suit your needs.[46]

For more information on when early intervention supports are most appropriately funded by us or by other services, check out:

- Our mainstream and community supports guideline
- Schedule 1 of the NDIS (Supports for Participants) Rules
- Applied Principles and Tables of Support.

What about people aged between 0 and 25 with a hearing impairment?

If you're aged between 0 and 25 with a hearing impairment, you may meet the early intervention requirements. We'll decide you meet the early intervention requirements if you give us evidence of all of the following:

- You're aged between 0 and 25.

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- You have auditory neuropathy or hearing loss of at least 25 decibels in either ear at 2 or more adjacent frequencies – see below.

We need evidence of your auditory neuropathy or hearing loss from a specialist audiological assessment. The assessment might include electrophysiological testing when required. The evidence must show your hearing loss is likely to be permanent.

If you're aged 26 or older with hearing loss, we'll check if you're eligible in the same way we consider all other impairments. You may be eligible under the disability requirements.

What about children younger than 6 with developmental delay?

Children younger than 6 with a developmental delay may be eligible for the NDIS under the early intervention requirements.[47]

Developmental delay is a term used to describe a delay in a child's development. It means that a child finds it much harder to do everyday things that other children their age can do, for example dress themselves, talk or walk. A child with developmental delay needs lots of extra help to do everyday things compared to children of the same age.

First, we need to know the child:

- is younger than 6 on the day we decide whether they're eligible[48]
- lives in Australia[49]
- is an Australian citizen or permanent resident.[50]

Then, we need to know the child has a developmental delay.[51]

Finally, we need to know the child's supports are most appropriately funded or provided under the NDIS.[52]

An early childhood partner can also provide supports to children who aren't eligible for the NDIS.

Learn more about the early childhood approach.

Does the child have a developmental delay?

When we decide if a child has developmental delay, we use the definition in the law for the NDIS.[53]

We need to know the delay:

- is due to mental or physical impairments

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- substantially reduces the child's functional capacity compared with other children the same age
- means the child needs specialist services from more than one professional working as a team to support the child and for longer than 12 months.

Is the delay due to mental or physical impairments?

We first need to know the developmental delay is due to a mental or physical impairment, or a combination of mental or physical impairments.[54]

An impairment is a loss or significant change in at least one of:

- the child's body's functions
- the child's body structure
- how the child thinks and learns.

Families, early childhood partners and other professionals can understand the child's body function by:

- observing their activities during play and daily tasks
- comparing their activities to other children of the same age.

For some very young children, problems in body function can't be easily measured. If so, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's judgment or informed clinical opinion.

Does the delay substantially reduce the child's functional capacity?

We need to know the delay substantially reduces the child's functional capacity compared to other children their age.[55]

This means the child has a significantly lower ability to do everyday activities, when compared to children of the same age. Or, the child does things in a significantly different way to other children their age because of their reduced capacity.

The child would also need much more support to do the activity, compared to other children the same age.

The substantial reduction in functional capacity must be in at least one of the following areas of major life activity:

- **Self-care** – how children take care of themselves, shower, bathe, dress, eat, drink, toilet, groom, and sleep.

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- **Receptive and expressive language** – this involves skills such as gesture, sign language, listening, giving and receiving information, communicating wants and needs through facial expressions, vocalisations or speech, and interaction with others.
  A substantial reduction in functional capacity for either receptive language or expressive language will meet the criteria – it doesn't need to be both.
- **Cognitive development** – learning and applying knowledge. This includes areas such as:
  - understanding and remembering information
  - attention
  - learning new things
  - practising and using new skills
  - planning and making decisions
  - problem solving
  - developing pretend play skills
  - developing play interests
  - emotional and sensory regulation
  - developing emotional intelligence
  - social awareness
  - safety awareness.
- **Motor development** – this includes participation in everyday activities like moving around the home and community, and manipulating objects.

We need evidence from a health, allied health or early childhood professional, who uses multiple sources of information about the child's ability to do everyday activities.

This will include information that parents or carers report about their child. It will also include a mix of standardised assessments of developmental and functional capacity, both in everyday activities and natural settings.

It should also include observations in everyday play, learning, activities or routines to better understand how the child participates in these everyday activities.

For very young children where functional capacity can't be measured, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's informed clinical opinion.

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Does the child need specialist services from more than one type of professional and for longer than 12 months?

We need to know that the child needs a mix of specialist care, treatment or other services, due to their developmental delay. The child must also need these services for an extended duration – that is, longer than 12 months.[56]

We need to know the child needs all of the following:

- **A service response that involves more than one professional working as a team to support the child.**
  This means the child needs support for multiple activities, and across multiple natural settings such as the home, community and early childhood centres. The child must need more support than what's expected for a child the same age.
- **A team that works collaboratively, by communicating and sharing information, knowledge and skills.**
  The support must be individually planned and coordinated. The team will build the capacity of the child's family and other important people in the child's life, such as carers, educators and professionals, about the child's individual needs. This support should be embedded in everyday play, learning, activities and routines.
- **More support than an individual discipline providing a unilateral response to a single problem.**

  This means the child needs support from more than from one professional supporting one area of delay. This is known as interdisciplinary care. For example, a child is unlikely to be eligible if a speech pathologist alone can help their language delay, without needing support or consultation from other professionals.
- **Supports for an extended duration.**
  This means a health, allied health or early childhood professional who knows the child determines they need support for more than 12 months. A child will likely meet this criteria if there is clear evidence that they'll need early intervention support for more than 12 months.

We need evidence from a health, allied health or early childhood professional who knows the child. They need to recommend that the child needs support for multiple activities and across multiple natural settings, from a team working together.

Some children in remote areas might not have access to a team of professionals. If so, they may still be eligible if the one professional needs to provide the supports to the child across multiple activities and across multiple natural settings.

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We also need evidence from a health, allied health or early childhood professional that the child needs support for more than 12 months. The professional should consider multiple sources of information, including:

- parent or carer reports
- a mix of standardised and culturally appropriate developmental or functional assessments in everyday activities and natural settings
- observations in everyday play, learning, activities, and routines.

How do we work out if the child meets the criteria for developmental delay?

We'll need a range of information about the child, observed in everyday activities and settings they usually participate in. This should include parent or carer reports and standardised assessments of developmental and or functional capacity.

Early childhood partners are early childhood professionals who give us evidence of developmental delay to help us decide if the child is eligible. An early childhood partner will meet with children and families to better understand the child's day to day life, and any concerns about their development.

Early childhood partners will observe a child in familiar places like home and childcare and may complete assessments using screening tools. This information helps us decide if a child meets the early intervention requirements for developmental delay.

Families and carers can also provide copies of existing reports, assessments or letters about the delay with our application form.

We may also ask for evidence from a variety of sources, including mainstream services. For example, we may also ask for evidence from your doctor, child health nurse, or other health professional.

Learn more about providing evidence of developmental delay.

What if there are no early childhood partners in your area?

If there are no early childhood partners in the child's area, a mainstream, community or health service can give us a report for evidence of developmental delay.

If you're in one of these areas, learn more about what evidence we need for developmental delay.

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Is the child's early intervention most appropriately funded by the NDIS?

To meet the early intervention requirements, the support must be most appropriately funded or provided by us.[57]

A child won't be eligible if the support they need is more appropriately funded or provided:

- by other general systems of service delivery or support services, such as a transport accident compensation scheme
- under a universal service obligation that other government services must provide to all Australians, such as schools and public hospitals
- as a reasonable adjustment under discrimination law, such as making places or venues accessible.

For example, children usually won't be eligible if they only need the following supports. These are more appropriately provided by other government and community services:

- medical services,[58] and treatments for health conditions[59]
- inclusion supports to help young children join early childhood learning and care settings[60]
- school readiness programs to help children prepare for school[61]
- newborn follow-up, such as child and maternal health services.[62]

For more information on when early intervention supports are most appropriately funded by us or by other services, check out:

- Our mainstream and community supports guideline
- Schedule 1 of the NDIS (Supports for Participants) Rules
- Applied Principles and Tables of Support.

What happens if a child with developmental delay is eligible?

If we decide a child with developmental delay is eligible for the NDIS, they'll become a participant. But they're usually no longer eligible after they turn 6.

This is because they will no longer meet the eligibility criteria under developmental delay. To remain an NDIS participant after they turn 6, the child will need to have an impairment that's likely to be permanent, and meet either the disability requirements or the early intervention requirements.

We'll talk to families or carers before a child turns 6, and explain what information we need to decide if the child is still eligible. Learn more about leaving the NDIS.

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Example

Hunter is 5 years old, and became a participant under the early intervention requirements for developmental delay.

We give him a new 12-month NDIS plan in August. We also talk to Hunter's family about Hunter leaving the NDIS after he is 6 years old.

Hunter's family will be able to use his NDIS funding for the full 12 months, until August the next year. By then, he'll be aged 6 years.

At the end of the 12 months, we will talk to Hunter's family about his progress. If there's no evidence that Hunter meets either the early intervention requirements or the disability requirements, we'll decide Hunter will leave the NDIS. Learn more about leaving the NDIS.

What if a child doesn't meet our criteria for developmental delay?

Early childhood partners can still provide supports to children who don't meet our criteria for developmental delay.

A child may have developmental concerns. This means a child younger than 6 is developing slower compared to other children their age, but the delay doesn't meet our definition for developmental delay.

For example, a child's functional capacity may be substantially reduced in one or more areas. But it's unclear if the child needs support from a team of professionals for more than 12 months.

An early childhood partner can provide early supports to children with developmental concerns. They can also help the child's family connect to other government and community supports.

Learn more about early connections.

How do you apply to the NDIS?

Applying to the NDIS is how you let us know you want to become an NDIS participant.

If you're aged 7 and older, there are a few ways you can apply:[63]

- Your local area coordinator or local NDIS office can help you apply. They can help you through the application process and be your point of contact. Find your nearest location.
- You can apply over the phone on 1800 800 110.
- You can complete an NDIS application form.

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For children younger than 7, we encourage families to talk to an early childhood partner before applying to the NDIS. They can provide supports to children before they apply, and let families know if the NDIS is right for their child.

When you apply, you or your authorised representative will need to:

- give us the information and any documents we need to verify your identity. Learn more about proof of identity and privacy.
- give us the information and any documents we need to decide if you're eligible[64]
- sign or certify the NDIS application.[65]

Other people can help you apply if you want them to. Sometimes they can apply on your behalf. Learn more about who can help you apply.

Learn more about how to apply to the NDIS.

What information do we need in your application?

The Proof of Identity Factsheet shows what information we need to verify your identity. When you apply for the NDIS, you'll need to give us copies of these documents. If you can't do this, let us know so we can work out what to do depending on your situation. We will still need to check your identity before progressing your application.

Your NDIS application form shows what information we need to work out if you're eligible.

To show us you're younger than 65 when you apply, live in Australia, and that you're an Australian citizen or permanent resident, you can give us either of the following:

- consent to access and use your Centrelink record
- copies of documents or other evidence listed on your NDIS application form, or that we ask for if you apply in person or over the phone.

In most cases we can just use your identity documents.

Who can give us evidence of your impairments?

We need evidence of your impairments, to help us work out if you're eligible. To provide this, ask your treating professional to complete their part of the application form. For children younger than 6 with developmental delay, an early childhood partner can provide evidence of developmental delay.

Your treating professional might be your doctor, specialist, or allied health service provider. You should use a professional who:

- has worked with you for a long time, usually for at least 6 months

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- is the most appropriate type of professional to give evidence about your impairment
- is qualified and registered in their area of practice with the Australian Health Practitioner Regulation Agency or relevant professional authority

If your treating professional does not meet these requirements we may not be able to verify the information in your access request, and may need to request further information.

When we check if you're eligible for the NDIS, we mainly consider the information you give us when you apply.

Learn more about who can give us evidence of your disability or impairment on the following pages:

- Providing evidence of your disability
- Providing evidence of disability for children
- Information for GPs and health professionals.

You can also learn more about how we use, collect and store your personal information.

What if you're in a remote or very remote area?

We understand it might be hard to get your treating professional to complete their part of the application form in a remote or very remote area. If it's hard to get your treating professional to do this, let us know.

You might not need to give us as much evidence about your impairment as people in big cities, depending on what services are available in your area. We use a technical definition for remote and very remote. You will need to live in an area that's classified as MM6 or MM7 on the Modified Monash Model to be considered remote or very remote.

How do we check your application?

Before we can accept your application, we make sure it's been made by the right person. That is, the application is from you, or someone who can apply for you.

We then check all the sections are complete. Finally, we check it has all the right information.[66]

If your application isn't complete, we'll let you know and help you work out what to do. You can also let us know if there is a mistake, or you don't have all the information. We can work with you to help complete the application properly. We can't decide if you're eligible until we have a complete application.

We'll also let you know if we need more information and, if so, what you need to give us.

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Once you have completed your application with all the right information, we'll check whether you're eligible. That is, we'll check that:

- You meet the age and residence requirements
- You meet either the disability requirements or the early intervention requirements.

Learn more in Booklet 1 – Understanding the NDIS.

Who can help you apply?

You can ask someone to help you apply if you want to. They can help you:

- make your decision to apply to the NDIS
- gather the information we need
- fill out the form or call us to apply.

You can choose who helps you. For example, you could ask for help from:

- a family member
- a friend
- a carer
- a local area coordinator
- a support worker or service provider
- staff in a residential aged care facility
- your treating health professional
- hospital staff.

With your permission, we can share information with these people during your application. For example, they could call us to check how your application is progressing. You can let us know on your application form, or you can tell us in person or over the phone.

Can someone else apply for you?

If someone else has legal authority to make decisions for you, they can apply to the NDIS on your behalf.

If you're younger than 18, the people with parental responsibility for you will apply for you.[67] This is often your parents or legal guardian. In some situations, we can decide someone else has parental responsibility.[68] Learn more about child representatives.

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If you're an adult, these people may be able to apply to the NDIS on your behalf:

- a person you give consent to act as your authorised representative – this means you give them permission to apply for you
- your guardian
- a person with power of attorney who can make personal and health decisions for you
- a person with advance care health directive.

If you're an adult and want someone else to apply for you, we have a form you can complete. You can also tell us in person, or over the phone.

When do we contact you to help you apply?

Sometimes, we'll reach out to you to help you apply. This might be if you live in a:

- group home or supported accommodation
- large residential facility
- residential aged care facility – also read our page on younger people in residential aged care
- rural or remote area.

How do we decide if you're eligible?

Once we have your application, we review all the information we have in your application.

This will help us decide if you're eligible for the NDIS. As part of the process, we will also need to check your identity.

You are eligible for the NDIS if you meet:

- the age and residence requirements
- either the disability requirements or the early intervention requirements.

If you're 7 or older, the first thing we decide is whether you meet the disability requirements. If you don't we will then decide whether you meet the early intervention requirements.

For children younger than 7, it's the other way around. First we'll decide whether they meet the early intervention requirements. If they don't then we decide whether they meet the disability requirements.

It's likely children younger than 6 with developmental delay will not meet the disability requirements. So they may only be eligible under the early intervention requirements.

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If you don't meet either the disability requirements or the early intervention requirements, you won't be eligible for the NDIS. But an early childhood partner or local area coordinator can help you connect with other government and community supports.

When will we decide if you're eligible?

Once we have your application, we have **21 days** to decide one of the following:[69]

- you're eligible for the NDIS
- you're not eligible for the NDIS
- we need more information.

We can make a decision quicker in urgent circumstances. Let us know if your situation is urgent, for example if you're about to leave a hospital or custodial setting. Learn more about our participant service guarantee and timeframes for urgent decisions.

How do we consider your evidence of disability?

When we're deciding if you're eligible, we may look at things like:

- how old your evidence is
- who provided your evidence.

If we get more than one type of evidence from you, we might consider some evidence over others. We call this weighing evidence. Learn more about evidence of disability.

What if we need more information to decide if you're eligible?

When we decide if you're eligible, we look at:

- the information in your NDIS application
- any other information we have.

We need enough information in your application to show us you're eligible for the NDIS by meeting the disability requirements or the early intervention requirements.

Sometimes we might need to ask you for more information. For example, your NDIS application form might not have enough information about your functional capacity.

First, we'll try to get this information from your application. If this doesn't help, we'll ask you for more information to make sure we have the full picture.[70]

We might ask you for more information if:

- your application doesn't have all the information we need

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- we need to answer a particular question.

We only ask for more information if we need it to decide if you're eligible.[71] If we need more information, we'll let you know:

- what you need to do
- what information we need
- when you need to give us the information.

If we ask for more information, you'll have at least **90 days** to give it to us. We can't decide if you're eligible until we have this. You can ask for more time if you need it. We can give you more time if we think it's reasonable for your situation.[72]

If we can't contact you within **90 days**, or you don't give us the information within the timeframe, we'll withdraw your application. This means we'll stop processing your application.

If you don't get the information to us in time, you can apply again.

What happens after we get your information?

Once you give us the information we need, we then have **14 days** to decide if:[73]

- you're eligible for the NDIS
- you're not eligible for the NDIS
- we need more information – for example if the information you gave us isn't what we need.

What happens if we don't decide on time?

If we don't meet our decision-making timeframes, we have to treat this as if we decided you're not eligible.[74]

If this happens, we'll automatically review this decision that you're not eligible.[75] We'll send you a letter to explain this. You don't need to do anything.

We'll then make sure your application is reviewed by a staff member who wasn't involved in the original application. We'll contact you to let you know the outcome.

Learn more about reviewing our decisions.

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What happens after we decide?

What happens if you're eligible?

On the day we decide you're eligible for the NDIS, you become an NDIS participant.[76]

The time that you remain eligible for the NDIS depends on your individual circumstances and disability support needs.

You'll need to continue to be eligible for the NDIS. This means you'll need to continue to live in Australia and be an Australian citizen or permanent resident. You'll also need to continue to meet either the disability requirements or the early intervention requirements. Learn more about whether you will always be eligible and leaving the NDIS.

We'll send you a letter to let you know:

- you are eligible
- if you met the disability requirements or the early intervention requirements
- the next steps.

Your letter will also confirm the date you became eligible for the NDIS.[77]

How will we create your first plan?

After you receive the letter confirming you're eligible, we'll contact you to organise your first planning conversation. We'll contact you within **21 days**.

You will need to bring your original identity documents from the Proof of Identity (POI) Factsheet to your first planning meeting so we can verify them. If you can't provide these documents, let us know so we can work out what to do depending on your situation. We will still need to check your identity before approving your plan.

We'll then work together to create a plan for your disability support needs. Your plan will include any supports we fund that meet the NDIS funding criteria.

We fund supports for any impairments that meet the eligibility criteria.

For example, you may have many impairments, but only one meets our eligibility criteria. Or, you might get another impairment after we decide you're eligible. If so, we only fund supports for impairments that meet either the disability requirements, or the early intervention requirements.

If you're aged 7 or older, we must approve your first plan within **56 days** after you become a participant.

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For children younger than 7, we'll approve their first plan within **90 days** after they become a participant.

For more information, check out creating your plan and Booklet 2.

Will you always be eligible for the NDIS?

There are many reasons for leaving the NDIS.

Some people decide they don't want to be a participant anymore.

You'll also leave the NDIS if you're no longer eligible.

At plan review, we check that all your details are correct and up to date. We also look at any new information we have received.

If you're eligible under the **early intervention requirements**, your support needs are more likely to change. We'll check each plan review whether you still meet the early intervention requirements.

For example, during a review it may show you no longer meet the early intervention requirements because you have built your skills and capacity, and will no longer benefit from early intervention supports.

If you're eligible under the disability requirements, your disability is permanent. We don't expect your disability to change, and it's likely you'll need the NDIS for a long time. We will only ask you for more information about your eligibility if there is evidence that you may no longer meet the disability requirements.

You can find out more about the eligibility requirements, and how we check these here.

Children with developmental delay will usually leave the NDIS after they turn 6.

Over time, you might develop your skills and independence and not need the NDIS anymore.

If you met the early intervention requirements, you usually won't be eligible anymore after the early intervention supports have helped you. For example, if you needed early intervention supports to improve your functional capacity, you won't be eligible anymore after your functional capacity improves.

If you're no longer eligible, we'll help you transition from the NDIS and connect with other services in your community if you need them. We'll also keep your information, so you can apply again if your situation changes.

Learn more about leaving the NDIS.

What happens if you're not eligible?

If you're not eligible, you can't become an NDIS participant.

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We'll try and contact you by phone, or your preferred contact method,[78] to explain why you're not eligible. We will give you reasons for our decision, and also answer any questions you might have.

We'll also send you a letter with our decision, including the reasons you're not eligible and what to do next. Your letter will confirm the date we made the decision.

Even if you're not eligible for the NDIS, we can help you connect with an early childhood partner or local area coordinator. They can help you access other services. For example, you might be able to access medical, mental health, disability, or community supports in your state or territory.

We also have a list of other government and community supports you can get, even if you're not eligible for the NDIS.

What if you don't agree with our decision?

If you don't agree with our decision that you're not eligible, you should contact us. We can help explain our decision and what your options or next steps might be.

You can also ask for an internal review.[79] Another staff member, who wasn't involved in the original decision, will then check if we made the right decision. You need to ask for an internal review within **3 months** after receiving the decision.[80] Learn more about reviewing our decisions.

But you can't ask for an internal review if:

- you withdraw your application because you don't want to apply anymore
- a decision has not been made and we ask you for more information
- we withdraw your application because you didn't give us information on time
- it's been more than 3 months since you received our decision that you're not eligible.

If you don't agree with the internal review decision, you can ask the Administrative Appeals Tribunal to review it. We call this an external review. You can't ask for an external review until after we make the internal review decision.

You can contact us to discuss any concerns you may have about the process. You can also make a complaint if you're not happy with any part of the process.

Can you apply again?

Yes. If we decide you're not eligible, you can apply again.[81] You'll follow the same process to apply as you did the first time. Remember, you need to be younger than 65 on the day you make your new application. And children with developmental delay will need to be younger than 6 on the day they apply.

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But if you've asked for an internal review of the decision, you can't apply to the NDIS again until we've completed that review.[82] You can ask us to stop our internal review at any time.[83]

Also, if your review is with the Administrative Appeals Tribunal after an internal review, you can't apply again until it's made a decision.[84] You can also ask the Tribunal at any time to withdraw your application. Learn more on the Administrative Appeals Tribunal website.

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Applying to the NDIS – Appendices

What's on this page?

- List A: Conditions that are likely to meet the disability requirements
- List B: Conditions that are likely to be permanent
- List C: What if you're receiving disability support in Western Australia?
- List D: Conditions that are likely to meet the early intervention requirements for children younger than 7
- When do we make priority eligibility decisions?
- How do we weigh evidence of disability?

List A: Conditions that are likely to meet the disability requirements

- **Intellectual disability** diagnosed and assessed as moderate, severe or profound in accordance with current DSM criteria.
- **Autism** diagnosed by a specialist multi-disciplinary team, paediatrician, 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):

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- 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)

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- Dubowitz disease (SMA Type II – Intermediate form)
- X-linked spinal muscular atrophy

- **Spinal cord injury** or **brain injury** resulting in paraplegia, quadriplegia or tetraplegia.
- **Hemiplegia** where there is severe or total loss of strength and movement in the affected limbs of the body.
- **Permanent blindness** in both eyes, diagnosed and assessed by an ophthalmologist as follows:
    - Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
    - Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
    - A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points. (An optometrist report is not sufficient for NDIS purposes.)
- **Permanent bilateral hearing loss** > 90 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz).
- **Deafblindness** confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.
- **Amputation** or congenital absence of 2 limbs – for example, 2 legs, 2 arms, or a leg and an arm (not a leg and a hand, or an arm and a foot).

List B: Conditions that are likely to result in a permanent impairment

Conditions primarily resulting in intellectual or learning impairment

- Intellectual disability
- Pervasive developmental disorders not meeting severity criteria in List A or List C, such as autism
- Asperger syndrome
- Atypical autism
- Childhood autism.

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Chromosomal abnormalities resulting in permanent impairment and not specified on List A

- Aicardi-Goutières syndrome
- CHARGE syndrome
- Cockayne syndrome Types I and Type II/Cerebro-oculo-faciao-skeletal (COFS) syndrome /Pena Shokeir syndrome Type II/Weber-Cockayne syndrome/Neill-Dingwall syndrome)
- Cohen syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome /22q11.2 deletion syndrome/Velocardiofacial syndrome/ Shprintzen syndrome/Conotruncal anomaly face syndrome
- Down syndrome/Trisomy 21
- Fragile X syndrome
- Kabuki syndrome
- Menkes disease
- Prader-Willi syndrome
- Seckel syndrome /microcephalic primordial dwarfism/Harper's syndrome/Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Spinal muscular atrophy Types III and IV
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Turner syndrome
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in Neurological impairment

- Alzheimer's dementia

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- Creutzfeldt-Jakob disease
- HIV dementia
- Huntington's disease
- Multi-infarct dementia
- Parkinson's disease
- Post-polio syndrome
- Vascular dementia.

Systemic atrophies primarily affecting the central nervous system

- Abetalipoproteinaemia
- Adult-onset spinal muscular atrophy/late-onset SMA type III)
- Fazio-Londe disease/Progressive bulbar palsy of childhood
- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11Huntington's disease/Huntington's chorea
- Louis-Bar syndrome/Ataxia-telangiectasia
- Motor neuron disease/Motor neurone disease/ Lou Gehrig's disease /Amyotrophic lateral sclerosis
- Primary lateral sclerosis
- Progressive bulbar palsy
- Spinal muscular atrophy – all types
- Spinocerebellar Ataxia – all types, including Machado-Joseph disease.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome /Pantothenate kinase-associated neurodegeneration (PKAN)/neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Parkinson's disease
- Shy-Drager syndrome /Multiple System Atrophy /Striatonigral degeneration (MSA-P)/ Sporadic olivopontocerebellar atrophy (MSA-C)
- Steele-Richardson-Olszewski syndrome/Progressive supranuclear ophthalmoplegia

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- Stiff-man syndrome /Stiff-person syndrome.

Other degenerative diseases of the nervous system

- Alzheimer's disease
- Alpers disease/Grey-matter degeneration/Alpers syndrome/progressive sclerosing poliodystrophy/progressive infantile poliodystrophy
- Lewy body dementia
- Pick's disease.

Demyelinating diseases of the central nervous system

- Adrenoleukodystrophy
- Multiple sclerosis
- Schilder's disease /Diffuse myelinoclastic sclerosis – non-remitting.

Episodic and paroxysmal disorders

- Brain stem stroke syndrome
- Cerebellar stroke syndrome
- Motor and sensory lacunar syndromes
- Lennox syndrome /Lennox-Gastaut syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Adult Refsum disease
- Charcot-Marie-Tooth disease/Hereditary motor and sensory neuropathy/ peroneal muscular atrophy
- Dejerine-Sottas disease /Dejerine-Sottas syndrome/Dejerine-Sottas neuropathy/progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Other disorders of the nervous system

- Hydrocephalus
- Multiple system atrophy.

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Conditions resulting in Physical impairment

- Amputation
- Congenital absence of limb or part thereof
- Epidermolysis bullosa
- Harlequin type icthyosis
- Juvenile arthritis / Stills Disease (excluding monocyclic/self-limited Adult Onset Stills disease)
- Rheumatoid arthritis.

Diseases of myoneural junction and muscle

- Andersen-Tawil syndrome/ Periodic paralysis /myoplegia paroxysmalis familiaris
- Becker muscular dystrophy
- Congenital muscular dystrophy
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Limb-girdle muscular dystrophy
- Mitochondrial myopathy
- Myotonic dystrophy /dystrophia myotonica
- Myotonic muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita
- Thomsens disease /Congenital myotonia/ Becker myotonia).

Cerebral palsy and other paralytic syndromes not meeting severity criteria on List A

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia

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- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in Sensory and/or Speech impairment

Disorders of the choroid and retina where permanent blindness diagnostic and severity criteria on List A are not met

- Behr's syndrome
- Kearns-Sayre syndrome
- Optic atrophy
- Retinitis pigmentosa
- Retinoschisis (degenerative and hereditary types/juvenile retinoschisis)
- Stargardt disease
- Usher syndrome.

Disorders resulting in hearing loss

- Cortical deafness
- Pendred syndrome
- Sensorineural hearing loss
- Stickler syndrome
- Usher syndrome
- Waardenburg syndrome.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease /Adrenoleukodystrophy
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis /cerebral cholesterosis

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- Congenital cytomegalovirus infection
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Glycine encephalopathy /non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucolipidosis II /I-cell disease
- Mucolipidosis III /pseudo-Hurler polydystrophy
- Mucolipidosis IV
- Neuronal ceroid lipofuscinosis (NCL)/ Adult type (Kuf's or Parry's disease)/ Juvenile (Batten disease)/ Late infantile (Jansky-Bielschowsky)
- Niemann-Pick disease
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Scheie syndrome /MPS 1-H
- Hurler-Scheie syndrome /MPS 1 H-S
- Hunter syndrome /MPS II
- Morquio syndrome /MPS IVA
- Maroteaux-Lamy syndrome /MPS VI
- Sly syndrome /MPS VII.

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Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment but with variable severity

- Arnold-Chiari Types 2 and 3/Chiari malformation
- Microcephaly
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Spina bifida
- VATER syndrome /VACTERL association.

List C: What if you're receiving disability support in Western Australia?

We have an agreement with the Western Australian government to bring Western Australians onto the NDIS. If you're receiving disability supports in Western Australia, you might already meet most of the eligibility criteria. We'll send you a letter with all the details on how to apply.

The Western Australian government will let us know if you're on a program for faster access to the NDIS. This is called a defined program.

If you're on one of these programs, you need to show us that you:

- are younger than 65 on the day you apply
- live in Australia permanently
- are an Australian citizen or permanent resident.

We'll let you know what evidence you need to give us when you apply.

If you show us you meet the above requirements, we'll decide you're eligible under the **disability requirements**.

Which Western Australian defined programs are eligible for the NDIS?

- WA state-administered National Disability Insurance Scheme
- Supported Community Living
- Community Residential
- Day Options
- Disability Professional Services

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- Emergency Accommodation
- Respite
- LAC Coordination
- Recreation

List D: Conditions that are likely to meet the early intervention requirements for children younger than 7

Synonyms for conditions are also shown (e.g. condition / synonym / synonym)

Conditions primarily resulting in Intellectual/ learning impairment

Chromosomal abnormalities resulting in permanent impairment

- Global Developmental Delay
- Aicardi syndrome
- Aicardi-Goutières syndrome
- Angelman syndrome
- CHARGE syndrome
- Cockayne syndrome/ Types I and Type II / Cerebro-oculo-faciao-skeletal (COFS) syndrome/ Pena Shokeir syndrome Type II / Weber-Cockayne syndrome/ Neill-Dingwall syndrome
- Coffin-Lowry syndrome
- Cohen syndrome
- Cornelia de Lange syndrome
- Cri du Chat syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome/ 22q11.2 deletion syndrome/ Velocardiofacial syndrome/ Shprintzen syndrome/ Conotruncal anomaly face syndrome
- Down syndrome/ Trisomy 21
- Edwards syndrome/ Trisomy 18
- Fragile X syndrome

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- Kabuki syndrome
- Lesch-Nyhan syndrome/ Nyhan's syndrome/ Kelley-Seegmiller syndrome/ Juvenile gout
- Leigh syndrome/ Leigh's disease/ subacute necrotizing encephalomyelopathy
- Menkes disease
- Patau syndrome/ Trisomy 13
- Prader-Willi syndrome
- Rett syndrome
- Seckel syndrome/ microcephalic primordial dwarfism/ Harper's syndrome/ Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in Neurological impairment

Systemic atrophies primarily affecting the central nervous system

- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11
- Louis-Bar syndrome/ Ataxia-telangiectasia
- Niemann-Pick disease (Types A and C)
- Progressive bulbar palsy of childhood/ Fazio-Londe disease.

The following spinal muscular atrophies

- Spinal muscular atrophy Type I/ Werdnig Hoffmann disease/ infantile SMA
- Spinal muscular atrophy Type II/ Dubowitz disease

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- Spinal muscular atrophy Type III Kugelberg-Welander disease/ juvenile SMA
- Spinal muscular atrophy lower extremity dominant/ SMA-LED
- X-linked spinal muscular atrophy.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome / Pantothenate kinase-associated neurodegeneration (PKAN)/ neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Alpers disease/ Alpers syndrome/ Grey-matter degeneration/ Progressive sclerosing poliodystrophy/ Progressive infantile poliodystrophy
- Demyelinating diseases of the central nervous system
- Adrenoleukodystrophy / X-linked childhood cerebral form
- Alexander disease
- Canavan disease
- Krabbe disease/ Globoid cell leukodystrophy
- Pelizaeus-Merzbacher disease.

Episodic and paroxysmal disorders

- Lennox-Gastaut syndrome/ Lennox syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Dejerine-Sottas disease/ Dejerine-Sottas syndrome/ Dejerine-Sottas neuropathy/ progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Conditions primarily resulting in Physical impairment

- Amputation
- Diamond-Blackfan anaemia
- Epidermolysis bullosa
- Harlequin type icthyosis
- Hay Wells syndrome/ ankyloblepharon/ ectodermal dysplasia/ clefting [AEC] syndrome

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- Joint or limb deformities resulting in impaired mobility
- Juvenile arthritis/ Stills Disease
- Osteogenesis imperfecta
- Sjogren Larsson syndrome.

Diseases of myoneural junction and muscle

- Congenital muscular dystrophy
- Congenital myotonia / Thomsens disease/ Becker myotonia
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Emery-Dreifuss muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita.

Cerebral palsy and other paralytic syndromes

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in Sensory and/or Speech impairment

- Permanent blindness in both eyes, diagnosed and assessed by an ophthalmologist as follows:
- Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or

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- Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
- A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points.
- (An optometrist report is not sufficient for NDIS purposes.)
- Deafblindness confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease/ Adrenoleukodystrophy /
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis/ cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital hypothyroidism
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Galactosaemia with long term learning disabilities and neurological impairment
- Glycine encephalopathy/ non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucolipidosis II / I-cell disease

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- Mucolipidosis III / pseudo-Hurler polydystrophy
- Mucolipidosis IV
- Neuronal ceroid lipofuscinosis
- Niemann-Pick disease
- Phenylketonuria
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Hurler syndrome/MPS1-H
- Scheie syndrome/ MPS 1-S
- Hurler-Scheie syndrome/ MPS 1 H-S
- Hunter syndrome/ MPS II
- San Fillipo syndrome/ MPS III
- Morquio syndrome/ MPS IVA
- Maroteaux-Lamy syndrome/ MPS VI
- Sly syndrome/ MPS VII.

The following lysosomal storage disorders

- 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).

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment

- Chiari malformation/Arnold-Chiari malformation

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- Congenital absence of limb(s)
- Congenital hydrocephalus
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Microcephaly
- Spina bifida
- VATER syndrome (VACTERL association).

When do we make priority eligibility decisions?

If you're in one of the following situations, we'll decide if you're eligible within **2 to 5 business days**.

- Child younger than 7 years with a hearing impairment, either:
  - Identified as **Hearing Australia or Early Childhood Partner Priority**
  - Identified as **'newly diagnosed'**
- A child is identified as having a developmental delay and is turning 6 years old within 30 days of a valid NDIS application.
- **Immediate risk** to self, others, community or agency where appropriate disability or informal supports are not in place.
- **Unexpected, significant deterioration** of disability-related functional capacity where appropriate disability or informal supports are not in place.
- **Rapid deterioration** in functional capacity of a person with one of the following permanent disabilities:
  - Amyotrophic Lateral Sclerosis (ALS)
  - Brain Cancer
  - Motor Neurone Disease (MND or Lou Gehrig's Disease)
  - Progressive Bulbar Palsy (PBP)
  - Primary Lateral Sclerosis (PLS)
  - Progressive Muscular Atrophy (PMA)

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- **Imminent risk** (within 1–14 days) of breakdown of either:
  - Accommodation – risk of homelessness
  - Caring arrangements, including informal supports, due to death, serious illness or injury of informal supports, or significant and unexpected deterioration of disability-related functional capacity.
- Appropriate disability supports are not in place and are re-entering the community after a long-term residence or hospital stay (specific release date not required):
  - A person with a **newly acquired, significant disability**, such as spinal cord injury, being discharged from hospital
  - A **younger person living in residential aged care**
  - A person being **discharged from an inpatient mental health facility**
  - A person due to be **released from correctional facility**

How do we weigh evidence of disability?

We understand that you may have evidence of your disability from different health professionals at different times. When we're deciding if you're eligible for the NDIS, we look at:

- how old your evidence is
- who provided your evidence.

We weigh evidence based on what we consider 'best practice', or highest quality. We consider this evidence most strongly when we make a decision.

What type of evidence should you provide?

We need evidence to help us consider if you meet the disability or early intervention requirements.

For the disability requirements, we need evidence to confirm your permanent impairment and evidence about how this impacts your functional capacity.

For the early intervention requirements, we need evidence to confirm your permanent impairment and evidence that confirms you need early intervention.

It's important to understand the type of evidence that you are providing us. You may have evidence from a doctor or specialist confirming your **permanent impairment** or you may have evidence from an allied health professional or other medical professional that tells us about **impacts to your functional capacity** (your ability to do daily life activities). These are

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different types of evidence which will often be provided by different health professionals based on their qualifications.

How old should your evidence be?

How old should your evidence be to confirm your permanent impairment?

We need evidence from your doctor or specialist to confirm your permanent impairment. You can give us evidence confirming this **from any age**. However, evidence about how your impairment impacts your functional capacity should be from the last 12 months.

How old should your evidence be to confirm your functional capacity?

Generally, we need evidence about how your impairment impacts your functional capacity from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

If you give us more than one type of evidence, we might weigh the newer evidence over the older evidence. If you give us older evidence, we will generally give this less weighting when we make our decision. In these cases, we will generally ask for more information. If this is not provided, we may decide you are not eligible for the NDIS.

How old should your evidence be to confirm you need early intervention?

We need evidence from your doctor or specialist to confirm your permanent impairment and that you need early intervention.

Generally, we need evidence about that confirms you need early intervention from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

Who should provide evidence?

We generally prefer evidence that comes from a treating professional who:

- is the most **appropriately qualified** person to provide evidence of your primary disability
- has treated you for a significant period of time (at least six months)
- is registered to practise in Australia or New Zealand
- provides disability evidence (such as a medical report) that is original, genuine and specific to you.

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Depending on your situation, you might get your evidence of **permanent impairment** from a different treating professional than your **evidence of functional capacity**.

You can visit Types of disability evidence to help you decide on the most appropriate treating professional for your primary disability. If you need help to get your evidence together, your local area coordinator or early childhood partner can help you.

Who should provide evidence of your permanent impairment?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Examples of common doctors or specialists include:

- General Practitioner (GP)
- Paediatrician
- Orthopaedic surgeon
- Neurologist
- Psychiatrist

Who should provide evidence of your functional capacity?

We generally prefer evidence from a doctor, specialist, allied health or other medical professional for confirm how your permanent impairment impacts your functional capacity.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist

Who should provide evidence that you need for early intervention?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Whereas a doctor, specialist, allied health or other medical professional can give us evidence to confirm you need early intervention.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist

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- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist

Health professionals registered to practise in Australia and New Zealand

We strongly prefer evidence of your disability to come from a registered Australian or New Zealand health professional. Most Australian health professionals are registered with the Australian Health Practitioner Regulation Agency (AHPRA).

We will still consider evidence from non-Australian or New Zealand health professionals, or unregistered health professionals. However, this evidence will be given less weight.

If we cannot confirm the registration of your health professional, we will ask you (and your health professional) for more information in the first instance. If we still cannot confirm their registration, we will likely decide that you are not eligible for the NDIS.

Reference list

[1] NDIS Act s 24(1)(e).
[2] NDIS Act ss 22-23.
[3] NDIS Act s 24.
[4] NDIS Act s 25.
[5] NDIS Act s 25(1)(a)(iii).
[6] NDIS Act s 28(1).
[7] NDIS Act s 22(1)(a).
[8] NDIS Act s 23(1)(b)(i).
[9] NDIS Act s 23(1)(b)(ii).
[10] NDIS Act s 23(1)(b)(iii).
[11] NDIS Act s 23(1)(a).
[12] NDIS Act s 23(2).
[13] NDIS Act s 23(2)(f).
[14] NDIS Act s 23(2)(a).
[15] NDIS Act s 23(2)(b).
[16] NDIS Act s 23(2)(c).
[17] NDIS Act s 23(2)(d).
[18] NDIS Act s 23(2)(e).
[19] NDIS Act s 24.
[20] NDIS Act ss 24(1)(a); 25(1)(a).
[21] NDIS Act ss 24(1)(a); 25(1)(a).
[22] NDIS (Becoming a Participant) Rules rr 5.4, 6.4.
[23] NDIS (Becoming a Participant) Rules rr 5.6, 6.6.
[24] NDIS (Becoming a Participant) Rules rr 5.5, 6.5.
[25] NDIS (Becoming a Participant) Rules rr 5.7, 6.7.
[26] NDIS (Becoming a Participant) Rules rr 5.8(a), (c)
[27] NDIS (Becoming a Participant) Rules r 5.8(b).
[28] NDIS (Becoming a Participant) Rules r 5.8(a).
[29] NDIS Act s 24(1)(d).

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[30] NDIS Act s 24(1)(e).
[31] NDIS Act s 24(2).
[32] NDIS Act ss 25(1)(a)(i)-(ii).
[33] NDIS Act s 25(1)(a)(i).
[34] NDIS Act ss 25(1)(a)(i)-(ii).
[35] NDIS Act s 25(1)(a)(ii).
[36] NDIS Act s 25(1)(b).
[37] NDIS Act s 25(1)(c).
[38] NDIS (Becoming a Participant) Rules r 6.9.
[39] NDIS Act s 25(3); NDIS (Becoming a Participant) Rules r 6.1,
[40] NDIS (Supports for Participants) Rules r 7.5(b).
[41] NDIS (Supports for Participants) Rules r 7.5(a).
[42] NDIS (Supports for Participants) Rules r 7.7(b).
[43] NDIS (Supports for Participants) Rules r 7.7(a).
[44] NDIS (Supports for Participants) Rules r 7.10(a).
[45] NDIS (Supports for Participants) Rules r 7.18(b).
[46] NDIS (Supports for Participants) Rules r 7.18(a).
[47] NDIS Act s 25.
[48] NDIS Act ss 9 (definition of 'developmental delay'), 21(1)(c), 25(1)(a)(iii).
[49] NDIS Act s 23(1)(a).
[50] NDIS Act s 23(1)(b).
[51] NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
[52] NDIS Act s 25(3). If we decide a child has a developmental delay under NDIS Act s 9 (definition of 'developmental delay'), we're satisfied they meet the requirements under NDIS Act ss 25(1)(b)-(c): see NDIS (Becoming a Participant) Rules r 6.8.
[53] NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
[54] NDIS Act s 9 (definition of 'developmental delay' para (a)).
[55] NDIS Act s 9 (definition of 'developmental delay' para (b)).
[56] NDIS Act s 9 (definition of 'developmental delay' para (c)).
[57] NDIS Act s 25(3); NDIS (Becoming a Participant) Rules rr 6.1, 8.4.
[58] NDIS (Supports for Participants) Rules r 7.5(b).
[59] NDIS (Supports for Participants) Rules r 7.5(a).
[60] NDIS (Supports for Participants) Rules r 7.10(a).
[61] NDIS (Supports for Participants) Rules r 7.9(a).
[62] NDIS (Supports for Participants) Rules r 7.10(c).
[63] NDIS Act s 19(1)(a).
[64] NDIS Act s 19(1)(b).
[65] NDIS Act s 19(1)(c).
[66] NDIS Act s 197(1).
[67] NDIS Act s 74(1)(a).
[68] NDIS Act s 74(1)(b).
[69] NDIS Act s 20.
[70] NDIS Act s 26(2)(d).
[71] NDIS Act s 26.
[72] NDIS Act s 26(3)
[73] NDIS Act s 26(2).
[74] NDIS Act s 21(3).
[75] NDIS Act s 100(5)(b).
[76] NDIS Act s 28(1).
[77] NDIS Act s 28(2).
[78] NDIS Act s 7(2).
[79] NDIS Act s 100(2).

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[80] NDIS Act s 100(2)
[81] NDIS Act s 19(2).
[82] NDIS Act s 19(2)(c).
[83] NDIS Act s 102.
[84] NDIS Act s 19(2)(d).

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Applying to the NDIS

Quick summary: If you want to become a NDIS participant and get supports through an NDIS plan, you'll need to apply to the NDIS. There are some requirements you need to meet to be eligible for the NDIS.

First, you need to be younger than 65 when you apply, be an Australian citizen or permanent resident, and live in Australia. Then, you'll need to meet the disability or early intervention requirements.

You may be eligible under the disability requirements if you have one or more impairments that are likely to be permanent and this substantially impacts your ability to do daily life activities. Your impairment must also affect your social life, or your ability to work and study and you must be likely to need support under the NDIS for your whole life[1].

Or, you may be eligible under the early intervention requirements if you have one or more impairments that are likely to be permanent, and supports would help you by reducing your need for supports in the future. We will also consider if these needs could best be met by the NDIS, or by other government and community services.

If you think you might be eligible, we can help you apply to the NDIS. We'll look at all the information you give us to decide if you're eligible. If you're eligible for the NDIS, you'll become a participant and we'll work with you to start creating your plan. If you're not eligible, we can help you connect to other government and community services available to you.

What's on this page?

- What do we mean by applying to the NDIS?
- Do you meet the age requirements?
- Do you meet the residence requirements?
- Do you meet the disability requirements?
- Do you need early intervention?
- What about children younger than 6 with developmental delay?
- How do you apply to the NDIS?
- How do we decide if you're eligible?
- What happens after we decide?

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What do we mean by applying to the NDIS?

Applying to the NDIS means doing things to find out if you can become a participant and start getting supports under the NDIS. There is a process to follow when you apply to the NDIS. After you apply, we'll look at all the information you provide and decide if you're eligible.

If we decide you're eligible, you'll become a participant in the NDIS. We'll then work with you to create your first plan, which will include funding for any reasonable and necessary supports.

If you're not eligible, there are other services available to you, such as other government and community services. We can help you connect to these other services.

For children younger than 7, we encourage families to talk to an early childhood partner before applying to the NDIS. They can provide supports to children before they apply, and let families know if the NDIS is right for their child. Learn more about our early childhood approach.

Are you eligible for the NDIS?

To be eligible for the NDIS, you first need to meet the age and residence requirements. This means you need to be younger than 65 when you apply, live in Australia, and be an Australian citizen or permanent resident.[2]

You also need to have a disability caused by an impairment.

When we say impairment in this guideline, we mean a loss or significant change in your body's function, structure, or in how you think and learn. Under the law for the NDIS, we check if you're eligible based on your impairments, not your type of disability or diagnosis.

You will need to meet either the disability requirements[3] or the early intervention requirements.[4]

Disability requirements

To meet the disability requirements, we must have evidence of **all** the following:

- You have a disability caused by an impairment.
- Your impairment is likely to be permanent.
- Your impairment means you have a substantially reduced functional capacity to do one or more daily life activities. These activities include moving around, communicating, socialising, learning, undertaking self-care, or self-management tasks.

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- Your impairment affects your ability to work, study or take part in social life.
- You'll likely need NDIS supports your whole life.

Early intervention requirements

To meet the early intervention requirements, we must have evidence of **all** of the following:

- You have an impairment that's likely to be permanent, or that you are a child younger than 6 has developmental delay.[5]
- Early intervention will help you by reducing your need for supports in the future.
- Early intervention will help you by either reducing the impact your impairment has on your functional capacity, or support your informal supports to build their skills to help you.
- The early intervention you need is most appropriately funded by the NDIS.

If you're receiving disability supports from the Western Australian government, you might already meet most of the eligibility criteria.

We'll use information in your application to decide if you're eligible for the NDIS.

If you're eligible, you become a NDIS participant.[6] The length of time you'll be an NDIS participant will depend on your situation and disability support needs. For more information, check out our information on leaving the NDIS.

This guideline has detailed information on how we decide if you're eligible for the NDIS. For general information about who's eligible, read Am I Eligible and Booklet 1. For information about children younger than 7, go to Help for children under 7.

We also have information on Mental Health and the NDIS. If you have a psychosocial disability, this webpage has information on whether the NDIS is right for you, and what information we need if you apply.

A psychosocial disability isn't a mental health condition or diagnosis. A psychosocial disability means you have reduced capacity to undertake tasks and activities of daily living due to your mental health.

Do you meet the age requirements?

To be eligible for the NDIS, you must first meet the age requirements. This means:

- You are younger than 65 on the day you apply.

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How old are you?

You must be younger than 65 on the day you make your NDIS application.[7]

This means your application needs to be complete, in the format we ask for, and received by the NDIA before you turn 65. Learn more about how to complete your NDIS application.

If you're turning 65 soon and want to apply, contact us so we can help you apply on time.

Do you meet the residence requirements?

Then you must meet the residence requirements. This means:

- You are an Australian citizen or permanent resident.
- You live in Australia.

Are you an Australian citizen or permanent resident?

You must be an Australian citizen,[8] or have one of two visa types that means you can live here.

- A permanent visa[9]
- A protected special category visa[10] – this is only for some citizens of New Zealand

Do you live in Australia?

You must live in Australia.[11] This means Australia is your home and you spend most of your time here.

To help us decide, you need to give us evidence to show us you live here. If you give us consent to use your Centrelink record, that usually gives us enough evidence to decide if you live in Australia.

If you don't give us consent, you need to give us enough information to help us decide that you live in Australia. You'll need to answer these questions:

- Where do you live?
- Where is your family?
- Do you work in Australia?
- Do you own property in Australia?
- How much time do you spend outside Australia?

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Some of these questions might not apply to you, but we must consider them when we decide whether you live in Australia.[12]

We may also ask you other questions to determine whether you live in Australia.[13] For example, your family might be deployed overseas in the Defence Force, meaning you need to leave Australia for a while. In these situations, we'll ask you for more information about why you're leaving and can't return.

If you apply, we look at your whole situation when we decide if there's enough evidence to show that you live here. This will be a simple decision for us in most situations. But sometimes we may need to look at the questions below.

Where do you live?

We consider where you live, and your living situation.[14] We'll look at whether you have more permanent accommodation in Australia than any other country.

For example, you might own a home or have a formal rental agreement in Australia. This is a good sign to us that you live in Australia.

Where is your family?

We also consider where your immediate family lives.[15]

We look at where you spend most of your time with them, face-to-face. We don't consider how you connect with your family on the phone or internet.

Do you work in Australia?

If you work, we look at where you normally work or make money.[16] If you work or make money in Australia, that's a good sign you live here. If you don't work or are unemployed we'll consider the other questions to determine whether you live in Australia.

Do you own property in Australia?

We consider what assets or property you own in Australia.[17] We also see if you have an Australian bank account.

If you own assets or property here, it doesn't always mean you live in Australia. Your assets or property will need to show you have an ongoing connection to Australia. You don't live in Australia just because you own assets or property here. Your assets or property will need to show you have an ongoing connection to Australia.

How much time do you spend outside Australia?

We consider how often you go overseas, and how long you're outside Australia when you travel.[18] We also consider why you travel overseas, such as for work, holiday or to live with family.

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This is usually the most important point to help us decide if you live in Australia. You need to show us that you have a long-term and meaningful connection to living in Australia.

You don't need to stay in Australia all the time. You can still work overseas or go on a holiday.

You will need to show a stronger connection to Australia than other countries if you spend a lot of time overseas.

If we decide you're eligible and create your plan, there may be times you can't use your NDIS funding overseas. This is usually after you're overseas for more than 6 weeks, unless we give you more time. Learn more about when you can't use your plan.

Do you meet the disability requirements?

You meet the disability requirements if we have evidence of all of the following:[19]

- Your disability is caused by an impairment.
- Your impairment is likely to be permanent.
- Your permanent impairment substantially reduces your functional capacity to undertake one or more of the following activities: moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks.
- Your permanent impairment affects your ability to work, study or take part in social life.
- You'll likely need support under the NDIS for your whole life.

If you give us evidence you have been diagnosed with one or more conditions on List A, we'll likely decide you meet the disability requirements.

If you meet the disability requirements, it's likely you'll need the NDIS for a long time. This means you won't have to prove your disability every time we reassess your plan.

If at any time your disability support needs or situation changes, we many need to check your supports or NDIS eligibility. We will talk with you if this happens.

Learn more about how we check if you are still eligible for the NDIS.

Is your disability caused by an impairment?

When we consider your disability, we think about whether any reduction or loss in your ability to do things, across all life domains, is because of an impairment.

An impairment is a loss or significant change in at least one of:

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- your body's functions
- your body structure
- how you think and learn.

To meet the disability requirements, we must have evidence your disability is caused by at least one of the impairments below[20]

- **intellectual** – such as how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – such as how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – such as how your body functions
- **sensory** – such as how you see or hear
- **physical** – such as the ability to move parts of your body.

You may also be eligible for the NDIS if you have a psychosocial disability.[21] This means you have reduced capacity to do daily life activities and tasks due to your mental health.

It doesn't matter what caused your impairment, for example if you've had it from birth, or acquired it from an injury, accident or health condition.

It also doesn't matter if you have one impairment, or more than one impairment.

Is your impairment likely to be permanent?

We need evidence that you'll likely have your impairment for your whole life.

You might have some periods in your life where there is a smaller impact on your daily life, because your impairment may be episodic or fluctuate in intensity[22]. Your impairment can still be permanent due to the overall impact on your life, and the likelihood that you will be impacted across your lifetime.

Even when your condition or diagnosis is permanent, we'll check if your impairment is permanent too. For example, you may not be eligible if your impairment is temporary, still being treated, or if there are remaining treatment options.

Generally, we'll consider whether your impairment is likely to be permanent after all available and appropriate treatment options have been pursued.

If you give us evidence you have been diagnosed with a condition on List B, we'll likely decide your disability is from an impairment that's likely to be permanent.

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Is there any medical treatment for your impairment?

We don't fund supports to treat your impairment.

Instead, the supports we fund can help you reduce or overcome the impact your impairment has on your daily life. They can also help you increase your functional capacity, independence, and your ability to work, study or take part in social life.

Your impairment will likely be permanent if your treating professional gives us evidence that indicates there are no further treatments that could relieve or cure it.

Your treating professional will tell us or be asked to certify if there are medical, clinical or other treatments that are likely to remedy your impairment. We need to understand whether there are treatments which are:[23]

- known and available
- appropriate for you and your impairment
- evidence-based – that is, there's proof they are likely to be effective.

The word treatment should be understood in a broadest sense and may include changes to your diet and lifestyle. So, for example, conditions such as obesity are unlikely to be found to be permanent.

If you're still undergoing or have recently had treatment, we'll need to wait until you know the outcome of the treatment before we can decide your impairment is likely to be permanent.[24]

In some situations, it may be clear your impairment is likely to be permanent while you're still undergoing treatment or rehabilitation. For example, you may still need treatment and rehabilitation for a spinal cord injury, but it's clear you'll have a permanent impairment.

You might still have a permanent impairment, even if its effects may change over time.[25]

For degenerative impairments, or those that get worse over time, we consider them permanent if treatment isn't likely to help or improve the impairment's effects.[26]

Does your impairment substantially reduce your functional capacity?

Your permanent impairment needs **to substantially reduce your functional capacity or ability** to undertake activities in one of the following areas:

- **Communicating** – how you speak, write, or use sign language and gestures, to express yourself compared to other people your age. We also look at how well you understand people, and how others understand you.

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- **Socialising** – how you make and keep friends, or interact with the community, or how a young child plays with other children. We also look at your behaviour, and how you cope with feelings and emotions in social situations.
- **Learning** – how you learn, understand and remember new things, and practise and use new skills.
- **Mobility**, or **moving around** – how easily you move around your home and community, and how you get in and out of bed or a chair. We consider how you get out and about and use your arms or legs.
- **Self-care** – personal care, hygiene, grooming, eating and drinking, and health. We consider how you get dressed, shower or bathe, eat or go to the toilet.
- **Self-management (if older than 6)** – how you organise your life. We consider how you plan, make decisions, and look after yourself. This might include day-to-day tasks at home, how you solve problems, or manage your money. We consider your mental or cognitive ability to manage your life, not your physical ability to do these tasks.

Your impairment substantially reduces your functional capacity if you usually need disability-specific supports to participate in or complete the above tasks.[27]

These disability-specific supports include:

- a high level of support from other people, such as physical assistance, guidance, supervision or prompting.[28]
- assistive technology, equipment or home modifications that are prescribed by your doctor, allied health professional or other medical professional.[29]

To help us decide if you're eligible, we need to know your capacity and where you need more help. We get this information from your NDIS application.

If you have more than one permanent impairment we will consider them together, to see if they substantially reduce your functional capacity.

We consider how you're involved in different areas of life like home, school, work and the community, and how you carry out tasks and actions. We also consider any other factors that may impact your day to day life.

Your needs might go up and down each day or each month. Progressive Multiple Sclerosis (MS) can be a good example of this. We consider your ability over time, taking into account your ups and downs.

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How does a child's impairment affect their daily life?

To help us decide if a child's ability is substantially reduced, we compare their abilities with other children of the same age.

If a child's ability is much less than most other children the same age, they may meet the disability requirements. For example, if they:

- need assistive technology, equipment or home modifications to participate in daily activities – except for common items like glasses.
- usually need more assistance to join activities, or they can't join in.

Sometimes when a child's impairment doesn't substantially reduce their ability right now, but might in the future, we will look at the early intervention requirements. Similarly, if a child's impairment currently substantially reduces their ability, but may not after receiving supports, we will look at the early intervention requirements. Early intervention can be for children of any age.

Learn more about the early intervention requirements.

What if you have a hearing impairment?

Some hearing impairments may lead to a substantially reduced functional capacity.

We'll generally decide you have a substantially reduced functional capacity if your hearing loss is at least 65 decibels in your better ear. This is based on a pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz.

We may also decide you have a substantially reduced functional capacity if your hearing loss is less than 65 decibels in your better ear. We may decide this if either:

- you also have another permanent impairment, such as a vision or cognitive impairment.
- you give us evidence your speech detection and speech discrimination outcomes are significantly poorer than expected.

Does your impairment affect your social, work or study life?

Then, we look at how your impairments affect your ability to work, study or take part in social life.[30] This means your permanent impairments affect how you can find and keep a job, contribute to your community, or join social activities. We get this information from your NDIS application.

We look at your ability to do things like:

- find and keep a job, or start your own business

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- study
- spend and save money
- play sport
- go to the movies
- volunteer
- travel.

It doesn't matter how much your ability to work, study or socialise is affected by your impairment. It only needs to affect your social or work life in some way for you to meet the criteria.

Will you likely need support under the NDIS for your whole life?

You must be likely to need support under the NDIS for your whole life.[31]

NDIS supports are investments that help you build or maintain your functional capacity and independence, and help you work, study or take part in social life.

Even if your needs go up and down over time, or happen episodically[32], we may still consider it's likely you'll need lifetime support under the NDIS.[33]

We consider your overall situation to answer this question.

When we decide if you'll likely need support under the NDIS for your whole life, we consider:

- your life circumstances
- the nature of your long-term support needs
- whether your needs could be best met by the NDIS, or by other government and community services.

For example, you may have an impairment which is caused by a chronic health condition. Many chronic health conditions are most effectively managed or remedied through medical management through the health system. If this is the case, we may decide that you don't have a lifetime need for support under the NDIS.

Do you need early intervention?

If you don't meet the disability requirements, you may be eligible for the NDIS under the early intervention requirements. Early intervention is usually early access to support, to help reduce the functional impacts of your impairment.

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Early intervention can be for both children and adults. You won't need these supports for your lifetime, so your treating professional or your early childhood partner will tell us how early intervention support could benefit you or your child.

You will meet the early intervention requirements if you meet all of the following:

- You have an impairment that's likely to be permanent.
- Early intervention supports will help you, for example if it means you'll need less disability support in the future and your functional capacity will improve.
- The early intervention you need is most appropriately funded by us.

There are different requirements for children younger than 6 with developmental delay to meet the early intervention requirements.

If we have evidence a child younger than 7 has been diagnosed with a condition on List D, we'll decide they meet the early intervention requirements.

You may also meet the early intervention requirements if you're aged between 0 and 25 with a hearing impairment.

If you meet the early intervention requirements when you join the NDIS, your support needs are more likely to change. We'll regularly check your eligibility when we reassess your plan, and at other times too.

If you benefit from early intervention supports, you might build your skills and increase your capacity so that you may no longer need NDIS supports.

If you no longer meet the early intervention requirements, we'll check if you meet the disability requirements. Learn more about leaving the NDIS.

Do you have an impairment that's likely to be permanent?

To meet the early intervention requirements, there must be enough evidence that you have at least one of the impairments below and your impairment is likely to be permanent.[34]

An impairment is a loss or significant change in at least one of:

- your body's functions
- your body structure
- how you think and learn.

An impairment could be:[35]

- **intellectual** – such as how you speak and listen, read and write, solve problems, and process and remember information

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- **cognitive** – such as how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – such as how your body functions
- **sensory** – such as how you see or hear
- **physical** – such as the ability to move parts of your body.

We also need evidence at least one of your impairments will be permanent, or likely to be permanent.[36] In other words, you'll likely have your impairment for your whole life.

When we decide if your impairment is likely to be permanent, we consider the same things as in the disability requirements.

You may also be eligible for the NDIS if you have a psychosocial disability.[37] This means you have reduced capacity to do daily life activities and tasks due to your mental health. Your psychosocial disability might vary at different times in how much it impacts your daily life. Even if it fluctuates and you have some periods where there is a smaller impact on your daily life, you might have this impairment for your whole life.

If you give us evidence you have been diagnosed with a condition on List B, we'll decide you have an impairment that's likely to be permanent.

How will early intervention help you?

We need to decide that getting early intervention supports means you'll likely need less disability supports in the future.[38]

We need to know that early intervention supports will help you with at least one of the following:[39]

- addressing the impact of your impairment on your ability to move around, communicate, socialise, learn, look after yourself and organise your life.
- preventing your functional capacity from getting worse.
- improving your functional capacity.
- supporting your informal supports, which includes building their skills to help you.

To help us decide if the early intervention will help you in these ways, we look at:[40]

- how your impairment might change over time
- how long you've had your impairment
- if there's been a significant change to your impairment
- if your needs are likely to change soon, such as if you're finishing school.

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Is your early intervention most appropriately funded by the NDIS?

The support you need must be most appropriately funded or provided by us.[41]

You won't be eligible if we decide the support you need is more appropriately funded or provided:

- by other general systems of service delivery or support services, such as a workers compensation scheme.
- under a universal service obligation that other government services must provide to all Australians, such as schools and public hospitals.
- as a reasonable adjustment under discrimination law, such as making places or venues accessible for you.

For example, you usually won't be eligible if you only need the following supports. These are more appropriately provided by other government and community services:

- medical services,[42] and treatments for health conditions, including ongoing or chronic health conditions.[43]
- clinical early intervention mental health supports, such as services to help children, teenagers and young people grow and develop.[44]
- clinical acute and crisis mental health supports[45] – such as care in a hospital or similar setting.
- inclusion supports to help young children join early childhood learning and care settings.[46]
- Disability Employment Services,[47] and reasonable adjustments in the workplace to make your job suit your needs.[48]

For more information on when early intervention supports are most appropriately funded by us or by other services, check out:

- Our mainstream and community supports guideline
- Schedule 1 of the NDIS (Supports for Participants) Rules
- Applied Principles and Tables of Support.

What about people aged between 0 and 25 with a hearing impairment?

If you're aged between 0 and 25 with a hearing impairment, you may meet the early intervention requirements. We'll decide you meet the early intervention requirements if you give us evidence of all of the following:

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- You're aged between 0 and 25.
- You have auditory neuropathy or hearing loss of at least 25 decibels in either ear at 2 or more adjacent frequencies – see below.

We need evidence of your auditory neuropathy or hearing loss from a specialist audiological assessment. The assessment might include electrophysiological testing when required. The evidence must show your hearing loss is likely to be permanent.

If you're aged 26 or older with hearing loss, we'll check if you're eligible in the same way we consider all other impairments. You may be eligible under the disability requirements.

What about children younger than 6 with developmental delay?

Children younger than 6 with a developmental delay may be eligible for the NDIS under the early intervention requirements.[49]

Developmental delay is a term used to describe a delay in a child's development. It means that a child finds it much harder to do everyday things that other children their age can do, for example dress themselves, talk or walk. A child with developmental delay needs lots of extra help to do everyday things compared to children of the same age.

First, we need to know the child:

- is younger than 6 on the day we decide whether they're eligible[50]
- lives in Australia[51]
- is an Australian citizen or permanent resident.[52]

Then, we need to know the child has a developmental delay.[53]

Finally, we need to know the child's supports are most appropriately funded or provided under the NDIS.[54]

An early childhood partner can also provide supports to children who aren't eligible for the NDIS.

Learn more about the early childhood approach.

Does the child have a developmental delay?

When we decide if a child has developmental delay, we use the definition in the law for the NDIS.[55]

We need to know the delay:

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- is due to mental or physical impairments
- substantially reduces the child's functional capacity compared with other children the same age.
- means the child needs specialist services from more than one professional working as a team to support the child and for longer than 12 months.

Is the delay due to mental or physical impairments?

We first need to know the developmental delay is due to a mental or physical impairment, or a combination of mental or physical impairments.[56]

An impairment is a loss or significant change in at least one of:

- the child's body's functions
- the child's body structure
- how the child thinks and learns.

Families, early childhood partners and other professionals can understand the child's body function by:

- observing their activities during play and daily tasks
- comparing their activities to other children of the same age.

For some very young children, problems in body function can't be easily measured. If so, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's judgment or informed clinical opinion.

Does the delay substantially reduce the child's functional capacity?

We need to know the delay substantially reduces the child's functional capacity compared to other children their age.[57]

This means the child has a significantly lower ability to do everyday activities, when compared to children of the same age. Or the child does things in a significantly different way to other children their age because of their reduced capacity.

The child would also need much more support to do the activity, compared to other children the same age.

The substantial reduction in functional capacity must be in at least one of the following areas of major life activity:

- **Self-care** – how children take care of themselves, shower, bathe, dress, eat, drink, toilet, groom, and sleep.

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- **Receptive and expressive language** – this involves skills such as gesture, sign language, listening, giving and receiving information, communicating wants and needs through facial expressions, vocalisations or speech, and interaction with others.
  A substantial reduction in functional capacity for either receptive language or expressive language will meet the criteria – it doesn't need to be both.
- **Cognitive development** – learning and applying knowledge. This includes areas such as:
  - understanding and remembering information
  - attention
  - learning new things
  - practising and using new skills
  - planning and making decisions
  - problem solving
  - developing pretend play skills
  - developing play interests
  - emotional and sensory regulation
  - developing emotional intelligence
  - social awareness
  - safety awareness.
- **Motor development** – this includes participation in everyday activities like moving around the home and community and manipulating objects.

We need evidence from a health, allied health or early childhood professional, who uses multiple sources of information about the child's ability to do everyday activities.

This will include information that parents or carers report about their child. It will also include a mix of standardised assessments of developmental and functional capacity, both in everyday activities and natural settings.

It should also include observations in everyday play, learning, activities or routines to better understand how the child participates in these everyday activities.

For very young children where functional capacity can't be measured, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's informed clinical opinion.

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Does the child need specialist services from more than one type of professional and for longer than 12 months?

We need to know that the child needs a mix of specialist care, treatment or other services, due to their developmental delay. The child must also need these services for an extended duration – that is, longer than 12 months.[58]

We need to know the child needs all of the following:

- **A service response that involves more than one professional working as a team to support the child.**
  This means the child needs support for multiple activities, and across multiple natural settings such as the home, community and early childhood centres. The child must need more support than what's expected for a child the same age.

- **A team that works collaboratively, by communicating and sharing information, knowledge and skills.**
  The support must be individually planned and coordinated. The team will build the capacity of the child's family and other important people in the child's life, such as carers, educators and professionals, about the child's individual needs. This support should be embedded in everyday play, learning, activities and routines.

- **More support than an individual discipline providing a unilateral response to a single problem.**
  This means the child needs support from more than from one professional supporting one area of delay. This is known as interdisciplinary care. For example, a child is unlikely to be eligible if a speech pathologist alone can help their language delay, without needing support or consultation from other professionals.

- **Supports for an extended duration.**
  This means a health, allied health or early childhood professional who knows the child determines they need support for more than 12 months. A child will likely meet this criteria if there is clear evidence that they'll need early intervention support for more than 12 months.

We need evidence from a health, allied health or early childhood professional who knows the child. They need to recommend that the child needs support for multiple activities and across multiple natural settings, from a team working together.

Some children in remote areas might not have access to a team of professionals. If so, they may still be eligible if the one professional needs to provide the supports to the child across multiple activities and across multiple natural settings.

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We also need evidence from a health, allied health or early childhood professional that the child needs support for more than 12 months. The professional should consider multiple sources of information, including:

- parent or carer reports
- a mix of standardised and culturally appropriate developmental or functional assessments in everyday activities and natural settings
- observations in everyday play, learning, activities, and routines.

How do we work out if the child meets the criteria for developmental delay?

We'll need a range of information about the child, observed in everyday activities and settings they usually participate in. This should include parent or carer reports and standardised assessments of developmental and or functional capacity.

Early childhood partners are early childhood professionals who give us evidence of developmental delay to help us decide if the child is eligible. An early childhood partner will meet with children and families to better understand the child's day to day life, and any concerns about their development.

Early childhood partners will observe a child in familiar places like home and childcare and may complete assessments using screening tools. This information helps us decide if a child meets the early intervention requirements for developmental delay.

Families and carers can also provide copies of existing reports, assessments or letters about the delay with our application form.

We may also ask for evidence from a variety of sources, including mainstream services. For example, we may also ask for evidence from your doctor, child health nurse, or other health professional.

Learn more about providing evidence of developmental delay.

What if there are no early childhood partners in your area?

If there are no early childhood partners in the child's area, a mainstream, community or health service can give us a report for evidence of developmental delay.

If you're in one of these areas, learn more about what evidence we need for developmental delay.

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Is the child's early intervention most appropriately funded by the NDIS?

To meet the early intervention requirements, the support must be most appropriately funded or provided by us.[59]

A child won't be eligible if the support they need is more appropriately funded or provided:

- by other general systems of service delivery or support services, such as a transport accident compensation scheme.
- under a universal service obligation that other government services must provide to all Australians, such as schools and public hospitals.
- as a reasonable adjustment under discrimination law, such as making places or venues accessible.

For example, children usually won't be eligible if they only need the following supports. These are more appropriately provided by other government and community services:

- medical services,[60] and treatments for health conditions[61]
- inclusion supports to help young children join early childhood learning and care settings[62]
- school readiness programs to help children prepare for school[63]
- newborn follow-up, such as child and maternal health services.[64]

For more information on when early intervention supports are most appropriately funded by us or by other services, check out:

- Our mainstream and community supports guideline
- Schedule 1 of the NDIS (Supports for Participants) Rules
- Applied Principles and Tables of Support.

What happens if a child with developmental delay is eligible?

If we decide a child with developmental delay is eligible for the NDIS, they'll become a participant. But they're usually no longer eligible after they turn 6.

This is because they will no longer meet the eligibility criteria under developmental delay. To remain an NDIS participant after they turn 6, the child will need to have an impairment that's likely to be permanent, and meet either the disability requirements or the early intervention requirements.

We'll talk to families or carers before a child turns 6, and explain what information we need to decide if the child is still eligible. Learn more about leaving the NDIS.

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Example

Hunter is 5 years old, and became a participant under the early intervention requirements for developmental delay.

We give him a new 12-month NDIS plan in August. We also talk to Hunter's family about Hunter leaving the NDIS after he is 6 years old.

Hunter's family will be able to use his NDIS funding for the full 12 months, until August the next year. By then, he'll be aged 6 years.

At the end of the 12 months, we will talk to Hunter's family about his progress. If there's no evidence that Hunter meets either the early intervention requirements or the disability requirements, we'll decide Hunter will leave the NDIS. Learn more about leaving the NDIS.

What if a child doesn't meet our criteria for developmental delay?

Early childhood partners can still provide supports to children who don't meet our criteria for developmental delay.

A child may have developmental concerns. This means a child younger than 6 is developing slower compared to other children their age, but the delay doesn't meet our definition for developmental delay.

For example, a child's functional capacity may be substantially reduced in one or more areas. But it's unclear if the child needs support from a team of professionals for more than 12 months.

An early childhood partner can provide early supports to children with developmental concerns. They can also help the child's family connect to other government and community supports.

Learn more about early connections.

How do you apply to the NDIS?

Applying to the NDIS is how you let us know you want to become an NDIS participant.

If you're aged 7 and older, there are a few ways you can apply:[65]

- Your local area coordinator or local NDIS office can help you apply. They can help you through the application process and be your point of contact. Find your nearest location.
- You can apply over the phone on 1800 800 110.
- You can complete an NDIS application form.

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For children younger than 7, we encourage families to talk to an early childhood partner before applying to the NDIS. They can provide supports to children before they apply, and let families know if the NDIS is right for their child.

When you apply, you or your authorised representative will need to:

- give us the information and any documents we need to verify your identity. Learn more about proof of identity and privacy.
- give us the information and any documents we need to decide if you're eligible[66]
- sign or certify the NDIS application.[67]

Other people can help you apply if you want them to. Sometimes they can apply on your behalf. Learn more about who can help you apply.

Learn more about how to apply to the NDIS.

What information do we need in your application?

The Proof of Identity Factsheet shows what information we need to verify your identity. When you apply for the NDIS, you'll need to give us copies of these documents. If you can't do this, let us know so we can work out what to do depending on your situation. We will still need to check your identity before progressing your application.

Your NDIS application form shows what information we need to work out if you're eligible.

To show us you're younger than 65 when you apply, live in Australia, and that you're an Australian citizen or permanent resident, you can give us either of the following:

- consent to access and use your Centrelink record
- copies of documents or other evidence listed on your NDIS application form, or that we ask for if you apply in person or over the phone.

In most cases we can just use your identity documents.

Who can give us evidence of your impairments?

We need evidence of your impairments, to help us work out if you're eligible. To provide this, ask your treating professional to complete their part of the application form. For children younger than 6 with developmental delay, an early childhood partner can provide evidence of developmental delay.

Your treating professional might be your doctor, specialist, or allied health service provider. You should use a professional who:

- has worked with you for a long time, usually for at least 6 months

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- is the most appropriate type of professional to give evidence about your impairment
- is qualified and registered in their area of practice with the Australian Health Practitioner Regulation Agency or relevant professional authority

If your treating professional does not meet these requirements we may not be able to verify the information in your access request, and may need to request further information.

When we check if you're eligible for the NDIS, we mainly consider the information you give us when you apply.

Learn more about who can give us evidence of your disability or impairment on the following pages:

- Providing evidence of your disability
- Providing evidence of disability for children
- Information for GPs and health professionals.

You can also learn more about how we use, collect and store your personal information.

What if you're in a remote or very remote area?

We understand it might be hard to get your treating professional to complete their part of the application form in a remote or very remote area. If it's hard to get your treating professional to do this, let us know.

You might not need to give us as much evidence about your impairment as people in big cities, depending on what services are available in your area. We use a technical definition for remote and very remote. You will need to live in an area that's classified as MM6 or MM7 on the Modified Monash Model to be considered remote or very remote.

How do we check your application?

Before we can accept your application, we make sure it's been made by the right person. That is, the application is from you, or someone who can apply for you.

We then check all the sections are complete. Finally, we check it has all the right information.[68]

If your application isn't complete, we'll let you know and help you work out what to do. You can also let us know if there is a mistake, or you don't have all the information. We can work with you to help complete the application properly. We can't decide if you're eligible until we have a complete application.

We'll also let you know if we need more information and, if so, what you need to give us.

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Once you have completed your application with all the right information, we'll check whether you're eligible. That is, we'll check that:

- You meet the age and residence requirements
- You meet either the disability requirements or the early intervention requirements.

Learn more in Booklet 1 – Understanding the NDIS.

Who can help you apply?

You can ask someone to help you apply if you want to. They can help you:

- make your decision to apply to the NDIS
- gather the information we need
- fill out the form or call us to apply.

You can choose who helps you. For example, you could ask for help from:

- a family member
- a friend
- a carer
- a local area coordinator
- a support worker or service provider
- staff in a residential aged care facility
- your treating health professional
- hospital staff.

With your permission, we can share information with these people during your application. For example, they could call us to check how your application is progressing. You can let us know on your application form, or you can tell us in person or over the phone.

Can someone else apply for you?

If someone else has legal authority to make decisions for you, they can apply to the NDIS on your behalf.

If you're younger than 18, the people with parental responsibility for you will apply for you.[69] This is often your parents or legal guardian. In some situations, we can decide someone else has parental responsibility.[70] Learn more about child representatives.

If you're an adult, these people may be able to apply to the NDIS on your behalf:

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- a person you give consent to act as your authorised representative – this means you give them permission to apply for you
- your guardian
- a person with power of attorney who can make personal and health decisions for you
- a person with advance care health directive.

If you're an adult and want someone else to apply for you, we have a form you can complete. You can also tell us in person, or over the phone.

When do we contact you to help you apply?

Sometimes, we'll reach out to you to help you apply. This might be if you live in a:

- group home or supported accommodation
- large residential facility
- residential aged care facility – also read our page on younger people in residential aged care
- rural or remote area.

How do we decide if you're eligible?

Once we have your application, we review all the information we have in your application.

This will help us decide if you're eligible for the NDIS. As part of the process, we will also need to check your identity.

You are eligible for the NDIS if you meet:

- the age and residence requirements
- either the disability requirements or the early intervention requirements.

If you're 7 or older, the first thing we decide is whether you meet the disability requirements. If you don't we will then decide whether you meet the early intervention requirements.

For children younger than 7, it's the other way around. First we'll decide whether they meet the early intervention requirements. If they don't then we decide whether they meet the disability requirements.

It's likely children younger than 6 with developmental delay will not meet the disability requirements. So they may only be eligible under the early intervention requirements.

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If you don't meet either the disability requirements or the early intervention requirements, you won't be eligible for the NDIS. But an early childhood partner or local area coordinator can help you connect with other government and community supports.

When will we decide if you're eligible?

Once we have your application, we have **21 days** to decide one of the following:[71]

- you're eligible for the NDIS
- you're not eligible for the NDIS
- we need more information.

We can make a decision quicker in urgent circumstances. Let us know if your situation is urgent, for example if you're about to leave a hospital or custodial setting. Learn more about our participant service guarantee and timeframes for urgent decisions.

How do we consider your evidence of disability?

When we're deciding if you're eligible, we may look at things like:

- how old your evidence is
- who provided your evidence.

If we get more than one type of evidence from you, we might consider some evidence over others. We call this weighing evidence. Learn more about evidence of disability.

What if we need more information to decide if you're eligible?

When we decide if you're eligible, we look at:

- the information in your NDIS application
- any other information we have.

We need enough information in your application to show us you're eligible for the NDIS by meeting the disability requirements or the early intervention requirements.

Sometimes we might need to ask you for more information. For example, your NDIS application form might not have enough information about your functional capacity.

First, we'll try to get this information from your application. If this doesn't help, we'll ask you for more information to make sure we have the full picture.[72]

We might ask you for more information if:

- your application doesn't have all the information we need

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- we need to answer a particular question.

We only ask for more information if we need it to decide if you're eligible.[73] If we need more information, we'll let you know:

- what you need to do
- what information we need
- when you need to give us the information.

If we ask for more information, you'll have at least **90 days** to give it to us. We can't decide if you're eligible until we have this. You can ask for more time if you need it. We can give you more time if we think it's reasonable for your situation.[74]

If we can't contact you within **90 days**, or you don't give us the information within the timeframe, we'll withdraw your application. This means we'll stop processing your application.

If you don't get the information to us in time, you can apply again.

What happens after we get your information?

Once you give us the information we need, we then have **14 days** to decide if:[75]

- you're eligible for the NDIS
- you're not eligible for the NDIS
- we need more information – for example if the information you gave us isn't what we need.

What happens if we don't decide on time?

If we don't meet our decision-making timeframes, we have to treat this as if we decided you're not eligible.[76]

If this happens, we'll automatically review this decision that you're not eligible.[77] We'll send you a letter to explain this. You don't need to do anything.

We'll then make sure your application is reviewed by a staff member who wasn't involved in the original application. We'll contact you to let you know the outcome.

Learn more about reviewing our decisions.

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What happens after we decide?

What happens if you're eligible?

On the day we decide you're eligible for the NDIS, you become a NDIS participant.[78]

The time that you remain eligible for the NDIS depends on your individual circumstances and disability support needs.

You'll need to continue to be eligible for the NDIS. This means you'll need to continue to live in Australia and be an Australian citizen or permanent resident. You'll also need to continue to meet either the disability requirements or the early intervention requirements. Learn more about whether you will always be eligible and leaving the NDIS.

We'll send you a letter to let you know:

- you are eligible
- if you met the disability requirements or the early intervention requirements
- the next steps.

Your letter will also confirm the date you became eligible for the NDIS.[79]

How will we create your first plan?

After you receive the letter confirming you're eligible, we'll contact you to organise your first planning conversation. We'll contact you within **21 days**.

You will need to bring your original identity documents from the Proof of Identity (POI) Factsheet to your first planning meeting so we can verify them. If you can't provide these documents, let us know so we can work out what to do depending on your situation. We will still need to check your identity before approving your plan.

We'll then work together to create a plan for your disability support needs. Your plan will include any supports we fund that meet the NDIS funding criteria.

We fund supports for any impairments that meet the eligibility criteria.

For example, you may have many impairments, but only one meets our eligibility criteria. Or, you might get another impairment after we decide you're eligible. If so, we only fund supports for impairments that meet either the disability requirements, or the early intervention requirements.

If you're aged 7 or older, we must approve your first plan within **56 days** after you become a participant.

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For children younger than 7, we'll approve their first plan within **90 days** after they become a participant.

For more information, check out creating your plan and Booklet 2.

Will you always be eligible for the NDIS?

There are many reasons for leaving the NDIS.

Some people decide they don't want to be a participant anymore.

You'll also leave the NDIS if you're no longer eligible.

When we reassess your plan, we check that all your details are correct and up to date. We also look at any new information we have received.

If you're eligible under the **early intervention requirements**, your support needs are more likely to change. We'll check at each plan reassessment whether you still meet the early intervention requirements.

For example, during a reassessment it may show you no longer meet the early intervention requirements because you have built your skills and capacity, and will no longer benefit from early intervention supports.

If you're eligible under the disability requirements, your disability is permanent. We don't expect your disability to change, and it's likely you'll need the NDIS for a long time. We will only ask you for more information about your eligibility if there is evidence that you may no longer meet the disability requirements.

You can find out more about the eligibility requirements, and how we check these here.

Children with developmental delay will usually leave the NDIS after they turn 6.

Over time, you might develop your skills and independence and not need the NDIS anymore.

If you met the early intervention requirements, you usually won't be eligible anymore after the early intervention supports have helped you. For example, if you needed early intervention supports to improve your functional capacity, you won't be eligible anymore after your functional capacity improves.

If you're no longer eligible, we'll help you transition from the NDIS and connect with other services in your community if you need them. We'll also keep your information, so you can apply again if your situation changes.

Learn more about leaving the NDIS.

What happens if you're not eligible?

If you're not eligible, you can't become an NDIS participant.

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We'll try and contact you by phone, or your preferred contact method,[80] to explain why you're not eligible. We will give you reasons for our decision, and also answer any questions you might have.

We'll also send you a letter with our decision, including the reasons you're not eligible and what to do next. Your letter will confirm the date we made the decision.

Even if you're not eligible for the NDIS, we can help you connect with an early childhood partner or local area coordinator. They can help you access other services. For example, you might be able to access medical, mental health, disability, or community supports in your state or territory.

We also have a list of other government and community supports you can get, even if you're not eligible for the NDIS.

What if you don't agree with our decision?

If you don't agree with our decision that you're not eligible, you should contact us. We can help explain our decision and what your options or next steps might be.

You can also ask for an internal review.[81] Another staff member, who wasn't involved in the original decision, will then check if we made the right decision. You need to ask for an internal review within **3 months** after receiving the decision.[82] Learn more about reviewing our decisions.

But you can't ask for an internal review if:

- you withdraw your application because you don't want to apply anymore
- a decision has not been made and we ask you for more information
- we withdraw your application because you didn't give us information on time
- it's been more than 3 months since you received our decision that you're not eligible.

If you don't agree with the internal review decision, you can ask the Administrative Appeals Tribunal to review it. We call this an external review. You can't ask for an external review until after we make the internal review decision.

You can contact us to discuss any concerns you may have about the process. You can also make a complaint if you're not happy with any part of the process.

Can you apply again?

Yes. If we decide you're not eligible, you can apply again.[83] You'll follow the same process to apply as you did the first time. Remember, you need to be younger than 65 on the day you

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make your new application. And children with developmental delay will need to be younger than 6 on the day they apply.

But if you've asked for an internal review of the decision, you can't apply to the NDIS again until we've completed that review.[84] You can ask us to stop our internal review at any time.[85]

Also, if your review is with the Administrative Appeals Tribunal after an internal review, you can't apply again until it's made a decision.[86] You can also ask the Tribunal at any time to withdraw your application. Learn more on the Administrative Appeals Tribunal website.

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Applying to the NDIS – Appendices

What's on this page?

- List A: Conditions that are likely to meet the disability requirements
- List B: Conditions that are likely to be permanent
- List C: What if you're receiving disability support in Western Australia?
- List D: Conditions that are likely to meet the early intervention requirements for children younger than 7
- When do we make priority eligibility decisions?
- How do we weigh evidence of disability?

List A: Conditions that are likely to meet the disability requirements

1. **Intellectual disability** diagnosed and assessed as moderate, severe or profound in accordance with current DSM criteria.
2. **Autism** diagnosed by a specialist multi-disciplinary team, paediatrician, 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).
3. **Cerebral palsy** diagnosed and assessed as severe (e.g. assessed as Level 3, 4 or 5 on the Gross Motor Function Classification System - GMFCS).
4. **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):

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- 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)

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- Dubowitz disease (SMA Type II – Intermediate form)
- X-linked spinal muscular atrophy

5. **Spinal cord injury** or **brain injury** resulting in paraplegia, quadriplegia or tetraplegia.
6. **Hemiplegia** where there is severe or total loss of strength and movement in the affected limbs of the body.
7. **Permanent blindness** in both eyes, diagnosed and assessed by an ophthalmologist as follows:
    - Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
    - Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
    - A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points. (An optometrist report is not sufficient for NDIS purposes.)
8. **Permanent bilateral hearing loss** > 90 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz).
9. **Deafblindness** confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.
10. **Amputation** or congenital absence of 2 limbs – for example, 2 legs, 2 arms, or a leg and an arm (not a leg and a hand, or an arm and a foot).

List B: Conditions that are likely to result in a permanent impairment

Conditions primarily resulting in intellectual or learning impairment

- Intellectual disability
- Pervasive developmental disorders not meeting severity criteria in List A or List C, such as autism
- Asperger syndrome
- Atypical autism
- Childhood autism.

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Chromosomal abnormalities resulting in permanent impairment and not specified on List A

- Aicardi-Goutières syndrome
- CHARGE syndrome
- Cockayne syndrome Types I and Type II/Cerebro-oculo-faciao-skeletal (COFS) syndrome /Pena Shokeir syndrome Type II/Weber-Cockayne syndrome/Neill-Dingwall syndrome)
- Cohen syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome /22q11.2 deletion syndrome/Velocardiofacial syndrome/ Shprintzen syndrome/Conotruncal anomaly face syndrome
- Down syndrome/Trisomy 21
- Fragile X syndrome
- Kabuki syndrome
- Menkes disease
- Prader-Willi syndrome
- Seckel syndrome /microcephalic primordial dwarfism/Harper's syndrome/Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Spinal muscular atrophy Types III and IV
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Turner syndrome
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in neurological impairment

- Alzheimer's dementia

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- Creutzfeldt-Jakob disease
- HIV dementia
- Huntington's disease
- Multi-infarct dementia
- Parkinson's disease
- Post-polio syndrome
- Vascular dementia.

Systemic atrophies primarily affecting the central nervous system

- Abetalipoproteinaemia
- Adult-onset spinal muscular atrophy/late-onset SMA type III)
- Fazio-Londe disease/Progressive bulbar palsy of childhood
- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11Huntington's disease/Huntington's chorea
- Louis-Bar syndrome/Ataxia-telangiectasia
- Motor neuron disease/Motor neurone disease/ Lou Gehrig's disease /Amyotrophic lateral sclerosis
- Primary lateral sclerosis
- Progressive bulbar palsy
- Spinal muscular atrophy – all types
- Spinocerebellar Ataxia – all types, including Machado-Joseph disease.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome /Pantothenate kinase-associated neurodegeneration (PKAN)/neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Parkinson's disease
- Shy-Drager syndrome /Multiple System Atrophy /Striatonigral degeneration (MSA-P)/ Sporadic olivopontocerebellar atrophy (MSA-C)
- Steele-Richardson-Olszewski syndrome/Progressive supranuclear ophthalmoplegia

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- Stiff-man syndrome /Stiff-person syndrome.

Other degenerative diseases of the nervous system

- Alzheimer's disease
- Alpers disease/Grey-matter degeneration/Alpers syndrome/progressive sclerosing poliodystrophy/progressive infantile poliodystrophy
- Lewy body dementia
- Pick's disease.

Demyelinating diseases of the central nervous system

- Adrenoleukodystrophy
- Multiple sclerosis
- Schilder's disease /Diffuse myelinoclastic sclerosis – non-remitting.

Episodic and paroxysmal disorders

- Brain stem stroke syndrome
- Cerebellar stroke syndrome
- Motor and sensory lacunar syndromes
- Lennox syndrome /Lennox-Gastaut syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Adult Refsum disease
- Charcot-Marie-Tooth disease/Hereditary motor and sensory neuropathy/ peroneal muscular atrophy
- Dejerine-Sottas disease /Dejerine-Sottas syndrome/Dejerine-Sottas neuropathy/progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Other disorders of the nervous system

- Hydrocephalus
- Multiple system atrophy.

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Conditions resulting in physical impairment

- Amputation
- Congenital absence of limb or part thereof
- Epidermolysis bullosa
- Harlequin type icthyosis
- Juvenile arthritis / Stills Disease (excluding monocyclic/self-limited Adult Onset Stills disease)
- Rheumatoid arthritis.

Diseases of myoneural junction and muscle

- Andersen-Tawil syndrome/ Periodic paralysis /myoplegia paroxysmalis familiaris
- Becker muscular dystrophy
- Congenital muscular dystrophy
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Limb-girdle muscular dystrophy
- Mitochondrial myopathy
- Myotonic dystrophy /dystrophia myotonica
- Myotonic muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita
- Thomsens disease /Congenital myotonia/ Becker myotonia).

Cerebral palsy and other paralytic syndromes not meeting severity criteria on List A

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia

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- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in sensory and/or speech impairment

Disorders of the choroid and retina where permanent blindness diagnostic and severity criteria on List A are not met

- Behr's syndrome
- Kearns-Sayre syndrome
- Optic atrophy
- Retinitis pigmentosa
- Retinoschisis (degenerative and hereditary types/juvenile retinoschisis)
- Stargardt disease
- Usher syndrome.

Disorders resulting in hearing loss

- Cortical deafness
- Pendred syndrome
- Sensorineural hearing loss
- Stickler syndrome
- Usher syndrome
- Waardenburg syndrome.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease /Adrenoleukodystrophy
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis /cerebral cholesterosis

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- Congenital cytomegalovirus infection
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Glycine encephalopathy /non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucolipidosis II /I-cell disease
- Mucolipidosis III /pseudo-Hurler polydystrophy
- Mucolipidosis IV
- Neuronal ceroid lipofuscinosis (NCL)/ Adult type (Kuf's or Parry's disease)/ Juvenile (Batten disease)/ Late infantile (Jansky-Bielschowsky)
- Niemann-Pick disease
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Scheie syndrome /MPS 1-H
- Hurler-Scheie syndrome /MPS 1 H-S
- Hunter syndrome /MPS II
- Morquio syndrome /MPS IVA
- Maroteaux-Lamy syndrome /MPS VI
- Sly syndrome /MPS VII.

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Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment but with variable severity

- Arnold-Chiari Types 2 and 3/Chiari malformation
- Microcephaly
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Spina bifida
- VATER syndrome /VACTERL association.

List C: What if you're receiving disability support in Western Australia?

We have an agreement with the Western Australian government to bring Western Australians onto the NDIS. If you're receiving disability supports in Western Australia, you might already meet most of the eligibility criteria. We'll send you a letter with all the details on how to apply.

The Western Australian government will let us know if you're on a program for faster access to the NDIS. This is called a defined program.

If you're on one of these programs, you need to show us that you:

- are younger than 65 on the day you apply
- live in Australia permanently
- are an Australian citizen or permanent resident.

We'll let you know what evidence you need to give us when you apply.

If you show us you meet the above requirements, we'll decide you're eligible under the **disability requirements**.

Which Western Australian defined programs are eligible for the NDIS?

- WA state-administered National Disability Insurance Scheme
- Supported Community Living
- Community Residential
- Day Options
- Disability Professional Services

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- Emergency Accommodation
- Respite
- LAC Coordination
- Recreation

List D: Permanent impairment/Early intervention, under 7 years. No further assessment required.

Synonyms for conditions are also shown (e.g. condition / synonym / synonym)

Conditions primarily resulting in Intellectual/ learning impairment

Chromosomal abnormalities resulting in permanent impairment

- Global Developmental Delay
- Aicardi syndrome
- Aicardi-Goutières syndrome
- Angelman syndrome
- CHARGE syndrome
- Cockayne syndrome/ Types I and Type II / Cerebro-oculo-faciao-skeletal (COFS) syndrome/ Pena Shokeir syndrome Type II / Weber-Cockayne syndrome/ Neill-Dingwall syndrome
- Coffin-Lowry syndrome
- Cohen syndrome
- Cornelia de Lange syndrome
- Cri du Chat syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome/ 22q11.2 deletion syndrome/ Velocardiofacial syndrome/ Shprintzen syndrome/ Conotruncal anomaly face syndrome
- Down syndrome/ Trisomy 21
- Edwards syndrome/ Trisomy 18
- Fragile X syndrome

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- Kabuki syndrome
- Lesch-Nyhan syndrome/ Nyhan's syndrome/ Kelley-Seegmiller syndrome/ Juvenile gout
- Leigh syndrome/ Leigh's disease/ subacute necrotizing encephalomyelopathy
- Menkes disease
- Patau syndrome/ Trisomy 13
- Prader-Willi syndrome
- Rett syndrome
- Seckel syndrome/ microcephalic primordial dwarfism/ Harper's syndrome/ Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in neurological impairment

Systemic atrophies primarily affecting the central nervous system

- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11
- Louis-Bar syndrome/ Ataxia-telangiectasia
- Niemann-Pick disease (Types A and C)
- Progressive bulbar palsy of childhood/ Fazio-Londe disease.

The following spinal muscular atrophies

- Spinal muscular atrophy Type I/ Werdnig Hoffmann disease/ infantile SMA
- Spinal muscular atrophy Type II/ Dubowitz disease

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- Spinal muscular atrophy Type III Kugelberg-Welander disease/ juvenile SMA
- Spinal muscular atrophy lower extremity dominant/ SMA-LED
- X-linked spinal muscular atrophy.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome / Pantothenate kinase-associated neurodegeneration (PKAN)/ neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Alpers disease/ Alpers syndrome/ Grey-matter degeneration/ Progressive sclerosing poliodystrophy/ Progressive infantile poliodystrophy
- Demyelinating diseases of the central nervous system
- Adrenoleukodystrophy / X-linked childhood cerebral form
- Alexander disease
- Canavan disease
- Krabbe disease/ Globoid cell leukodystrophy
- Pelizaeus-Merzbacher disease.

Episodic and paroxysmal disorders

- Lennox-Gastaut syndrome/ Lennox syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Dejerine-Sottas disease/ Dejerine-Sottas syndrome/ Dejerine-Sottas neuropathy/ progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Conditions primarily resulting in physical impairment

- Amputation
- Diamond-Blackfan anaemia
- Epidermolysis bullosa
- Harlequin type icthyosis
- Hay Wells syndrome/ ankyloblepharon/ ectodermal dysplasia/ clefting [AEC] syndrome

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- Joint or limb deformities resulting in impaired mobility
- Juvenile arthritis/ Stills Disease
- Osteogenesis imperfecta
- Sjogren Larsson syndrome.

Diseases of myoneural junction and muscle

- Congenital muscular dystrophy
- Congenital myotonia / Thomsens disease/ Becker myotonia
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Emery-Dreifuss muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita.

Cerebral palsy and other paralytic syndromes

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in sensory and/or speech impairment

- Permanent blindness in both eyes, diagnosed and assessed by an ophthalmologist as follows:
- Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or

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- Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
- A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points.
- (An optometrist report is not sufficient for NDIS purposes.)
- Deafblindness confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease/ Adrenoleukodystrophy /
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis/ cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital hypothyroidism
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Galactosaemia with long term learning disabilities and neurological impairment
- Glycine encephalopathy/ non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucolipidosis II / I-cell disease

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- Mucolipidosis III / pseudo-Hurler polydystrophy
- Mucolipidosis IV
- Neuronal ceroid lipofuscinosis
- Niemann-Pick disease
- Phenylketonuria
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Hurler syndrome/MPS1-H
- Scheie syndrome/ MPS 1-S
- Hurler-Scheie syndrome/ MPS 1 H-S
- Hunter syndrome/ MPS II
- San Fillipo syndrome/ MPS III
- Morquio syndrome/ MPS IVA
- Maroteaux-Lamy syndrome/ MPS VI
- Sly syndrome/ MPS VII.

The following lysosomal storage disorders

- 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).

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment

- Chiari malformation/Arnold-Chiari malformation

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- Congenital absence of limb(s)
- Congenital hydrocephalus
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Microcephaly
- Spina bifida
- VATER syndrome (VACTERL association).

When do we make priority eligibility decisions?

If you're in one of the following situations, we'll decide if you're eligible within **2 to 5 business days**.

- Child younger than 7 years with a hearing impairment, either:
  - Identified as **Hearing Australia or Early Childhood Partner Priority**
  - Identified as **'newly diagnosed'**
- A child is identified as having a developmental delay and is turning 6 years old within 30 days of a valid NDIS application.
- **Immediate risk** to self, others, community or agency where appropriate disability or informal supports are not in place.
- **Unexpected, significant deterioration** of disability-related functional capacity where appropriate disability or informal supports are not in place.
- **Rapid deterioration** in functional capacity of a person with one of the following permanent disabilities:
  - Amyotrophic Lateral Sclerosis (ALS)
  - Brain Cancer
  - Motor Neurone Disease (MND or Lou Gehrig's Disease)
  - Progressive Bulbar Palsy (PBP)
  - Primary Lateral Sclerosis (PLS)
  - Progressive Muscular Atrophy (PMA)
- **Imminent risk** (within 1–14 days) of breakdown of either:
  - Accommodation – risk of homelessness

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- Caring arrangements, including informal supports, due to death, serious illness or injury of informal supports, or significant and unexpected deterioration of disability-related functional capacity.

- Appropriate disability supports are not in place and are re-entering the community after a long-term residence or hospital stay (specific release date not required):
  - A person with a **newly acquired, significant disability**, such as spinal cord injury, being discharged from hospital
  - A **younger person living in residential aged care**
  - A person being **discharged from an inpatient mental health facility**
  - A person due to be **released from correctional facility**

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How do we weigh evidence of disability?

We understand that you may have evidence of your disability from different health professionals at different times. When we're deciding if you're eligible for the NDIS, we look at:

- how old your evidence is
- who provided your evidence.

We weigh evidence based on what we consider 'best practice', or highest quality. We consider this evidence most strongly when we make a decision.

What type of evidence should you provide?

We need evidence to help us consider if you meet the disability or early intervention requirements.

For the disability requirements, we need evidence to confirm your permanent impairment and evidence about how this impacts your functional capacity.

For the early intervention requirements, we need evidence to confirm your permanent impairment and evidence that confirms you need early intervention.

It's important to understand the type of evidence that you are providing us. You may have evidence from a doctor or specialist confirming your **permanent impairment** or you may have evidence from an allied health professional or other medical professional that tells us about **impacts to your functional capacity** (your ability to do daily life activities). These are different types of evidence which will often be provided by different health professionals based on their qualifications.

How old should your evidence be?

How old should your evidence be to confirm your permanent impairment?

We need evidence from your doctor or specialist to confirm your permanent impairment. You can give us evidence confirming this **from any age**. However, evidence about how your impairment impacts your functional capacity should be from the last 12 months.

How old should your evidence be to confirm your functional capacity?

Generally, we need evidence about how your impairment impacts your functional capacity from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

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If you give us more than one type of evidence, we might weigh the newer evidence over the older evidence. If you give us older evidence, we will generally give this less weighting when we make our decision. In these cases, we will generally ask for more information. If this is not provided, we may decide you are not eligible for the NDIS.

How old should your evidence be to confirm you need early intervention?

We need evidence from your doctor or specialist to confirm your permanent impairment and that you need early intervention.

Generally, we need evidence about that confirms you need early intervention from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

Who should provide evidence?

We generally prefer evidence that comes from a treating professional who:

- is the most **appropriately qualified** person to provide evidence of your primary disability
- has treated you for a significant period of time (at least six months)
- is registered to practise in Australia or New Zealand
- provides disability evidence (such as a medical report) that is original, genuine and specific to you.

Depending on your situation, you might get your evidence of **permanent impairment** from a different treating professional than your **evidence of functional capacity**.

You can visit Types of disability evidence to help you decide on the most appropriate treating professional for your primary disability. If you need help to get your evidence together, your local area coordinator or early childhood partner can help you.

Who should provide evidence of your permanent impairment?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Examples of common doctors or specialists include:

- General Practitioner (GP)
- Paediatrician
- Orthopaedic surgeon

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- Neurologist
- Psychiatrist

Who should provide evidence of your functional capacity?

We generally prefer evidence from a doctor, specialist, allied health or other medical professional for confirm how your permanent impairment impacts your functional capacity.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist

Who should provide evidence that you need for early intervention?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Whereas a doctor, specialist, allied health or other medical professional can give us evidence to confirm you need early intervention.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist

Health professionals registered to practise in Australia and New Zealand

We strongly prefer evidence of your disability to come from a registered Australian or New Zealand health professional. Most Australian health professionals are registered with the Australian Health Practitioner Regulation Agency (AHPRA).

We will still consider evidence from non-Australian or New Zealand health professionals, or unregistered health professionals. However, this evidence will be given less weight.

If we cannot confirm the registration of your health professional, we will ask you (and your health professional) for more information in the first instance. If we still cannot confirm their registration, we will likely decide that you are not eligible for the NDIS.

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Reference list

[1] NDIS Act s 24(1)(e).
[2] NDIS Act ss 22-23.
[3] NDIS Act s 24.
[4] NDIS Act s 25.
[5] NDIS Act s 25(1)(a)(iii).
[6] NDIS Act s 28(1).
[7] NDIS Act s 22(1)(a).
[8] NDIS Act s 23(1)(b)(i).
[9] NDIS Act s 23(1)(b)(ii).
[10] NDIS Act s 23(1)(b)(iii).
[11] NDIS Act s 23(1)(a).
[12] NDIS Act s 23(2).
[13] NDIS Act s 23(2)(f).
[14] NDIS Act s 23(2)(a).
[15] NDIS Act s 23(2)(b).
[16] NDIS Act s 23(2)(c).
[17] NDIS Act s 23(2)(d).
[18] NDIS Act s 23(2)(e).
[19] NDIS Act s 24.
[20] NDIS Act ss 24(1)(a); 25(1)(a).
[21] NDIS Act ss 24(1)(a); 25(1)(a).
[22] NDIS Act ss 24(3)
[23] NDIS (Becoming a Participant) Rules rr 5.4, 6.4.
[24] NDIS (Becoming a Participant) Rules rr 5.6, 6.6.
[25] NDIS (Becoming a Participant) Rules rr 5.5, 6.5.
[26] NDIS (Becoming a Participant) Rules rr 5.7, 6.7.
[27] NDIS (Becoming a Participant) Rules rr 5.8(a), (c)
[28] NDIS (Becoming a Participant) Rules r 5.8(b).
[29] NDIS (Becoming a Participant) Rules r 5.8(a).
[30] NDIS Act s 24(1)(d).
[31] NDIS Act s 24(1)(e).
[32] NDIS Act s24(3)
[33] NDIS Act s 24(2).
[34] NDIS Act ss 25(1)(a)(i)-(ii).
[35] NDIS Act s 25(1)(a)(i).
[36] NDIS Act ss 25(1)(a)(i)-(ii).
[37] NDIS Act s 25(1)(a)(ii).
[38] NDIS Act s 25(1)(b).
[39] NDIS Act s 25(1)(c).
[40] NDIS (Becoming a Participant) Rules r 6.9.
[41] NDIS Act s 25(3); NDIS (Becoming a Participant) Rules r 6.1,
[42] NDIS (Supports for Participants) Rules r 7.5(b).
[43] NDIS (Supports for Participants) Rules r 7.5(a).
[44] NDIS (Supports for Participants) Rules r 7.7(b).
[45] NDIS (Supports for Participants) Rules r 7.7(a).
[46] NDIS (Supports for Participants) Rules r 7.10(a).
[47] NDIS (Supports for Participants) Rules r 7.18(b).
[48] NDIS (Supports for Participants) Rules r 7.18(a).
[49] NDIS Act s 25.
[50] NDIS Act ss 9 (definition of 'developmental delay'), 21(1)(c), 25(1)(a)(iii).
[51] NDIS Act s 23(1)(a).

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[52] NDIS Act s 23(1)(b).
[53] NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
[54] NDIS Act s 25(3). If we decide a child has a developmental delay under NDIS Act s 9 (definition of 'developmental delay'), we're satisfied they meet the requirements under NDIS Act ss 25(1)(b)-(c): see NDIS (Becoming a Participant) Rules r 6.8.
[55] NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
[56] NDIS Act s 9 (definition of 'developmental delay' para (a)).
[57] NDIS Act s 9 (definition of 'developmental delay' para (b)).
[58] NDIS Act s 9 (definition of 'developmental delay' para (c)).
[59] NDIS Act s 25(3); NDIS (Becoming a Participant) Rules rr 6.1, 8.4.
[60] NDIS (Supports for Participants) Rules r 7.5(b).
[61] NDIS (Supports for Participants) Rules r 7.5(a).
[62] NDIS (Supports for Participants) Rules r 7.10(a).
[63] NDIS (Supports for Participants) Rules r 7.9(a).
[64] NDIS (Supports for Participants) Rules r 7.10(c).
[65] NDIS Act s 19(1)(a).
[66] NDIS Act s 19(1)(b).
[67] NDIS Act s 19(1)(c).
[68] NDIS Act s 197(1).
[69] NDIS Act s 74(1)(a).
[70] NDIS Act s 74(1)(b).
[71] NDIS Act s 20.
[72] NDIS Act s 26(2)(d).
[73] NDIS Act s 26.
[74] NDIS Act s 26(3)
[75] NDIS Act s 26(2).
[76] NDIS Act s 21(3).
[77] NDIS Act s 100(5)(b).
[78] NDIS Act s 28(1).
[79] NDIS Act s 28(2).
[80] NDIS Act s 7(2).
[81] NDIS Act s 100(2).
[82] NDIS Act s 100(2)
[83] NDIS Act s 19(2).
[84] NDIS Act s 19(2)(c).
[85] NDIS Act s 102.
[86] NDIS Act s 19(2)(d).

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Applying to the NDIS

Quick summary: If you want to become a NDIS participant and get supports through an NDIS plan, you'll need to apply to the NDIS. There are some requirements you need to meet to be eligible for the NDIS.

First, you need to be younger than 65 when you apply, be an Australian citizen or permanent resident, and live in Australia. Then, you'll need to meet the disability or early intervention requirements.

You may be eligible under the disability requirements if you have one or more impairments that are likely to be permanent and this substantially impacts your ability to do daily life activities. Your impairment must also affect your social life, or your ability to work and study and you must be likely to need support under the NDIS for your whole life.[1]

Or you may be eligible under the early intervention requirements if you have one or more impairments that are likely to be permanent and supports would help you by reducing your need for supports in the future. We will also consider if these needs could best be met by the NDIS, or by other government and community services.

If you think you might be eligible, we can help you apply to the NDIS. We'll look at all the information you give us to decide if you're eligible. If you're eligible for the NDIS, you'll become a participant and we'll work with you to start creating your plan. If you're not eligible, we can help you connect to other government and community services available to you.

What's on this page?

- What do we mean by applying to the NDIS?
- Do you meet the age requirements?
- Do you meet the residence requirements?
- Do you meet the disability requirements?
- Do you need early intervention?
- What about children younger than 6 with developmental delay?
- How do you apply to the NDIS?
- How do we decide if you're eligible?
- What happens after we decide?

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What do we mean by applying to the NDIS?

Applying to the NDIS means doing things to find out if you can become a participant and start getting supports under the NDIS. There is a process to follow when you apply to the NDIS. After you apply, we'll look at all the information you provide and decide if you're eligible.

If we decide you're eligible, you'll become a participant in the NDIS. We'll then work with you to create your first plan, which will include funding for any reasonable and necessary supports.

If you're not eligible, there are other services available to you, such as other government and community services. We can help you connect to these other services.

For children younger than 9, we encourage families to talk to an early childhood partner before applying to the NDIS. They can help families connect to the right supports and let families know if the NDIS is right for their child. Learn more about our early childhood approach and early connections.

Are you eligible for the NDIS?

To be eligible for the NDIS, you first need to meet the age and residence requirements. This means you need to be younger than 65 when you apply, live in Australia, and be an Australian citizen or permanent resident.[2]

You also need to have a disability caused by an impairment.

When we say impairment in this guideline, we mean a loss or significant change in your body's function, structure, or in how you think and learn. Under the law for the NDIS, we check if you're eligible based on your impairments, not your type of disability or diagnosis.

You will need to meet either the disability requirements[3] or the early intervention requirements.[4]

Disability requirements

To meet the disability requirements, we must have evidence of **all** the following:

- You have a disability caused by an impairment.
- Your impairment is likely to be permanent.
- Your impairment means you have a substantially reduced functional capacity to do one or more daily life activities. These activities include moving around, communicating, socialising, learning, undertaking self-care, or self-management tasks.
- Your impairment affects your ability to work, study or take part in social life.

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- You'll likely need NDIS supports your whole life.

Early intervention requirements

To meet the early intervention requirements, we must have evidence of **all** of the following:

- You have an impairment that's likely to be permanent, or that you are a child younger than 6 with developmental delay.[5]
- Early intervention will help you by reducing your need for supports in the future.
- Early intervention will help you by either reducing the impact your impairment has on your functional capacity or support your informal supports to build their skills to help you.
- The early intervention you need is most appropriately funded by the NDIS.

If you're receiving disability supports from the Western Australian government, you might already meet most of the eligibility criteria.

We'll use information in your application to decide if you're eligible for the NDIS.

If you're eligible, you become a NDIS participant.[6] The length of time you'll be an NDIS participant will depend on your situation and disability support needs. For more information, check out our information on leaving the NDIS.

This guideline has detailed information on how we decide if you're eligible for the NDIS. For general information about who's eligible, read Am I Eligible and Booklet 1. Check out our website for information about children younger than 9.

We also have information on Mental Health and the NDIS. If you have a psychosocial disability, this webpage has information on whether the NDIS is right for you, and what information we need if you apply.

A psychosocial disability isn't a mental health condition or diagnosis. A psychosocial disability means you have reduced capacity to undertake tasks and activities of daily living due to your mental health.

Do you meet the age requirements?

To be eligible for the NDIS, you must first meet the age requirements. This means:

- You are younger than 65 on the day you apply.

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How old are you?

You must be younger than 65 on the day you make your NDIS application.[7]

This means your application needs to be complete, in the format we ask for, and received by the NDIA before you turn 65. Learn more about how to complete your NDIS application.

If you're turning 65 soon and want to apply, contact us so we can help you apply on time.

Do you meet the residence requirements?

Then you must meet the residence requirements. This means:

- You are an Australian citizen or permanent resident.
- You live in Australia.

Are you an Australian citizen or permanent resident?

You must be an Australian citizen,[8] or have one of two visa types that means you can live here.

- A permanent visa[9]
- A protected special category visa[10] – this is only for some citizens of New Zealand

Do you live in Australia?

You must live in Australia.[11] This means Australia is your home and you spend most of your time here.

To help us decide, you need to give us evidence to show us you live here. If you give us consent to use your Centrelink record, that usually gives us enough evidence to decide if you live in Australia.

If you don't give us consent, you need to give us enough information to help us decide that you live in Australia. You'll need to answer these questions:

- Where do you live?
- Where is your family?
- Do you work in Australia?
- Do you own property in Australia?
- How much time do you spend outside Australia?

Some of these questions might not apply to you, but we must consider them when we decide whether you live in Australia.[12]

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We may also ask you other questions to determine whether you live in Australia.[13] For example, your family might be deployed overseas in the Defence Force, meaning you need to leave Australia for a while. In these situations, we'll ask you for more information about why you're leaving and can't return.

If you apply, we look at your whole situation when we decide if there's enough evidence to show that you live here. This will be a simple decision for us in most situations. But sometimes we may need to look at the questions below.

Where do you live?

We consider where you live, and your living situation.[14] We'll look at whether you have more permanent accommodation in Australia than any other country.

For example, you might own a home or have a formal rental agreement in Australia. This is a good sign to us that you live in Australia.

Where is your family?

We also consider where your immediate family lives.[15]

We look at where you spend most of your time with them, face-to-face. We don't consider how you connect with your family on the phone or internet.

Do you work in Australia?

If you work, we look at where you normally work or make money.[16] If you work or make money in Australia, that's a good sign you live here. If you don't work or are unemployed, we'll consider the other questions to determine whether you live in Australia.

Do you own property in Australia?

We consider what assets or property you own in Australia.[17] We also see if you have an Australian bank account.

If you own assets or property here, it doesn't always mean you live in Australia. Your assets or property will need to show you have an ongoing connection to Australia. You don't live in Australia just because you own assets or property here. Your assets or property will need to show you have an ongoing connection to Australia.

How much time do you spend outside Australia?

We consider how often you go overseas, and how long you're outside Australia when you travel.[18] We also consider why you travel overseas, such as for work, holiday or to live with family.

This is usually the most important point to help us decide if you live in Australia. You need to show us that you have a long-term and meaningful connection to living in Australia.

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You don't need to stay in Australia all the time. You can still work overseas or go on a holiday.

You will need to show a stronger connection to Australia than other countries if you spend a lot of time overseas.

If we decide you're eligible and create your plan, there may be times you can't use your NDIS funding overseas. This is usually after you're overseas for more than 6 weeks, unless we give you more time. Learn more about when you can't use your plan.

Do you meet the disability requirements?

You meet the disability requirements if we have evidence of all of the following:[19]

- Your disability is caused by an impairment.
- Your impairment is likely to be permanent.
- Your permanent impairment substantially reduces your functional capacity to undertake one or more of the following activities: moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks.
- Your permanent impairment affects your ability to work, study or take part in social life.
- You'll likely need support under the NDIS for your whole life.

If you give us evidence you have been diagnosed with one or more conditions on List A, we'll likely decide you meet the disability requirements.

If you meet the disability requirements, it's likely you'll need the NDIS for a long time. This means you won't have to prove your disability every time we reassess your plan.

If at any time your disability support needs or situation changes, we many need to check your supports or NDIS eligibility. We will talk with you if this happens.

Learn more about how we check if you are still eligible for the NDIS.

Is your disability caused by an impairment?

When we consider your disability, we think about whether any reduction or loss in your ability to do things, across all life domains, is because of an impairment.

An impairment is a loss or significant change in at least one of:

- your body's functions
- your body structure
- how you think and learn.

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To meet the disability requirements, we must have evidence your disability is caused by at least one of the impairments below[20]

- **intellectual** – such as how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – such as how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – such as how your body functions
- **sensory** – such as how you see or hear
- **physical** – such as the ability to move parts of your body.

You may also be eligible for the NDIS if you have a psychosocial disability.[21] This means you have reduced capacity to do daily life activities and tasks due to your mental health.

It doesn't matter what caused your impairment, for example if you've had it from birth, or acquired it from an injury, accident or health condition.

It also doesn't matter if you have one impairment, or more than one impairment.

Is your impairment likely to be permanent?

We need evidence that you'll likely have your impairment for your whole life.

You might have some periods in your life where there is a smaller impact on your daily life, because your impairment may be episodic or fluctuate in intensity[22]. Your impairment can still be permanent due to the overall impact on your life, and the likelihood that you will be impacted across your lifetime.

Even when your condition or diagnosis is permanent, we'll check if your impairment is permanent too. For example, you may not be eligible if your impairment is temporary, still being treated, or if there are remaining treatment options.

Generally, we'll consider whether your impairment is likely to be permanent after all available and appropriate treatment options have been pursued.

If you give us evidence you have been diagnosed with a condition on List B, we'll likely decide your disability is from an impairment that's likely to be permanent.

Is there any medical treatment for your impairment?

We don't fund supports to treat your impairment.

Instead, the supports we fund can help you reduce or overcome the impact your impairment has on your daily life. They can also help you increase your functional capacity, independence, and your ability to work, study or take part in social life.

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Your impairment will likely be permanent if your treating professional gives us evidence that indicates there are no further treatments that could relieve or cure it.

Your treating professional will tell us or be asked to certify if there are medical, clinical or other treatments that are likely to remedy your impairment. We need to understand whether there are treatments which are:[23]

- known and available
- appropriate for you and your impairment
- evidence-based – that is, there's proof they are likely to be effective.

The word treatment should be understood in a broadest sense and may include changes to your diet and lifestyle. So, for example, conditions such as obesity are unlikely to be found to be permanent.

If you're still undergoing or have recently had treatment, we'll need to wait until you know the outcome of the treatment before we can decide your impairment is likely to be permanent.[24]

In some situations, it may be clear your impairment is likely to be permanent while you're still undergoing treatment or rehabilitation. For example, you may still need treatment and rehabilitation for a spinal cord injury, but it's clear you'll have a permanent impairment.

You might still have a permanent impairment, even if its effects may change over time.[25]

For degenerative impairments, or those that get worse over time, we consider them permanent if treatment isn't likely to help or improve the impairment's effects.[26]

Does your impairment substantially reduce your functional capacity?

Your permanent impairment needs **to substantially reduce your functional capacity or ability** to undertake activities in one of the following areas:

- **Communicating** – how you speak, write, or use sign language and gestures, to express yourself compared to other people your age. We also look at how well you understand people, and how others understand you.
- **Socialising** – how you make and keep friends, or interact with the community, or how a young child plays with other children. We also look at your behaviour, and how you cope with feelings and emotions in social situations.
- **Learning** – how you learn, understand and remember new things, and practise and use new skills.
- **Mobility**, or **moving around** – how easily you move around your home and community, and how you get in and out of bed or a chair. We consider how you get out and about and use your arms or legs.

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- **Self-care** – personal care, hygiene, grooming, eating and drinking, and health. We consider how you get dressed, shower or bathe, eat or go to the toilet.
- **Self-management (if older than 6)** – how you organise your life. We consider how you plan, make decisions, and look after yourself. This might include day-to-day tasks at home, how you solve problems, or manage your money. We consider your mental or cognitive ability to manage your life, not your physical ability to do these tasks.

Your impairment substantially reduces your functional capacity if you usually need disability-specific supports to participate in or complete the above tasks.[27]

These disability-specific supports include:

- a high level of support from other people, such as physical assistance, guidance, supervision or prompting.[28]
- assistive technology, equipment or home modifications that are prescribed by your doctor, allied health professional or other medical professional.[29]

To help us decide if you're eligible, we need to know your capacity and where you need more help. We get this information from your NDIS application.

If you have more than one permanent impairment we will consider them together, to see if they substantially reduce your functional capacity.

We consider how you're involved in different areas of life like home, school, work and the community, and how you carry out tasks and actions. We also consider any other factors that may impact your day to day life.

Your needs might go up and down each day or each month. Progressive Multiple Sclerosis (MS) can be a good example of this. We consider your ability over time, taking into account your ups and downs.

How does a child's impairment affect their daily life?

To help us decide if a child's ability is substantially reduced, we compare their abilities with other children of the same age.

If a child's ability is much less than most other children the same age, they may meet the disability requirements. For example, if they:

- need assistive technology, equipment or home modifications to participate in daily activities – except for common items like glasses.
- usually need more assistance to join activities, or they can't join in.

Sometimes when a child's impairment doesn't substantially reduce their ability right now, but might in the future, we will look at the early intervention requirements. Similarly, if a child's

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impairment currently substantially reduces their ability, but may not after receiving supports, we will look at the early intervention requirements. Early intervention can be for children of any age, however there are different requirements for children younger than 6 with developmental delay to meet the early intervention requirements.

Learn more about the early intervention requirements.

What if you have a hearing impairment?

Some hearing impairments may lead to a substantially reduced functional capacity.

We'll generally decide you have a substantially reduced functional capacity if your hearing loss is at least 65 decibels in your better ear. This is based on a pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz.

We may also decide you have a substantially reduced functional capacity if your hearing loss is less than 65 decibels in your better ear. We may decide this if either:

- you also have another permanent impairment, such as a vision or cognitive impairment.
- you give us evidence your speech detection and speech discrimination outcomes are significantly poorer than expected.

Does your impairment affect your social, work or study life?

Then, we look at how your impairments affect your ability to work, study or take part in social life.[30] This means your permanent impairments affect how you can find and keep a job, contribute to your community, or join social activities. We get this information from your NDIS application.

We look at your ability to do things like:

- find and keep a job, or start your own business
- study
- spend and save money
- play sport
- go to the movies
- volunteer
- travel.

It doesn't matter how much your ability to work, study or socialise is affected by your impairment. It only needs to affect your social or work life in some way for you to meet the criteria.

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Will you likely need support under the NDIS for your whole life?

You must be likely to need support under the NDIS for your whole life.[31]

NDIS supports are investments that help you build or maintain your functional capacity and independence, and help you work, study or take part in social life.

Even if your needs go up and down over time, or happen episodically[32], we may still consider it's likely you'll need lifetime support under the NDIS.[33]

We consider your overall situation to answer this question.

When we decide if you'll likely need support under the NDIS for your whole life, we consider:

- your life circumstances
- the nature of your long-term support needs
- whether your needs could be best met by the NDIS, or by other government and community services.

For example, you may have an impairment which is caused by a chronic health condition. Many chronic health conditions are most effectively managed or remedied through medical management through the health system. If this is the case, we may decide that you don't have a lifetime need for support under the NDIS.

Do you need early intervention?

If you don't meet the disability requirements, you may be eligible for the NDIS under the early intervention requirements. Early intervention is usually early access to support, to help reduce the functional impacts of your impairment.

Early intervention can be for both children and adults. You won't need these supports for your lifetime, so your treating professional or your early childhood partner will tell us how early intervention support could benefit you or your child.

You will meet the early intervention requirements if you meet all of the following:

- You have an impairment that's likely to be permanent.
- Early intervention supports will help you, for example if it means you'll need less disability support in the future and your functional capacity will improve.
- The early intervention you need is most appropriately funded by us.

There are different requirements for children younger than 6 with developmental delay to meet the early intervention requirements.

If we have evidence a child younger than 7 has been diagnosed with a condition on List D, we'll decide they meet the early intervention requirements.

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You may also meet the early intervention requirements if you're aged between 0 and 25 with a hearing impairment.

If you meet the early intervention requirements when you join the NDIS, your support needs are more likely to change. We'll regularly check your eligibility when we reassess your plan, and at other times too.

If you benefit from early intervention supports, you might build your skills and increase your capacity so that you may no longer need NDIS supports.

If you no longer meet the early intervention requirements, we'll check if you meet the disability requirements. Learn more about leaving the NDIS.

Do you have an impairment that's likely to be permanent?

To meet the early intervention requirements, there must be enough evidence that you have at least one of the impairments below and your impairment is likely to be permanent.[34]

An impairment is a loss or significant change in at least one of:

- your body's functions
- your body structure
- how you think and learn.

An impairment could be:[35]

- **intellectual** – such as how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – such as how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – such as how your body functions
- **sensory** – such as how you see or hear
- **physical** – such as the ability to move parts of your body.

We also need evidence at least one of your impairments will be permanent, or likely to be permanent.[36] In other words, you'll likely have your impairment for your whole life.

When we decide if your impairment is likely to be permanent, we consider the same things as in the disability requirements.

You may also be eligible for the NDIS if you have a psychosocial disability.[37] This means you have reduced capacity to do daily life activities and tasks due to your mental health. Your psychosocial disability might vary at different times in how much it impacts your daily

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life. Even if it fluctuates and you have some periods where there is a smaller impact on your daily life, you might have this impairment for your whole life.

If you give us evidence you have been diagnosed with a condition on List B, we'll decide you have an impairment that's likely to be permanent.

How will early intervention help you?

We need to decide that getting early intervention supports means you'll likely need less disability supports in the future.[38]

We need to know that early intervention supports will help you with at least one of the following:[39]

- addressing the impact of your impairment on your ability to move around, communicate, socialise, learn, look after yourself and organise your life.
- preventing your functional capacity from getting worse.
- improving your functional capacity.
- supporting your informal supports, which includes building their skills to help you.

To help us decide if the early intervention will help you in these ways, we look at:[40]

- how your impairment might change over time
- how long you've had your impairment
- if there's been a significant change to your impairment
- if your needs are likely to change soon, such as if you're finishing school.

Is your early intervention most appropriately funded by the NDIS?

The support you need must be most appropriately funded or provided by us.[41]

You won't be eligible if we decide the support you need is more appropriately funded or provided:

- by other general systems of service delivery or support services, such as a workers compensation scheme.
- under a universal service obligation that other government services must provide to all Australians, such as schools and public hospitals.
- as a reasonable adjustment under discrimination law, such as making places or venues accessible for you.

For example, you usually won't be eligible if you only need the following supports. These are more appropriately provided by other government and community services:

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- medical services,[42] and treatments for health conditions, including ongoing or chronic health conditions.[43]
- clinical early intervention mental health supports, such as services to help children, teenagers and young people grow and develop.[44]
- clinical acute and crisis mental health supports[45] – such as care in a hospital or similar setting.
- inclusion supports to help young children join early childhood learning and care settings.[46]
- Disability Employment Services,[47] and reasonable adjustments in the workplace to make your job suit your needs.[48]

For more information on when early intervention supports are most appropriately funded by us or by other services, check out:

- Our mainstream and community supports guideline
- Schedule 1 of the NDIS (Supports for Participants) Rules
- Applied Principles and Tables of Support.

What about people aged between 0 and 25 with a hearing impairment?

If you're aged between 0 and 25 with a hearing impairment, you may meet the early intervention requirements. We'll decide you meet the early intervention requirements if you give us evidence of all of the following:

- You're aged between 0 and 25.
- You have auditory neuropathy or hearing loss of at least 25 decibels in either ear at 2 or more adjacent frequencies – see below.

We need evidence of your auditory neuropathy or hearing loss from a specialist audiological assessment. The assessment might include electrophysiological testing when required. The evidence must show your hearing loss is likely to be permanent.

If you're aged 26 or older with hearing loss, we'll check if you're eligible in the same way we consider all other impairments. You may be eligible under the disability requirements.

What about children younger than 6 with developmental delay?

Children younger than 6 with a developmental delay may be eligible for the NDIS under the early intervention requirements.[49]

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Developmental delay is a term used to describe a delay in a child's development. It means that a child finds it much harder to do everyday things that other children their age can do, for example dress themselves, talk or walk. A child with developmental delay needs lots of extra help to do everyday things compared to children of the same age.

First, we need to know the child:

- is younger than 6 on the day we decide whether they're eligible[50]
- lives in Australia[51]
- is an Australian citizen or permanent resident.[52]

Then, we need to know the child has a developmental delay.[53]

Finally, we need to know the child's supports are most appropriately funded or provided under the NDIS.[54]

An early childhood partner can also provide supports to children who aren't eligible for the NDIS.

Learn more about the early childhood approach.

Does the child have a developmental delay?

When we decide if a child has developmental delay, we use the definition in the law for the NDIS.[55]

We need to know the delay:

- is due to mental or physical impairments
- substantially reduces the child's functional capacity compared with other children the same age.
- means the child needs specialist services from more than one professional working as a team to support the child and for longer than 12 months.

Is the delay due to mental or physical impairments?

We first need to know the developmental delay is due to a mental or physical impairment, or a combination of mental or physical impairments.[56]

An impairment is a loss or significant change in at least one of:

- the child's body's functions
- the child's body structure
- how the child thinks and learns.

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Families, early childhood partners and other professionals can understand the child's body function by:

- observing their activities during play and daily tasks
- comparing their activities to other children of the same age.

For some very young children, problems in body function can't be easily measured. If so, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's judgment or informed clinical opinion.

Does the delay substantially reduce the child's functional capacity?

We need to know the delay substantially reduces the child's functional capacity compared to other children their age.[57]

This means the child has a significantly lower ability to do everyday activities, when compared to children of the same age. Or the child does things in a significantly different way to other children their age because of their reduced capacity.

The child would also need much more support to do the activity, compared to other children the same age.

The substantial reduction in functional capacity must be in at least one of the following areas of major life activity:

- **Self-care** – how children take care of themselves, shower, bathe, dress, eat, drink, toilet, groom, and sleep.
- **Receptive and expressive language** – this involves skills such as gesture, sign language, listening, giving and receiving information, communicating wants and needs through facial expressions, vocalisations or speech, and interaction with others.
  A substantial reduction in functional capacity for either receptive language or expressive language will meet the criteria – it doesn't need to be both.
- **Cognitive development** – learning and applying knowledge. This includes areas such as:
  - understanding and remembering information
  - attention
  - learning new things
  - practising and using new skills
  - planning and making decisions

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- problem solving
- developing pretend play skills
- developing play interests
- emotional and sensory regulation
- developing emotional intelligence
- social awareness
- safety awareness.

- **Motor development** – this includes participation in everyday activities like moving around the home and community and manipulating objects.

We need evidence from a health, allied health or early childhood professional, who uses multiple sources of information about the child's ability to do everyday activities.

This will include information that parents or carers report about their child. It will also include a mix of standardised assessments of developmental and functional capacity, both in everyday activities and natural settings.

It should also include observations in everyday play, learning, activities or routines to better understand how the child participates in these everyday activities.

For very young children where functional capacity can't be measured, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's informed clinical opinion.

Does the child need specialist services from more than one type of professional and for longer than 12 months?

We need to know that the child needs a mix of specialist care, treatment or other services, due to their developmental delay. The child must also need these services for an extended duration – that is, longer than 12 months.[58]

We need to know the child needs all of the following:

- **A service response that involves more than one professional working as a team to support the child.**
  This means the child needs support for multiple activities, and across multiple natural settings such as the home, community and early childhood centres. The child must need more support than what's expected for a child the same age.

- **A team that works collaboratively, by communicating and sharing information, knowledge and skills.**
  The support must be individually planned and coordinated. The team will build the

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capacity of the child's family and other important people in the child's life, such as carers, educators and professionals, about the child's individual needs. This support should be embedded in everyday play, learning, activities and routines.

- **More support than an individual discipline providing a unilateral response to a single problem.**
  This means the child needs support from more than from one professional supporting one area of delay. This is known as interdisciplinary care. For example, a child is unlikely to be eligible if a speech pathologist alone can help their language delay, without needing support or consultation from other professionals.
- **Supports for an extended duration.**
  This means a health, allied health or early childhood professional who knows the child determines they need support for more than 12 months. A child will likely meet this criteria if there is clear evidence that they'll need early intervention support for more than 12 months.

We need evidence from an early childhood professional, such as an early childhood teacher, educator or allied health professional who knows the child. They need to recommend that the child needs support for multiple activities and across multiple natural settings, from a team working together.

Some children in remote areas might not have access to a team of professionals. If so, they may still be eligible if the one professional needs to provide the supports to the child across multiple activities and across multiple natural settings.

We also need evidence from an early childhood professional, such as an early childhood teacher, educator, or allied health professional, that the child needs support for more than 12 months. The professional should consider multiple sources of information, including:

- parent or carer reports
- a mix of standardised and culturally appropriate developmental or functional assessments in everyday activities and natural settings
- observations in everyday play, learning, activities, and routines.

How do we work out if the child meets the criteria for developmental delay?

We'll need a range of information about the child, observed in everyday activities and settings they usually participate in. This should include parent or carer reports and standardised assessments of developmental and or functional capacity.

Early childhood partners are early childhood professionals who give us evidence of developmental delay to help us decide if the child is eligible. An early childhood partner will

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meet with children and families to better understand the child's day to day life, and any concerns about their development.

Early childhood partners will observe a child in familiar places like home and childcare and may complete assessments using screening tools. This information helps us decide if a child meets the early intervention requirements for developmental delay.

Families and carers can also provide copies of existing reports, assessments or letters about the delay with our application form.

We may also ask for evidence from a variety of sources, including mainstream services. For example, we may also ask for evidence from your doctor, child health nurse, or other health professional.

Learn more about providing evidence of developmental delay.

What if there are no early childhood partners in your area?

If there are no early childhood partners in the child's area, a mainstream, community or health service can give us a report for evidence of developmental delay.

If you're in one of these areas, learn more about what evidence we need for developmental delay.

Is the child's early intervention most appropriately funded by the NDIS?

To meet the early intervention requirements, the support must be most appropriately funded or provided by us.[59]

A child won't be eligible if the support they need is more appropriately funded or provided:

- by other general systems of service delivery or support services, such as a transport accident compensation scheme.
- under a universal service obligation that other government services must provide to all Australians, such as schools and public hospitals.
- as a reasonable adjustment under discrimination law, such as making places or venues accessible.

For example, children usually won't be eligible if they only need the following supports. These are more appropriately provided by other government and community services:

- medical services,[60] and treatments for health conditions[61]
- inclusion supports to help young children join early childhood learning and care settings[62]
- school readiness programs to help children prepare for school[63]

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- newborn follow-up, such as child and maternal health services.[64]

For more information on when early intervention supports are most appropriately funded by us or by other services, check out:

- Our mainstream and community supports guideline
- Schedule 1 of the NDIS (Supports for Participants) Rules
- Applied Principles and Tables of Support.

What happens if a child with developmental delay is eligible?

If we decide a child with developmental delay is eligible for the NDIS, they'll become a participant. But they're usually no longer eligible after they turn 6.

This is because they will no longer meet the eligibility criteria under developmental delay. To remain an NDIS participant after they turn 6, the child will need to have an impairment that's likely to be permanent, and meet either the disability requirements or the early intervention requirements.

We'll talk to families or carers before a child turns 6 and explain what information we need to decide if the child is still eligible. Learn more about leaving the NDIS.

Example

Hunter is 5 years old and became a participant under the early intervention requirements for developmental delay.

We give him a new 12-month NDIS plan in August. We also talk to Hunter's family about Hunter leaving the NDIS after he is 6 years old.

Hunter's family will be able to use his NDIS funding for the full 12 months, until August the next year. By then, he'll be aged 6 years.

At the end of the 12 months, we will talk to Hunter's family about his progress. If there's no evidence that Hunter meets either the early intervention requirements or the disability requirements, we'll decide Hunter will leave the NDIS. Learn more about leaving the NDIS.

What if a child doesn't meet our criteria for developmental delay?

Early childhood partners can still provide supports to children younger than 6 who don't meet our criteria for developmental delay.

A child may have developmental concerns. This means a child younger than 6 is developing slower compared to other children their age, but the delay doesn't meet our definition for developmental delay.

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For example, a child's functional capacity may be substantially reduced in one or more areas. But it's unclear if the child needs support from a team of professionals for more than 12 months.

An early childhood partner can provide early supports to children younger than 6 with developmental concerns. They can also help the child's family connect to other government and community supports.

Learn more about early connections.

How do you apply to the NDIS?

Applying to the NDIS is how you let us know you want to become an NDIS participant.

If you're aged 9 and older, there are a few ways you can apply:[65]

- Your local area coordinator or local NDIS office can help you apply. They can help you through the application process and be your point of contact. Find your nearest location.
- You can apply over the phone on 1800 800 110.
- You can complete an NDIS application form.

For children younger than 9, we encourage families to talk to an early childhood partner before applying to the NDIS. They can provide supports to children before they apply, and let families know if the NDIS is right for their child.

When you apply, you or your authorised representative will need to:

- give us the information and any documents we need to confirm your identity. Learn more about evidence of identity and privacy.
- give us the information and any documents we need to decide if you're eligible[66]
- sign or certify the NDIS application.[67]

Other people can help you apply if you want them to. Sometimes they can apply on your behalf. Learn more about who can help you apply.

Learn more about how to apply to the NDIS.

What information do we need in your application?

The Evidence of Identity Factsheet shows what information we need to confirm your identity. When you apply for the NDIS, you'll need to give us copies of these documents. If you can't do this, let us know so we can work out what to do depending on your situation. We will still need to check your identity before progressing your application.

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Your NDIS application form shows what information we need to work out if you're eligible.

To show us you're younger than 65 when you apply, live in Australia, and that you're an Australian citizen or permanent resident, you can give us either of the following:

- consent to access and use your Centrelink record
- copies of documents or other evidence listed on your NDIS application form, or that we ask for if you apply in person or over the phone.

In most cases we can just use your identity documents.

Who can give us evidence of your impairments?

We need evidence of your impairments, to help us work out if you're eligible. To provide this, ask your treating professional to complete their part of the application form. For children younger than 6 with developmental delay, an early childhood partner can provide evidence of developmental delay.

Your treating professional might be your doctor, specialist, or allied health service provider. You should use a professional who:

- has worked with you for a long time, usually for at least 6 months
- is the most appropriate type of professional to give evidence about your impairment
- is qualified and registered in their area of practice with the Australian Health Practitioner Regulation Agency or relevant professional authority

If your treating professional does not meet these requirements we may not be able to verify the information in your access request, and may need to request further information.

When we check if you're eligible for the NDIS, we mainly consider the information you give us when you apply.

Learn more about who can give us evidence of your disability or impairment on the following pages:

- Providing evidence of your disability
- Providing evidence of disability for children
- Information for GPs and health professionals.

You can also learn more about how we use, collect and store your personal information.

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What if you're in a remote or very remote area?

We understand it might be hard to get your treating professional to complete their part of the application form in a remote or very remote area. If it's hard to get your treating professional to do this, let us know.

You might not need to give us as much evidence about your impairment as people in big cities, depending on what services are available in your area. We use a technical definition for remote and very remote. You will need to live in an area that's classified as MM6 or MM7 on the Modified Monash Model to be considered remote or very remote.

How do we check your application?

Before we can accept your application, we make sure it's been made by the right person. That is, the application is from you, or someone who can apply for you.

We then check all the sections are complete. Finally, we check it has all the right information.[68]

If your application isn't complete, we'll let you know and help you work out what to do. You can also let us know if there is a mistake, or you don't have all the information. We can work with you to help complete the application properly. We can't decide if you're eligible until we have a complete application.

We'll also let you know if we need more information and, if so, what you need to give us.

Once you have completed your application with all the right information, we'll check whether you're eligible. That is, we'll check that:

- You meet the age and residence requirements
- You meet either the disability requirements or the early intervention requirements.

Learn more in Booklet 1 – Understanding the NDIS.

Who can help you apply?

You can ask someone to help you apply if you want to. They can help you:

- make your decision to apply to the NDIS
- gather the information we need
- fill out the form or call us to apply.

You can choose who helps you. For example, you could ask for help from:

- a family member
- a friend

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- a carer
- a partner
- a support worker or service provider
- staff in a residential aged care facility
- your treating health professional
- hospital staff.

With your permission, we can share information with these people during your application. For example, they could call us to check how your application is progressing. You can let us know on your application form, or you can tell us in person or over the phone.

Can someone else apply for you?

If someone else has legal authority to make decisions for you, they can apply to the NDIS on your behalf.

If you're younger than 18, the people with parental responsibility for you will apply for you.[69] This is often your parents or legal guardian. In some situations, we can decide someone else has parental responsibility.[70] Learn more about child representatives.

If you're an adult, these people may be able to apply to the NDIS on your behalf:

- a person you give consent to act as your authorised representative – this means you give them permission to apply for you
- your guardian
- a person with power of attorney who can make personal and health decisions for you
- a person with advance care health directive.

If you're an adult and want someone else to apply for you, we have a form you can complete. You can also tell us in person, or over the phone.

When do we contact you to help you apply?

Sometimes, we'll reach out to you to help you apply. This might be if you live in a:

- group home or supported accommodation
- large residential facility
- residential aged care facility – also read our page on younger people in residential aged care
- rural or remote area.

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How do we decide if you're eligible?

Once we have your application, we review all the information we have in your application.

This will help us decide if you're eligible for the NDIS. As part of the process, we will also need to check your identity.

You are eligible for the NDIS if you meet:

- the age and residence requirements
- either the disability requirements or the early intervention requirements.

If you're 7 or older, the first thing we decide is whether you meet the disability requirements. If you don't we will then decide whether you meet the early intervention requirements.

For children younger than 7, it's the other way around. First we'll decide whether they meet the early intervention requirements. If they don't then we decide whether they meet the disability requirements.

It's likely children younger than 6 with developmental delay will not meet the disability requirements. So, they may only be eligible under the early intervention requirements.

If you don't meet either the disability requirements or the early intervention requirements, you won't be eligible for the NDIS. But an early childhood partner or local area coordinator can help you connect with other government and community supports.

When will we decide if you're eligible?

Once we have your application, we have **21 days** to decide one of the following:[71]

- you're eligible for the NDIS
- you're not eligible for the NDIS
- we need more information.

We can make a decision quicker in urgent circumstances. Let us know if your situation is urgent, for example if you're about to leave a hospital or custodial setting. Learn more about our participant service guarantee and timeframes for urgent decisions.

How do we consider your evidence of disability?

When we're deciding if you're eligible, we may look at things like:

- how old your evidence is
- who provided your evidence.

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If we get more than one type of evidence from you, we might consider some evidence over others. We call this weighing evidence. Learn more about evidence of disability.

What if we need more information to decide if you're eligible?

When we decide if you're eligible, we look at:

- the information in your NDIS application
- any other information we have.

We need enough information in your application to show us you're eligible for the NDIS by meeting the disability requirements or the early intervention requirements.

Sometimes we might need to ask you for more information. For example, your NDIS application form might not have enough information about your functional capacity.

First, we'll try to get this information from your application. If this doesn't help, we'll ask you for more information to make sure we have the full picture.[72]

We might ask you for more information if:

- your application doesn't have all the information we need
- we need to answer a particular question.

We only ask for more information if we need it to decide if you're eligible.[73] If we need more information, we'll let you know:

- what you need to do
- what information we need
- when you need to give us the information.

If we ask for more information, you'll have at least **90 days** to give it to us. We can't decide if you're eligible until we have this. You can ask for more time if you need it. We can give you more time if we think it's reasonable for your situation.[74]

If we can't contact you within **90 days**, or you don't give us the information within the timeframe, we'll withdraw your application. This means we'll stop processing your application.

If you don't get the information to us in time, you can apply again.

What happens after we get your information?

Once you give us the information we need, we then have **14 days** to decide if:[75]

- you're eligible for the NDIS
- you're not eligible for the NDIS

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- we need more information – for example if the information you gave us isn't what we need.

What happens if we don't decide on time?

If we don't meet our decision-making timeframes, we have to treat this as if we decided you're not eligible.[76]

If this happens, we'll automatically review this decision that you're not eligible.[77] We'll send you a letter to explain this. You don't need to do anything.

We'll then make sure your application is reviewed by a staff member who wasn't involved in the original application. We'll contact you to let you know the outcome.

Learn more about reviewing our decisions.

What happens after we decide?

What happens if you're eligible?

On the day we decide you're eligible for the NDIS, you become a NDIS participant.[78]

The time that you remain eligible for the NDIS depends on your individual circumstances and disability support needs.

You'll need to continue to be eligible for the NDIS. This means you'll need to continue to live in Australia and be an Australian citizen or permanent resident. You'll also need to continue to meet either the disability requirements or the early intervention requirements. Learn more about whether you will always be eligible and leaving the NDIS.

We'll send you a letter to let you know:

- you are eligible
- if you met the disability requirements or the early intervention requirements
- the next steps.

Your letter will also confirm the date you became eligible for the NDIS.[79]

How will we create your first plan?

After you receive the letter confirming you're eligible, we'll contact you to organise your first planning conversation. We'll contact you within **21 days**.

You will need to bring your original identity documents from the Evidence of Identity Factsheet to your first planning meeting so we can confirm them. If you can't provide these documents, let us know so we can work out what to do depending on your situation. We will still need to check your identity before approving your plan.

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We'll then work together to create a plan for your disability support needs. Your plan will include any supports we fund that meet the NDIS funding criteria.

We fund supports for any impairments that meet the eligibility criteria.

For example, you may have many impairments, but only one meets our eligibility criteria. Or, you might get another impairment after we decide you're eligible. If so, we only fund supports for impairments that meet either the disability requirements, or the early intervention requirements.

If you're aged 7 or older, we must approve your first plan within **56 days** after you become a participant.

For children younger than 7, we'll approve their first plan within **90 days** after they become a participant.

For more information, check out creating your plan and Booklet 2.

Will you always be eligible for the NDIS?

There are many reasons for leaving the NDIS.

Some people decide they don't want to be a participant anymore.

You'll also leave the NDIS if you're no longer eligible.

When we reassess your plan, we check that all your details are correct and up to date. We also look at any new information we have received.

If you're eligible under the **early intervention requirements**, your support needs are more likely to change. We'll check at each plan reassessment whether you still meet the early intervention requirements.

For example, during a reassessment it may show you no longer meet the early intervention requirements because you have built your skills and capacity and will no longer benefit from early intervention supports.

If you're eligible under the disability requirements, your disability is permanent. We don't expect your disability to change, and it's likely you'll need the NDIS for a long time. We will only ask you for more information about your eligibility if there is evidence that you may no longer meet the disability requirements.

You can find out more about the eligibility requirements, and how we check these here.

Children with developmental delay will usually leave the NDIS after they turn 6.

Over time, you might develop your skills and independence and not need the NDIS anymore.

If you met the early intervention requirements, you usually won't be eligible anymore after the early intervention supports have helped you. For example, if you needed early

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intervention supports to improve your functional capacity, you won't be eligible anymore after your functional capacity improves.

If you're no longer eligible, we'll help you transition from the NDIS and connect with other services in your community if you need them. We'll also keep your information, so you can apply again if your situation changes.

Learn more about leaving the NDIS

What happens if you're not eligible?

If you're not eligible, you can't become an NDIS participant.

We'll try and contact you by phone, or your preferred contact method,[80] to explain why you're not eligible. We will give you reasons for our decision, and also answer any questions you might have.

We'll also send you a letter with our decision, including the reasons you're not eligible and what to do next. Your letter will confirm the date we made the decision.

Even if you're not eligible for the NDIS, we can help you connect with an early childhood partner or local area coordinator. They can help you access other services. For example, you might be able to access medical, mental health, disability, or community supports in your state or territory.

We also have a list of other government and community supports you can get, even if you're not eligible for the NDIS.

What if you don't agree with our decision?

If you don't agree with our decision that you're not eligible, you should contact us. We can help explain our decision and what your options or next steps might be.

You can also ask for an internal review.[81] Another staff member, who wasn't involved in the original decision, will then check if we made the right decision. You need to ask for an internal review within **3 months** after receiving the decision.[82] Learn more about reviewing our decisions.

But you can't ask for an internal review if:

- you withdraw your application because you don't want to apply anymore
- a decision has not been made and we ask you for more information
- we withdraw your application because you didn't give us information on time
- it's been more than 3 months since you received our decision that you're not eligible.

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If you don’t agree with the internal review decision, you can ask the Administrative Appeals Tribunal to review it. We call this an external review. You can’t ask for an external review until after we make the internal review decision.

You can contact us to discuss any concerns you may have about the process. You can also make a complaint if you’re not happy with any part of the process.

Can you apply again?

Yes. If we decide you're not eligible, you can apply again.[83] You’ll follow the same process to apply as you did the first time. Remember, you need to be younger than 65 on the day you make your new application. And children with developmental delay will need to be younger than 6 on the day they apply.

But if you’ve asked for an internal review of the decision, you can’t apply to the NDIS again until we’ve completed that review.[84] You can ask us to stop our internal review at any time.[85]

Also, if your review is with the Administrative Appeals Tribunal after an internal review, you can’t apply again until it’s made a decision.[86] You can also ask the Tribunal at any time to withdraw your application. Learn more on the Administrative Appeals Tribunal website.

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Applying to the NDIS – Appendices

What's on this page?

- List A: Conditions that are likely to meet the disability requirements
- List B: Conditions that are likely to be permanent
- List C: What if you're receiving disability support in Western Australia?
- List D: Conditions that are likely to meet the early intervention requirements for children younger than 7
- When do we make priority eligibility decisions?
- How do we weigh evidence of disability?

List A: Conditions that are likely to meet the disability requirements

1. **Intellectual disability** diagnosed and assessed as moderate, severe or profound in accordance with current DSM criteria.
2. **Autism** diagnosed by a specialist multi-disciplinary team, paediatrician, 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).
3. **Cerebral palsy** diagnosed and assessed as severe (e.g. assessed as Level 3, 4 or 5 on the Gross Motor Function Classification System - GMFCS).
4. **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

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- 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

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5. **Spinal cord injury** or **brain injury** resulting in paraplegia, quadriplegia or tetraplegia.
6. **Hemiplegia** where there is severe or total loss of strength and movement in the affected limbs of the body.
7. **Permanent blindness** in both eyes, diagnosed and assessed by an ophthalmologist as follows:
    - Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
    - Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
    - A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points. (An optometrist report is not sufficient for NDIS purposes.)
8. **Permanent bilateral hearing loss** > 90 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz).
9. **Deafblindness** confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.
10. **Amputation** or congenital absence of 2 limbs – for example, 2 legs, 2 arms, or a leg and an arm (not a leg and a hand, or an arm and a foot).

List B: Conditions that are likely to result in a permanent impairment

Conditions primarily resulting in intellectual or learning impairment

- Intellectual disability
- Pervasive developmental disorders not meeting severity criteria in List A or List C, such as autism
- Asperger syndrome
- Atypical autism
- Childhood autism.

Chromosomal abnormalities resulting in permanent impairment and not specified on List A

- Aicardi-Goutières syndrome

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- CHARGE syndrome
- Cockayne syndrome Types I and Type II/Cerebro-oculo-faciao-skeletal (COFS) syndrome /Pena Shokeir syndrome Type II/Weber-Cockayne syndrome/Neill-Dingwall syndrome)
- Cohen syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome /22q11.2 deletion syndrome/Velocardiofacial syndrome/ Shprintzen syndrome/Conotruncal anomaly face syndrome
- Down syndrome/Trisomy 21
- Fragile X syndrome
- Kabuki syndrome
- Menkes disease
- Prader-Willi syndrome
- Seckel syndrome /microcephalic primordial dwarfism/Harper's syndrome/Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Spinal muscular atrophy Types III and IV
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Turner syndrome
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in neurological impairment

- Alzheimer's dementia
- Creutzfeldt-Jakob disease
- HIV dementia
- Huntington's disease

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- Multi-infarct dementia
- Parkinson's disease
- Post-polio syndrome
- Vascular dementia.

Systemic atrophies primarily affecting the central nervous system

- Abetalipoproteinaemia
- Adult-onset spinal muscular atrophy/late-onset SMA type III)
- Fazio-Londe disease/Progressive bulbar palsy of childhood
- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11Huntington's disease/Huntington's chorea
- Louis-Bar syndrome/Ataxia-telangiectasia
- Motor neuron disease/Motor neurone disease/ Lou Gehrig's disease /Amyotrophic lateral sclerosis
- Primary lateral sclerosis
- Progressive bulbar palsy
- Spinal muscular atrophy – all types
- Spinocerebellar Ataxia – all types, including Machado-Joseph disease.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome /Pantothenate kinase-associated neurodegeneration (PKAN)/neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Parkinson's disease
- Shy-Drager syndrome /Multiple System Atrophy /Striatonigral degeneration (MSA-P)/ Sporadic olivopontocerebellar atrophy (MSA-C)
- Steele-Richardson-Olszewski syndrome/Progressive supranuclear ophthalmoplegia
- Stiff-man syndrome /Stiff-person syndrome.

Other degenerative diseases of the nervous system

- Alzheimer's disease

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- Alpers disease/Grey-matter degeneration/Alpers syndrome/progressive sclerosing poliodystrophy/progressive infantile poliodystrophy
- Lewy body dementia
- Pick's disease.

Demyelinating diseases of the central nervous system

- Adrenoleukodystrophy
- Multiple sclerosis
- Schilder's disease /Diffuse myelinoclastic sclerosis – non-remitting.

Episodic and paroxysmal disorders

- Brain stem stroke syndrome
- Cerebellar stroke syndrome
- Motor and sensory lacunar syndromes
- Lennox syndrome /Lennox-Gastaut syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Adult Refsum disease
- Charcot-Marie-Tooth disease/Hereditary motor and sensory neuropathy/ peroneal muscular atrophy
- Dejerine-Sottas disease /Dejerine-Sottas syndrome/Dejerine-Sottas neuropathy/progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Other disorders of the nervous system

- Hydrocephalus
- Multiple system atrophy.

Conditions resulting in physical impairment

- Amputation
- Congenital absence of limb or part thereof
- Epidermolysis bullosa

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- Harlequin type icthyosis
- Juvenile arthritis / Stills Disease (excluding monocyclic/self-limited Adult Onset Stills disease)
- Rheumatoid arthritis.

Diseases of myoneural junction and muscle

- Andersen-Tawil syndrome/ Periodic paralysis /myoplegia paroxysmalis familiaris
- Becker muscular dystrophy
- Congenital muscular dystrophy
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Limb-girdle muscular dystrophy
- Mitochondrial myopathy
- Myotonic dystrophy /dystrophia myotonica
- Myotonic muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita
- Thomsens disease /Congenital myotonia/ Becker myotonia).

Cerebral palsy and other paralytic syndromes not meeting severity criteria on List A

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

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Conditions resulting in sensory and/or speech impairment

Disorders of the choroid and retina where permanent blindness diagnostic and severity criteria on List A are not met

- Behr's syndrome
- Kearns-Sayre syndrome
- Optic atrophy
- Retinitis pigmentosa
- Retinoschisis (degenerative and hereditary types/juvenile retinoschisis)
- Stargardt disease
- Usher syndrome.

Disorders resulting in hearing loss

- Cortical deafness
- Pendred syndrome
- Sensorineural hearing loss
- Stickler syndrome
- Usher syndrome
- Waardenburg syndrome.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease /Adrenoleukodystrophy
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis /cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Glycine encephalopathy /non-ketotic hyperglycinaemia

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- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucolipidosis II /I-cell disease
- Mucolipidosis III /pseudo-Hurler polydystrophy
- Mucolipidosis IV
- Neuronal ceroid lipofuscinosis (NCL)/ Adult type (Kuf's or Parry's disease)/ Juvenile (Batten disease)/ Late infantile (Jansky-Bielschowsky)
- Niemann-Pick disease
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Scheie syndrome /MPS 1-H
- Hurler-Scheie syndrome /MPS 1 H-S
- Hunter syndrome /MPS II
- Morquio syndrome /MPS IVA
- Maroteaux-Lamy syndrome /MPS VI
- Sly syndrome /MPS VII.

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment but with variable severity

- Arnold-Chiari Types 2 and 3/Chiari malformation
- Microcephaly
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome

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- Spina bifida
- VATER syndrome /VACTERL association.

List C: What if you're receiving disability support in Western Australia?

We have an agreement with the Western Australian government to bring Western Australians onto the NDIS. If you're receiving disability supports in Western Australia, you might already meet most of the eligibility criteria. We'll send you a letter with all the details on how to apply.

The Western Australian government will let us know if you're on a program for faster access to the NDIS. This is called a defined program.

If you're on one of these programs, you need to show us that you:

- are younger than 65 on the day you apply
- live in Australia permanently
- are an Australian citizen or permanent resident.

We'll let you know what evidence you need to give us when you apply.

If you show us you meet the above requirements, we'll decide you're eligible under the **disability requirements**.

Which Western Australian defined programs are eligible for the NDIS?

- WA state-administered National Disability Insurance Scheme
- Supported Community Living
- Community Residential
- Day Options
- Disability Professional Services
- Emergency Accommodation
- Respite
- LAC Coordination
- Recreation

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List D: Permanent impairment/Early intervention, under 7 years. No further assessment required.

Synonyms for conditions are also shown (e.g. condition / synonym / synonym)

Conditions primarily resulting in Intellectual/ learning impairment

Chromosomal abnormalities resulting in permanent impairment

- Global Developmental Delay
- Aicardi syndrome
- Aicardi-Goutières syndrome
- Angelman syndrome
- CHARGE syndrome
- Cockayne syndrome/ Types I and Type II / Cerebro-oculo-faciao-skeletal (COFS) syndrome/ Pena Shokeir syndrome Type II / Weber-Cockayne syndrome/ Neill-Dingwall syndrome
- Coffin-Lowry syndrome
- Cohen syndrome
- Cornelia de Lange syndrome
- Cri du Chat syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome/ 22q11.2 deletion syndrome/ Velocardiofacial syndrome/ Shprintzen syndrome/ Conotruncal anomaly face syndrome
- Down syndrome/ Trisomy 21
- Edwards syndrome/ Trisomy 18
- Fragile X syndrome
- Kabuki syndrome
- Lesch-Nyhan syndrome/ Nyhan's syndrome/ Kelley-Seegmiller syndrome/ Juvenile gout
- Leigh syndrome/ Leigh's disease/ subacute necrotizing encephalomyelopathy
- Menkes disease
- Patau syndrome/ Trisomy 13

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- Prader-Willi syndrome
- Rett syndrome
- Seckel syndrome/ microcephalic primordial dwarfism/ Harper's syndrome/ Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in neurological impairment

Systemic atrophies primarily affecting the central nervous system

- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11
- Louis-Bar syndrome/ Ataxia-telangiectasia
- Niemann-Pick disease (Types A and C)
- Progressive bulbar palsy of childhood/ Fazio-Londe disease.

The following spinal muscular atrophies

- Spinal muscular atrophy Type I/ Werdnig Hoffmann disease/ infantile SMA
- Spinal muscular atrophy Type II/ Dubowitz disease
- Spinal muscular atrophy Type III Kugelberg-Welander disease/ juvenile SMA
- Spinal muscular atrophy lower extremity dominant/ SMA-LED
- X-linked spinal muscular atrophy.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome / Pantothenate kinase-associated neurodegeneration (PKAN)/ neurodegeneration with brain iron accumulation 1 (NBIA 1)

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- Alpers disease/ Alpers syndrome/ Grey-matter degeneration/ Progressive sclerosing poliodystrophy/ Progressive infantile poliodystrophy
- Demyelinating diseases of the central nervous system
- Adrenoleukodystrophy / X-linked childhood cerebral form
- Alexander disease
- Canavan disease
- Krabbe disease/ Globoid cell leukodystrophy
- Pelizaeus-Merzbacher disease.

Episodic and paroxysmal disorders

- Lennox-Gastaut syndrome/ Lennox syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Dejerine-Sottas disease/ Dejerine-Sottas syndrome/ Dejerine-Sottas neuropathy/ progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Conditions primarily resulting in physical impairment

- Amputation
- Diamond-Blackfan anaemia
- Epidermolysis bullosa
- Harlequin type icthyosis
- Hay Wells syndrome/ ankyloblepharon/ ectodermal dysplasia/ clefting [AEC] syndrome
- Joint or limb deformities resulting in impaired mobility
- Juvenile arthritis/ Stills Disease
- Osteogenesis imperfecta
- Sjogren Larsson syndrome.

Diseases of myoneural junction and muscle

- Congenital muscular dystrophy

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- Congenital myotonia / Thomsens disease/ Becker myotonia
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Emery-Dreifuss muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita.

Cerebral palsy and other paralytic syndromes

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in sensory and/or speech impairment

- Permanent blindness in both eyes, diagnosed and assessed by an ophthalmologist as follows:
- Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
- Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
- A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points.
- (An optometrist report is not sufficient for NDIS purposes.)
- Deafblindness confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.

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Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease/ Adrenoleukodystrophy /
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis/ cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital hypothyroidism
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Galactosaemia with long term learning disabilities and neurological impairment
- Glycine encephalopathy/ non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucolipidosis II / I-cell disease
- Mucolipidosis III / pseudo-Hurler polydystrophy
- Mucolipidosis IV
- Neuronal ceroid lipofuscinosis
- Niemann-Pick disease
- Phenylketonuria
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis

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- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Hurler syndrome/MPS1-H
- Scheie syndrome/ MPS 1-S
- Hurler-Scheie syndrome/ MPS 1 H-S
- Hunter syndrome/ MPS II
- San Fillipo syndrome/ MPS III
- Morquio syndrome/ MPS IVA
- Maroteaux-Lamy syndrome/ MPS VI
- Sly syndrome/ MPS VII.

The following lysosomal storage disorders

- 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).

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment

- Chiari malformation/Arnold-Chiari malformation
- Congenital absence of limb(s)
- Congenital hydrocephalus
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Microcephaly
- Spina bifida
- VATER syndrome (VACTERL association).

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When do we make priority eligibility decisions?

If you're in one of the following situations, we'll decide if you're eligible within **2 to 5 business days**.

- Child younger than 7 years with a hearing impairment, either:
  - Identified as **Hearing Australia or Early Childhood Partner Priority**
  - Identified as **'newly diagnosed'**
- A child is identified as having a developmental delay and is turning 6 years old within 30 days of a valid NDIS application.
- **Immediate risk** to self, others, community or agency where appropriate disability or informal supports are not in place.
- **Unexpected, significant deterioration** of disability-related functional capacity where appropriate disability or informal supports are not in place.
- **Rapid deterioration** in functional capacity of a person with one of the following permanent disabilities:
  - Amyotrophic Lateral Sclerosis (ALS)
  - Brain Cancer
  - Motor Neurone Disease (MND or Lou Gehrig's Disease)
  - Progressive Bulbar Palsy (PBP)
  - Primary Lateral Sclerosis (PLS)
  - Progressive Muscular Atrophy (PMA)
- **Imminent risk** (within 1–14 days) of breakdown of either:
  - Accommodation – risk of homelessness
  - Caring arrangements, including informal supports, due to death, serious illness or injury of informal supports, or significant and unexpected deterioration of disability-related functional capacity.
- Appropriate disability supports are not in place and are re-entering the community after a long-term residence or hospital stay (specific release date not required):
  - A person with a **newly acquired, significant disability**, such as spinal cord injury, being discharged from hospital
  - A **younger person living in residential aged care**
  - A person being **discharged from an inpatient mental health facility**

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- A person due to be **released from correctional facility**

How do we weigh evidence of disability?

We understand that you may have evidence of your disability from different health professionals at different times. When we're deciding if you're eligible for the NDIS, we look at:

- how old your evidence is
- who provided your evidence.

We weigh evidence based on what we consider 'best practice', or highest quality. We consider this evidence most strongly when we make a decision.

What type of evidence should you provide?

We need evidence to help us consider if you meet the disability or early intervention requirements.

For the disability requirements, we need evidence to confirm your permanent impairment and evidence about how this impacts your functional capacity.

For the early intervention requirements, we need evidence to confirm your permanent impairment and evidence that confirms you need early intervention.

It's important to understand the type of evidence that you are providing us. You may have evidence from a doctor or specialist confirming your **permanent impairment** or you may have evidence from an allied health professional or other medical professional that tells us about **impacts to your functional capacity** (your ability to do daily life activities). These are different types of evidence which will often be provided by different health professionals based on their qualifications.

How old should your evidence be?

How old should your evidence be to confirm your permanent impairment?

We need evidence from your doctor or specialist to confirm your permanent impairment. You can give us evidence confirming this **from any age**. However, evidence about how your impairment impacts your functional capacity should be from the last 12 months.

How old should your evidence be to confirm your functional capacity?

Generally, we need evidence about how your impairment impacts your functional capacity from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

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If you give us more than one type of evidence, we might weigh the newer evidence over the older evidence. If you give us older evidence, we will generally give this less weighting when we make our decision. In these cases, we will generally ask for more information. If this is not provided, we may decide you are not eligible for the NDIS.

How old should your evidence be to confirm you need early intervention?

We need evidence from your doctor or specialist to confirm your permanent impairment and that you need early intervention.

Generally, we need evidence about that confirms you need early intervention from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

Who should provide evidence?

We generally prefer evidence that comes from a treating professional who:

- is the most **appropriately qualified** person to provide evidence of your primary disability
- has treated you for a significant period of time (at least six months)
- is registered to practise in Australia or New Zealand
- provides disability evidence (such as a medical report) that is original, genuine and specific to you.

Depending on your situation, you might get your evidence of **permanent impairment** from a different treating professional than your **evidence of functional capacity**.

You can visit Types of disability evidence to help you decide on the most appropriate treating professional for your primary disability. If you need help to get your evidence together, your local area coordinator or early childhood partner can help you.

Who should provide evidence of your permanent impairment?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Examples of common doctors or specialists include:

- General Practitioner (GP)
- Paediatrician
- Orthopaedic surgeon
- Neurologist

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- Psychiatrist

Who should provide evidence of your functional capacity?

We generally prefer evidence from a doctor, specialist, allied health or other medical professional for confirm how your permanent impairment impacts your functional capacity.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist

Who should provide evidence that you need for early intervention?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Whereas a doctor, specialist, allied health or other medical professional can give us evidence to confirm you need early intervention.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist

Health professionals registered to practise in Australia and New Zealand

We strongly prefer evidence of your disability to come from a registered Australian or New Zealand health professional. Most Australian health professionals are registered with the Australian Health Practitioner Regulation Agency (AHPRA).

We will still consider evidence from non-Australian or New Zealand health professionals, or unregistered health professionals. However, this evidence will be given less weight.

If we cannot confirm the registration of your health professional, we will ask you (and your health professional) for more information in the first instance. If we still cannot confirm their registration, we will likely decide that you are not eligible for the NDIS.

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Reference list

[1] NDIS Act s 24(1)(e).
[2] NDIS Act ss 22-23.
[3] NDIS Act s 24.
[4] NDIS Act s 25.
[5] NDIS Act s 25(1)(a)(iii).
[6] NDIS Act s 28(1).
[7] NDIS Act s 22(1)(a).
[8] NDIS Act s 23(1)(b)(i).
[9] NDIS Act s 23(1)(b)(ii).
[10] NDIS Act s 23(1)(b)(iii).
[11] NDIS Act s 23(1)(a).
[12] NDIS Act s 23(2).
[13] NDIS Act s 23(2)(f).
[14] NDIS Act s 23(2)(a).
[15] NDIS Act s 23(2)(b).
[16] NDIS Act s 23(2)(c).
[17] NDIS Act s 23(2)(d).
[18] NDIS Act s 23(2)(e).
[19] NDIS Act s 24.
[20] NDIS Act ss 24(1)(a); 25(1)(a).
[21] NDIS Act ss 24(1)(a); 25(1)(a).
[22] NDIS Act ss 24(3)
[23] NDIS (Becoming a Participant) Rules rr 5.4, 6.4.
[24] NDIS (Becoming a Participant) Rules rr 5.6, 6.6.
[25] NDIS (Becoming a Participant) Rules rr 5.5, 6.5.
[26] NDIS (Becoming a Participant) Rules rr 5.7, 6.7.
[27] NDIS (Becoming a Participant) Rules rr 5.8(a), (c)
[28] NDIS (Becoming a Participant) Rules r 5.8(b).
[29] NDIS (Becoming a Participant) Rules r 5.8(a).
[30] NDIS Act s 24(1)(d).
[31] NDIS Act s 24(1)(e).
[32] NDIS Act s24(3)
[33] NDIS Act s 24(2).
[34] NDIS Act ss 25(1)(a)(i)-(ii).
[35] NDIS Act s 25(1)(a)(i).
[36] NDIS Act ss 25(1)(a)(i)-(ii).
[37] NDIS Act s 25(1)(a)(ii).
[38] NDIS Act s 25(1)(b).
[39] NDIS Act s 25(1)(c).
[40] NDIS (Becoming a Participant) Rules r 6.9.
[41] NDIS Act s 25(3); NDIS (Becoming a Participant) Rules r 6.1,
[42] NDIS (Supports for Participants) Rules r 7.5(b).
[43] NDIS (Supports for Participants) Rules r 7.5(a).
[44] NDIS (Supports for Participants) Rules r 7.7(b).
[45] NDIS (Supports for Participants) Rules r 7.7(a).
[46] NDIS (Supports for Participants) Rules r 7.10(a).
[47] NDIS (Supports for Participants) Rules r 7.18(b).
[48] NDIS (Supports for Participants) Rules r 7.18(a).
[49] NDIS Act s 25.
[50] NDIS Act ss 9 (definition of 'developmental delay'), 21(1)(c), 25(1)(a)(iii).
[51] NDIS Act s 23(1)(a).
[52] NDIS Act s 23(1)(b).

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[53] NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
[54] NDIS Act s 25(3). If we decide a child has a developmental delay under NDIS Act s 9 (definition of 'developmental delay'), we're satisfied they meet the requirements under NDIS Act ss 25(1)(b)-(c): see NDIS (Becoming a Participant) Rules r 6.8.
[55] NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
[56] NDIS Act s 9 (definition of 'developmental delay' para (a)).
[57] NDIS Act s 9 (definition of 'developmental delay' para (b)).
[58] NDIS Act s 9 (definition of 'developmental delay' para (c)).
[59] NDIS Act s 25(3); NDIS (Becoming a Participant) Rules rr 6.1, 8.4.
[60] NDIS (Supports for Participants) Rules r 7.5(b).
[61] NDIS (Supports for Participants) Rules r 7.5(a).
[62] NDIS (Supports for Participants) Rules r 7.10(a).
[63] NDIS (Supports for Participants) Rules r 7.9(a).
[64] NDIS (Supports for Participants) Rules r 7.10(c).
[65] NDIS Act s 19(1)(a).
[66] NDIS Act s 19(1)(b).
[67] NDIS Act s 19(1)(c).
[68] NDIS Act s 197(1).
[69] NDIS Act s 74(1)(a).
[70] NDIS Act s 74(1)(b).
[71] NDIS Act s 20.
[72] NDIS Act s 26(2)(d).
[73] NDIS Act s 26.
[74] NDIS Act s 26(3)
[75] NDIS Act s 26(2).
[76] NDIS Act s 21(3).
[77] NDIS Act s 100(5)(b).
[78] NDIS Act s 28(1).
[79] NDIS Act s 28(2).
[80] NDIS Act s 7(2).
[81] NDIS Act s 100(2).
[82] NDIS Act s 100(2)
[83] NDIS Act s 19(2).
[84] NDIS Act s 19(2)(c).
[85] NDIS Act s 102.
[86] NDIS Act s 19(2)(d).

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Applying to the NDIS

Quick summary: If you want to become an NDIS participant and get supports through an NDIS plan, you'll need to apply to the NDIS. There are some requirements you need to meet to be eligible for the NDIS.

First, you need to be younger than 65 when you apply, be an Australian citizen or permanent resident, and live in Australia. Then, you'll need to meet the disability or early intervention requirements.

You may be eligible under the disability requirements if you have one or more impairments that are likely to be permanent and this substantially impacts your ability to do daily life activities. Your impairment must also affect your social life, or your ability to work and study, and you must be likely to need support under the NDIS for your whole life.[1]

Or you may be eligible under the early intervention requirements if you have one or more impairments that are likely to be permanent, and supports would help you by reducing your need for supports in the future. We will also consider if these needs could best be met by the NDIS, or by other government and community services.

If you think you might be eligible, we can help you apply to the NDIS. We will talk to you about your needs, current situation and what is important to you. We'll look at all the information you give us to decide if you're eligible. If you're eligible for the NDIS, you'll become a participant and we'll work with you to start creating your plan. If you're not eligible, an early childhood partner or local area coordinator can help you explore and access mainstream and community supports in your community. When we work with children under 9 and their families, we call this early connections. When we work with people aged 9–64, we call this community connections.

Even if you don't want an early connections plan or a community connections plan, we can still give you advice and information about other services.

What's on this page?

- What do we mean by applying to the NDIS?
- Do you meet the age requirements?
- Do you meet the residence requirements?
- Do you meet the disability requirements?
- Do you need early intervention?

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- What about children younger than 6 with developmental delay?
- How do you apply to the NDIS?
- How do we decide if you're eligible?
- What happens after we decide?

What do we mean by applying to the NDIS?

Applying to the NDIS means doing things to find out if you can become a participant and start getting supports under the NDIS. There is a process to follow when you apply to the NDIS. After you apply, we'll look at all the information you provide and decide if you're eligible.

If we decide you're eligible, you'll become a participant in the NDIS. We'll then work with you to create your first plan, which will include funding for any reasonable and necessary supports.

If you're not eligible, there are other services available to you, such as other government and community services. We can help you connect to these other services.

For children younger than 9, we encourage families to talk to an early childhood partner before applying to the NDIS. They can help families connect to the right supports and let families know if the NDIS is right for their child. Learn more about our early childhood approach and early connections.

Are you eligible for the NDIS?

To be eligible for the NDIS, you first need to meet the age and residence requirements. This means you need to be younger than 65 when you apply, live in Australia, and be an Australian citizen or permanent resident.[2]

You also need to have a disability caused by an impairment.

When we say impairment in this guideline, we mean a loss or significant change in your body's function, structure, or in how you think and learn. Under the law for the NDIS, we check if you're eligible based on your impairments, not your type of disability or diagnosis.

You will need to meet either the disability requirements[3] or the early intervention requirements.[4]

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Disability requirements

To meet the disability requirements, we must have evidence of **all** of the following:

- You have a disability caused by an impairment.
- Your impairment is likely to be permanent.
- Your impairment means you have a substantially reduced functional capacity to do one or more daily life activities. These activities include moving around, communicating, socialising, learning, undertaking self-care, or self-management tasks.
- Your impairment affects your ability to work, study or take part in social life.
- You'll likely need NDIS supports your whole life.

Early intervention requirements

To meet the early intervention requirements, we must have evidence of **all** of the following:

- You have an impairment that's likely to be permanent, or that you are a child younger than 6 with developmental delay.[5]
- Early intervention will help you by reducing your need for supports in the future.
- Early intervention will help you by either reducing the impact your impairment has on your functional capacity or support your informal supports to build their skills to help you.
- The early intervention you need is most appropriately funded by the NDIS.

If you're receiving disability supports from the Western Australian government, you might already meet most of the eligibility criteria.

We'll use information in your application to decide if you're eligible for the NDIS.

If you're eligible, you become an NDIS participant.[6] The length of time you'll be an NDIS participant will depend on your situation and disability support needs. For more information, check out our information on leaving the NDIS.

This guideline has detailed information on how we decide if you're eligible for the NDIS. For general information about who's eligible, read Am I eligible and Applying to the NDIS factsheet. Check out our website for information about children younger than 9.

We also have information on Mental health and the NDIS. If you have a psychosocial disability, this webpage has information on whether the NDIS is right for you, and what information we need if you apply.

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A psychosocial disability isn't a mental health condition or diagnosis. A psychosocial disability means you have reduced capacity to undertake tasks and activities of daily living due to your mental health.

Do you meet the age requirements?

To be eligible for the NDIS, you must first meet the age requirements. This means:

- You are younger than 65 on the day you apply.

How old are you?

You must be younger than 65 on the day you make your NDIS application.[7]

This means your application needs to be complete, in the format we ask for, and received by the NDIA before you turn 65. Learn more about how to complete your NDIS application.

If you're turning 65 soon and want to apply, contact us so we can help you apply on time.

Do you meet the residence requirements?

Then you must meet the residence requirements. This means:

- You are an Australian citizen or permanent resident.
- You live in Australia.

Are you an Australian citizen or permanent resident?

You must be an Australian citizen,[8] or have one of two visa types that means you can live here.

- A permanent visa[9]
- A protected special category visa[10] – this is only for some citizens of New Zealand

Do you live in Australia?

You must live in Australia.[11] This means Australia is your home and you spend most of your time here.

To help us decide, you need to give us evidence to show us you live here. If you give us consent to use your Centrelink record, that usually gives us enough evidence to decide if you live in Australia.

If you don't give us consent, you need to give us enough information to help us decide that you live in Australia. You'll need to answer these questions:

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- Where do you live?
- Where is your family?
- Do you work in Australia?
- Do you own property in Australia?
- How much time do you spend outside Australia?

Some of these questions might not apply to you, but we must consider them when we decide whether you live in Australia.[12]

We may also ask you other questions to determine whether you live in Australia.[13] For example, your family might be deployed overseas in the Defence Force, meaning you need to leave Australia for a while. In these situations, we'll ask you for more information about why you're leaving and can't return.

If you apply, we look at your whole situation when we decide if there's enough evidence to show that you live here. This will be a simple decision for us in most situations. But sometimes we may need to look at the questions below.

Where do you live?

We consider where you live, and your living situation.[14] We'll look at whether you have more permanent accommodation in Australia than any other country.

For example, you might own a home or have a formal rental agreement in Australia. This is a good sign to us that you live in Australia.

Where is your family?

We also consider where your immediate family lives.[15]

We look at where you spend most of your time with them, face-to-face. We don't consider how you connect with your family on the phone or internet.

Do you work in Australia?

If you work, we look at where you normally work or make money.[16] If you work or make money in Australia, that's a good sign you live here. If you don't work or are unemployed, we'll consider the other questions to determine whether you live in Australia.

Do you own property in Australia?

We consider what assets or property you own in Australia.[17] We also see if you have an Australian bank account.

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If you own assets or property here, it doesn't always mean you live in Australia. Your assets or property will need to show you have an ongoing connection to Australia. You don't live in Australia just because you own assets or property here.

How much time do you spend outside Australia?

We consider how often you go overseas, and how long you're outside Australia when you travel.[18] We also consider why you travel overseas, such as for work, holiday or to live with family.

This is usually the most important point to help us decide if you live in Australia. You need to show us that you have a long-term and meaningful connection to living in Australia.

You don't need to stay in Australia all the time. You can still work overseas or go on a holiday.

You will need to show a stronger connection to Australia than other countries if you spend a lot of time overseas.

If we decide you're eligible and create your plan, there may be times you can't use your NDIS funding overseas. This is usually after you're overseas for more than 6 weeks, unless we give you more time. Learn more about when you can't use your plan.

Do you meet the disability requirements?

You meet the disability requirements if we have evidence of all of the following:[19]

- Your disability is caused by an impairment.
- Your impairment is likely to be permanent.
- Your permanent impairment substantially reduces your functional capacity to undertake one or more of the following activities: moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks.
- Your permanent impairment affects your ability to work, study or take part in social life.
- You'll likely need support under the NDIS for your whole life.

If you give us evidence you have been diagnosed with one or more conditions on List A, we'll likely decide you meet the disability requirements.

If you meet the disability requirements, it's likely you'll need the NDIS for a long time. This means you won't have to prove your disability every time we reassess your plan.

If at any time your disability support needs or situation changes, we many need to check your supports or NDIS eligibility. We will talk with you if this happens.

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Learn more about how we check if you are still eligible for the NDIS.

Is your disability caused by an impairment?

When we consider your disability, we think about whether any reduction or loss in your ability to do things, across all life domains, is because of an impairment.

An impairment is a loss or significant change in at least one of:

- your body's functions
- your body structure
- how you think and learn.

To meet the disability requirements, we must have evidence your disability is caused by at least one of the impairments below:[20]

- **intellectual** – such as how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – such as how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – such as how your body functions
- **sensory** – such as how you see or hear
- **physical** – such as the ability to move parts of your body.

You may also be eligible for the NDIS if you have a psychosocial disability.[21] This means you have reduced capacity to do daily life activities and tasks due to your mental health.

It doesn't matter what caused your impairment, for example if you've had it from birth, or acquired it from an injury, accident or health condition.

It also doesn't matter if you have one impairment, or more than one impairment.

Is your impairment likely to be permanent?

We need evidence that you'll likely have your impairment for your whole life.

You might have some periods in your life where there is a smaller impact on your daily life, because your impairment may be episodic or fluctuate in intensity[22]. Your impairment can still be permanent due to the overall impact on your life, and the likelihood that you will be impacted across your lifetime.

Even when your condition or diagnosis is permanent, we'll check if your impairment is permanent too. For example, you may not be eligible if your impairment is temporary, still being treated, or if there are remaining treatment options.

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Generally, we'll consider whether your impairment is likely to be permanent after all available and appropriate treatment options have been pursued.

If you give us evidence you have been diagnosed with a condition on List B, we'll likely decide your disability is from an impairment that's likely to be permanent.

Is there any medical treatment for your impairment?

We don't fund supports to treat your impairment.

Instead, the supports we fund can help you reduce or overcome the impact your impairment has on your daily life. They can also help you increase your functional capacity, independence, and your ability to work, study or take part in social life.

Your impairment will likely be permanent if your treating professional gives us evidence that indicates there are no further treatments that could relieve or cure it.

Your treating professional will tell us or be asked to certify if there are medical, clinical or other treatments that are likely to remedy your impairment. We need to understand whether there are treatments which are:[23]

- known and available
- appropriate for you and your impairment
- evidence-based – that is, there's proof they are likely to be effective.

The word treatment should be understood in a broadest sense and may include changes to your diet and lifestyle. So, for example, conditions such as obesity are unlikely to be found to be permanent.

If you're still undergoing or have recently had treatment, we'll need to wait until you know the outcome of the treatment before we can decide your impairment is likely to be permanent.[24]

In some situations, it may be clear your impairment is likely to be permanent while you're still undergoing treatment or rehabilitation. For example, you may still need treatment and rehabilitation for a spinal cord injury, but it's clear you'll have a permanent impairment.

You might still have a permanent impairment, even if its effects may change over time.[25]

For degenerative impairments, or those that get worse over time, we consider them permanent if treatment isn't likely to help or improve the impairment's effects.[26]

Does your impairment substantially reduce your functional capacity?

Your permanent impairment needs **to substantially reduce your functional capacity or ability** to undertake activities in one of the following areas:

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- **Communicating** – how you speak, write, or use sign language and gestures, to express yourself compared to other people your age. We also look at how well you understand people, and how others understand you.
- **Socialising** – how you make and keep friends, or interact with the community, or how a young child plays with other children. We also look at your behaviour, and how you cope with feelings and emotions in social situations.
- **Learning** – how you learn, understand and remember new things, and practise and use new skills.
- **Mobility**, or **moving around** – how easily you move around your home and community, and how you get in and out of bed or a chair. We consider how you get out and about and use your arms or legs.
- **Self-care** – personal care, hygiene, grooming, eating and drinking, and health. We consider how you get dressed, shower or bathe, eat or go to the toilet.
- **Self-management (if older than 6)** – how you organise your life. We consider how you plan, make decisions, and look after yourself. This might include day-to-day tasks at home, how you solve problems, or manage your money. We consider your mental or cognitive ability to manage your life, not your physical ability to do these tasks.

Your impairment substantially reduces your functional capacity if you usually need disability-specific supports to participate in or complete the above tasks.[27]

These disability-specific supports include:

- a high level of support from other people, such as physical assistance, guidance, supervision or prompting.[28]
- assistive technology, equipment or home modifications that are prescribed by your doctor, allied health professional or other medical professional.[29]

To help us decide if you're eligible, we need to know your capacity and where you need more help. We get this information from your NDIS application.

If you have more than one permanent impairment we will consider them together, to see if they substantially reduce your functional capacity.

We consider how you're involved in different areas of life like home, school, work and the community, and how you carry out tasks and actions. We also consider any other factors that may impact your day-to-day life.

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Your needs might go up and down each day or each month. Progressive Multiple Sclerosis (MS) can be a good example of this. We consider your ability over time, taking into account your ups and downs.

How does a child's impairment affect their daily life?

To help us decide if a child's ability is substantially reduced, we compare their abilities with other children of the same age.

If a child's ability is much less than most other children the same age, they may meet the disability requirements. For example, if they:

- need assistive technology, equipment or home modifications to participate in daily activities – except for common items like glasses
- usually need more assistance to join activities, or they can't join in.

Sometimes when a child's impairment doesn't substantially reduce their ability right now, but might in the future, we will look at the early intervention requirements. Similarly, if a child's impairment currently substantially reduces their ability, but may not after receiving supports, we will look at the early intervention requirements. Early intervention can be for children of any age, however there are different requirements for children younger than 6 with developmental delay to meet the early intervention requirements.

Learn more about the early intervention requirements.

What if you have a hearing impairment?

Some hearing impairments may lead to a substantially reduced functional capacity.

We'll generally decide you have a substantially reduced functional capacity if your hearing loss is at least 65 decibels in your better ear. This is based on a pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz.

We may also decide you have a substantially reduced functional capacity if your hearing loss is less than 65 decibels in your better ear. We may decide this if either:

- you also have another permanent impairment, such as a vision or cognitive impairment
- you give us evidence your speech detection and speech discrimination outcomes are significantly poorer than expected.

Does your impairment affect your social, work or study life?

Then, we look at how your impairments affect your ability to work, study or take part in social life.[30] This means your permanent impairments affect how you can find and keep a job,

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contribute to your community, or join social activities. We get this information from your NDIS application.

We look at your ability to do things like:

- find and keep a job, or start your own business
- study
- spend and save money
- play sport
- go to the movies
- volunteer
- travel.

It doesn't matter how much your ability to work, study or socialise is affected by your impairment. It only needs to affect your social or work life in some way for you to meet the criteria.

Will you likely need support under the NDIS for your whole life?

You must be likely to need support under the NDIS for your whole life.[31]

NDIS supports are investments that help you build or maintain your functional capacity and independence, and help you work, study or take part in social life.

Even if your needs go up and down over time, or happen episodically[32], we may still consider it's likely you'll need lifetime support under the NDIS.[33]

We consider your overall situation to answer this question.

When we decide if you'll likely need support under the NDIS for your whole life, we consider:

- your life circumstances
- the nature of your long-term support needs
- whether your needs could be best met by the NDIS, or by other government and community services.

For example, you may have an impairment which is caused by a chronic health condition. Many chronic health conditions are most effectively managed or remedied through medical management through the health system. If this is the case, we may decide that you don't have a lifetime need for support under the NDIS.

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Do you need early intervention?

If you don't meet the disability requirements, you may be eligible for the NDIS under the early intervention requirements. Early intervention is usually early access to support, to help reduce the functional impacts of your impairment.

Early intervention can be for both children and adults. You won't need these supports for your lifetime, so your treating professional or your early childhood partner will tell us how early intervention support could benefit you or your child.

You will meet the early intervention requirements if you meet all of the following:

- You have an impairment that's likely to be permanent.
- Early intervention supports will help you, for example if it means you'll need less disability support in the future and your functional capacity will improve.
- The early intervention you need is most appropriately funded by us.

There are different requirements for children younger than 6 with developmental delay to meet the early intervention requirements.

If we have evidence a child younger than 7 has been diagnosed with a condition on List D, we'll decide they meet the early intervention requirements.

You may also meet the early intervention requirements if you're aged between 0 and 25 with a hearing impairment.

If you meet the early intervention requirements when you join the NDIS, your support needs are more likely to change. We'll regularly check your eligibility when we reassess your plan, and at other times too.

If you benefit from early intervention supports, you might build your skills and increase your capacity so that you may no longer need NDIS supports.

If you no longer meet the early intervention requirements, we'll check if you meet the disability requirements. Learn more about leaving the NDIS.

Do you have an impairment that's likely to be permanent?

To meet the early intervention requirements, there must be enough evidence that you have at least one of the impairments below and your impairment is likely to be permanent.[34]

An impairment is a loss or significant change in at least one of:

- your body's functions
- your body structure

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- how you think and learn.

An impairment could be:[35]

- **intellectual** – such as how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – such as how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – such as how your body functions
- **sensory** – such as how you see or hear
- **physical** – such as the ability to move parts of your body.

We also need evidence at least one of your impairments will be permanent, or likely to be permanent.[36] In other words, you'll likely have your impairment for your whole life.

When we decide if your impairment is likely to be permanent, we consider the same things as in the disability requirements.

You may also be eligible for the NDIS if you have a psychosocial disability.[37] This means you have reduced capacity to do daily life activities and tasks due to your mental health. Your psychosocial disability might vary at different times in how much it impacts your daily life. Even if it fluctuates and you have some periods where there is a smaller impact on your daily life, you might have this impairment for your whole life.

If you give us evidence you have been diagnosed with a condition on List B, we'll decide you have an impairment that's likely to be permanent.

How will early intervention help you?

We need to decide that getting early intervention supports means you'll likely need fewer disability supports in the future.[38]

We need to know that early intervention supports will help you with at least one of the following:[39]

- addressing the impact of your impairment on your ability to move around, communicate, socialise, learn, look after yourself and organise your life.
- preventing your functional capacity from getting worse.
- improving your functional capacity.
- supporting your informal supports, which includes building their skills to help you.

To help us decide if the early intervention will help you in these ways, we look at:[40]

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- how your impairment might change over time
- how long you've had your impairment
- if there's been a significant change to your impairment
- if your needs are likely to change soon, such as if you're finishing school.

Is your early intervention most appropriately funded by the NDIS?

The support you need must be most appropriately funded or provided by us.[41]

You won't be eligible if we decide the support you need is more appropriately funded or provided:

- by other general systems of service delivery or support services, such as a workers compensation scheme
- under a universal service obligation that other government services must provide to all Australians, such as schools and public hospitals
- as a reasonable adjustment under discrimination law, such as making places or venues accessible for you.

For example, you usually won't be eligible if you only need the following supports. These are more appropriately provided by other government and community services:

- medical services,[42] and treatments for health conditions, including ongoing or chronic health conditions[43]
- clinical early intervention mental health supports, such as services to help children, teenagers and young people grow and develop[44]
- clinical acute and crisis mental health supports[45] – such as care in a hospital or similar setting
- inclusion supports to help young children join early childhood learning and care settings[46]
- Disability Employment Services,[47] and reasonable adjustments in the workplace to make your job suit your needs.[48]

For more information on when early intervention supports are most appropriately funded by us or by other services, check out:

- Our mainstream and community supports guideline
- Schedule 1 of the NDIS (Supports for Participants) Rules
- Applied Principles and Tables of Support.

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What about people aged between 0 and 25 with a hearing impairment?

If you're aged between 0 and 25 with a hearing impairment, you may meet the early intervention requirements. We'll decide you meet the early intervention requirements if you give us evidence of all of the following:

- You're aged between 0 and 25.
- You have auditory neuropathy or hearing loss of at least 25 decibels in either ear at 2 or more adjacent frequencies – see below.

We need evidence of your auditory neuropathy or hearing loss from a specialist audiological assessment. The assessment might include electrophysiological testing when required. The evidence must show your hearing loss is likely to be permanent.

If you're aged 26 or older with hearing loss, we'll check if you're eligible in the same way we consider all other impairments. You may be eligible under the disability requirements.

What about children younger than 6 with developmental delay?

Children younger than 6 with a developmental delay may be eligible for the NDIS under the early intervention requirements.[49]

Developmental delay is a term used to describe a delay in a child's development. It means that a child finds it much harder to do everyday things that other children their age can do, for example, dress themselves, talk or walk. A child with developmental delay needs lots of extra help to do everyday things compared to children of the same age.

First, we need to know the child:

- is younger than 6 on the day we decide whether they're eligible[50]
- lives in Australia[51]
- is an Australian citizen or permanent resident.[52]

Then, we need to know the child has a developmental delay.[53]

Finally, we need to know the child's supports are most appropriately funded or provided under the NDIS.[54]

An early childhood partner can also provide supports to children who aren't eligible for the NDIS.

Learn more about the early childhood approach.

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Does the child have a developmental delay?

When we decide if a child has developmental delay, we use the definition in the law for the NDIS.[55]

We need to know the delay:

- is due to mental or physical impairments
- substantially reduces the child's functional capacity compared with other children the same age.
- means the child needs specialist services from more than one professional working as a team to support the child and for longer than 12 months.

Is the delay due to mental or physical impairments?

We first need to know the developmental delay is due to a mental or physical impairment, or a combination of mental or physical impairments.[56]

An impairment is a loss or significant change in at least one of:

- the child's body's functions
- the child's body structure
- how the child thinks and learns.

Families, early childhood partners and other professionals can understand the child's body function by:

- observing their activities during play and daily tasks
- comparing their activities to other children of the same age.

For some very young children, problems in body function can't be easily measured. If so, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's judgment or informed clinical opinion.

Does the delay substantially reduce the child's functional capacity?

We need to know the delay substantially reduces the child's functional capacity compared to other children their age.[57]

This means the child has a significantly lower ability to do everyday activities, when compared to children of the same age. Or the child does things in a significantly different way to other children their age because of their reduced capacity.

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The child would also need much more support to do the activity, compared to other children the same age.

The substantial reduction in functional capacity must be in at least one of the following areas of major life activity:

- **Self-care** – how children take care of themselves, shower, bathe, dress, eat, drink, toilet, groom, and sleep.
- **Receptive and expressive language** – this involves skills such as gesture, sign language, listening, giving and receiving information, communicating wants and needs through facial expressions, vocalisations or speech, and interaction with others.
  A substantial reduction in functional capacity for either receptive language or expressive language will meet the criteria – it doesn't need to be both.
- **Cognitive development** – learning and applying knowledge. This includes areas such as:
  - understanding and remembering information
  - attention
  - learning new things
  - practising and using new skills
  - planning and making decisions
  - problem solving
  - developing pretend play skills
  - developing play interests
  - emotional and sensory regulation
  - developing emotional intelligence
  - social awareness
  - safety awareness.
- **Motor development** – this includes participation in everyday activities like moving around the home and community and manipulating objects.

We need evidence from a health, allied health or early childhood professional, who uses multiple sources of information about the child's ability to do everyday activities.

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This will include information that parents or carers report about their child. It will also include a mix of standardised assessments of developmental and functional capacity, both in everyday activities and natural settings.

It should also include observations in everyday play, learning, activities or routines to better understand how the child participates in these everyday activities.

For very young children where functional capacity can't be measured, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's informed clinical opinion.

Does the child need specialist services from more than one type of professional and for longer than 12 months?

We need to know that the child needs a mix of specialist care, treatment or other services, due to their developmental delay. The child must also need these services for an extended duration – that is, longer than 12 months.[58]

We need to know the child needs all of the following:

- **A service response that involves more than one professional working as a team to support the child.**
  This means the child needs support for multiple activities, and across multiple natural settings such as the home, community and early childhood centres. The child must need more support than what's expected for a child the same age.

- **A team that works collaboratively, by communicating and sharing information, knowledge and skills.**
  The support must be individually planned and coordinated. The team will build the capacity of the child's family and other important people in the child's life, such as carers, educators and professionals, about the child's individual needs. This support should be embedded in everyday play, learning, activities and routines.

- **More support than an individual discipline providing a unilateral response to a single problem.**
  This means the child needs support from more than one professional supporting one area of delay. This is known as interdisciplinary care. For example, a child is unlikely to be eligible if a speech pathologist alone can help their language delay, without needing support or consultation from other professionals.

- **Supports for an extended duration.**
  This means a health, allied health or early childhood professional who knows the child determines they need support for more than 12 months. A child will likely

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meet this criteria if there is clear evidence that they'll need early intervention support for more than 12 months.

We need evidence from an early childhood professional, such as an early childhood teacher, educator or allied health professional who knows the child. They need to recommend that the child needs support for multiple activities and across multiple natural settings, from a team working together.

Some children in remote areas might not have access to a team of professionals. If so, they may still be eligible if the one professional needs to provide the supports to the child across multiple activities and across multiple natural settings.

We also need evidence from an early childhood professional, such as an early childhood teacher, educator, or allied health professional, that the child needs support for more than 12 months. The professional should consider multiple sources of information, including:

- parent or carer reports
- a mix of standardised and culturally appropriate developmental or functional assessments in everyday activities and natural settings
- observations in everyday play, learning, activities, and routines.

How do we work out if the child meets the criteria for developmental delay?

We'll need a range of information about the child, observed in everyday activities and settings they usually participate in. This should include parent or carer reports and standardised assessments of developmental and or functional capacity.

Early childhood partners are early childhood professionals who give us evidence of developmental delay to help us decide if the child is eligible. An early childhood partner will meet with children and families to better understand the child's day to day life, and any concerns about their development.

Early childhood partners will observe a child in familiar places like home and childcare and may complete assessments using screening tools. This information helps us decide if a child meets the early intervention requirements for developmental delay.

Families and carers can also provide copies of existing reports, assessments or letters about the developmental delay.

We may also ask for evidence from a variety of sources, including mainstream services. For example, we may also ask for evidence from your doctor, child health nurse, or other health professional.

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Learn more about providing evidence of developmental delay.

What if there are no early childhood partners in your area?

If there are no early childhood partners in the child's area, a mainstream, community or health service can give us a report for evidence of developmental delay.

If you're in one of these areas, learn more about what evidence we need for developmental delay.

Is the child's early intervention most appropriately funded by the NDIS?

To meet the early intervention requirements, the support must be most appropriately funded or provided by us.[59]

A child won't be eligible if the support they need is more appropriately funded or provided:

- by other general systems of service delivery or support services, such as a transport accident compensation scheme
- under a universal service obligation that other government services must provide to all Australians, such as schools and public hospitals
- as a reasonable adjustment under discrimination law, such as making places or venues accessible.

For example, children usually won't be eligible if they only need the following supports. These are more appropriately provided by other government and community services:

- medical services,[60] and treatments for health conditions[61]
- inclusion supports to help young children join early childhood learning and care settings[62]
- school readiness programs to help children prepare for school[63]
- newborn follow-up, such as child and maternal health services.[64]

For more information on when early intervention supports are most appropriately funded by us or by other services, check out:

- Our mainstream and community supports guideline
- Schedule 1 of the NDIS (Supports for Participants) Rules
- Applied Principles and Tables of Support.

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What happens if a child with developmental delay is eligible?

If we decide a child with developmental delay is eligible for the NDIS, they'll become a participant. But they're usually no longer eligible after they turn 6.

This is because they will no longer meet the eligibility criteria under developmental delay. To remain an NDIS participant after they turn 6, the child will need to have an impairment that's likely to be permanent, and meet either the disability requirements or the early intervention requirements.

We'll talk to families or carers before a child turns 6 and explain what information we need to decide if the child is still eligible. Learn more about leaving the NDIS.

Example

Hunter is 5 years old and became a participant under the early intervention requirements for developmental delay.

We give him a new 12-month NDIS plan in August. We also talk to Hunter's family about Hunter leaving the NDIS after he is 6 years old.

Hunter's family will be able to use his NDIS funding for the full 12 months, until August the next year. By then, he'll be aged 6 years.

At the end of the 12 months, we'll talk to Hunter's family about his progress. We'll listen to understand if he built capacity to work towards his goals. If there's evidence that Hunter does not need NDIS funded early intervention or disability supports, we'll decide Hunter will leave the NDIS. We'll help his family stay connected to government and community services.

Learn more about leaving the NDIS and mainstream and community supports.

What if a child doesn't meet our criteria for developmental delay?

Early childhood partners can still provide supports to children younger than 6 who don't meet our criteria for developmental delay.

A child may have developmental concerns. This means a child younger than 6 is developing slower compared to other children their age, but the delay doesn't meet our definition for developmental delay.

For example, a child's functional capacity may be substantially reduced in one or more areas. But it's unclear if the child needs support from a team of professionals for more than 12 months.

An early childhood partner can provide early supports to children younger than 6 with developmental concerns. They can also help the child's family connect to other government and community supports.

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Learn more about early connections.

How do you apply to the NDIS?

Applying to the NDIS is how you let us know you want to become an NDIS participant.

If you're aged 9 and older, there are a few ways you can apply:[65]

- Your local area coordinator can help you apply. They can help you through the application process and be your point of contact. If you become an NDIS participant, they will support you to prepare for creating your NDIS plan. Find your nearest location.
- Sometimes you may not have a local area coordinator in your area. You can contact us on 1800 800 110 to discuss other options available to you.

For children younger than 9, we encourage families to talk to an early childhood partner before applying to the NDIS. They can provide supports to children before they apply, and let families know if the NDIS is right for their child.

When you apply, you or your authorised representative will need to:

- give us the information and any documents we need to confirm your identity. Learn more about evidence of identity and privacy.
- give us the information and any documents we need to decide if you're eligible[66]
- sign or certify the NDIS application[67]
- talk to you about your needs and current situation.

When we talk to you, we'll listen to understand what is important to you. We'll also ask questions to make sure we know all the ways we can help.

We can use this information to make a community connections plan if you want us to. You don't need a community connections plan to become an NDIS participant. Learn more about community connections.

Other people can help you apply if you want them to. Sometimes they can apply on your behalf. Learn more about who can help you apply.

Learn more about how to apply to the NDIS.

What information do we need in your application?

The Evidence of Identity Factsheet shows what information we need to verify your identity. When you apply for the NDIS, you'll need to give us copies of these documents. If you can't

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do this, let us know so we can work out what to do depending on your situation. We will still need to check your identity before progressing your application.

To show us you're younger than 65 when you apply, live in Australia, and that you're an Australian citizen or permanent resident, you can give us either of the following:

- consent to access and use your Centrelink record
- copies of documents or other evidence that we ask for if you apply in person or over the phone.

In most cases, we can just use your identity documents.

Who can give us evidence of your impairments?

We need evidence of your impairments, to help us work out if you're eligible. To provide this, ask your treating professional. For children younger than 6 with developmental delay, an early childhood partner can provide evidence of developmental delay. Your treating professional or early childhood partner can contact us if they need to discuss what evidence to provide.

Your treating professional might be your doctor, specialist, or allied health service provider. You should use a professional who:

- has worked with you for a long time, usually for at least 6 months
- is the most appropriate type of professional to give evidence about your impairment
- is qualified and registered in their area of practice with the Australian Health Practitioner Regulation Agency or relevant professional authority.

If your treating professional does not meet these requirements, we may not be able to confirm the information in your access request and may need to request further information.

When we check if you're eligible for the NDIS, we mainly consider the information you give us when you apply.

Learn more about who can give us evidence of your disability or impairment on the following pages:

- Providing evidence of your disability
- Providing evidence of disability for children
- Information for GPs and health professionals.

You can also learn more about how we use, collect and store your personal information.

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What if you're in a remote or very remote area?

We understand it might be hard to get your treating professional to provide evidence of your impairments in a remote or very remote area. If it's hard to get your treating professional to do this, let us know.

You might not need to give us as much evidence about your impairment as people in big cities, depending on what services are available in your area. We use a technical definition for remote and very remote. You will need to live in an area that's classified as MM6 or MM7 on the Modified Monash Model to be considered remote or very remote.

How do we check your application?

Before we can accept your application, we make sure it's been made by the right person. That is, the application is from you, or someone who can apply for you.

We then check all the answers we need have been provided, and that it is the correct information.[68]

If you don't have all the answers at the meeting, we'll help you work out what to do. You can also let us know if there is a mistake. We can work with you to help complete the application properly. We can't decide if you're eligible until we have a complete application.

We'll also let you know if we need more information and, if so, what you need to give us.

Once you have completed your application with all the right information, we'll check whether you're eligible. That is, we'll check that:

- you meet the age and residence requirements
- you meet either the disability requirements or the early intervention requirements.

Learn more in the Applying to the NDIS factsheet.

Who can help you apply?

You can ask someone to help you apply if you want to. They can help you:

- make your decision to apply to the NDIS
- gather the information we need.

You can choose who helps you. For example, you could ask for help from:

- a family member
- a friend
- a carer

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- a partner
- a support worker or service provider
- staff in a residential aged care facility
- your treating health professional
- hospital staff.

With your permission, we can share information with these people during your application. For example, they could call us to check how your application is progressing. You can let us know if you would like us to share information.

Can someone else apply for you?

If someone else has legal authority to make decisions for you, they can apply to the NDIS on your behalf.

If you're younger than 18, the people with parental responsibility for you will apply for you.[69] This is often your parents or legal guardian. In some situations, we can decide someone else has parental responsibility.[70] Learn more about child representatives.

If you're an adult, these people may be able to apply to the NDIS on your behalf:

- a person you give consent to act as your authorised representative – this means you give them permission to apply for you
- your guardian
- a person with power of attorney who can make personal and health decisions for you
- a person with advance care health directive.

If you're an adult and want someone else to apply for you, you can tell us in person, or over the phone.

When do we contact you to help you apply?

Sometimes, we'll reach out to you to help you apply. This might be if you live in a:

- group home or supported accommodation
- large residential facility
- residential aged care facility – also read our page on younger people in residential aged care
- rural or remote area.

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How do we decide if you're eligible?

Once we have your application, we review all the information we have in your application.

This will help us decide if you're eligible for the NDIS. As part of the process, we will also need to check your identity.

You are eligible for the NDIS if you meet:

- the age and residence requirements
- either the disability requirements or the early intervention requirements.

If you're 7 or older, the first thing we decide is whether you meet the disability requirements. If you don't, we will then decide whether you meet the early intervention requirements.

For children younger than 7, it's the other way around. First, we'll decide whether they meet the early intervention requirements. If they don't, then we will decide whether they meet the disability requirements.

It's likely children younger than 6 with developmental delay will not meet the disability requirements. So, they may only be eligible under the early intervention requirements.

If you don't meet either the disability requirements or the early intervention requirements, you won't be eligible for the NDIS. But an early childhood partner or local area coordinator can help you connect with other government and community supports.

When will we decide if you're eligible?

Once we have your application, we have **21 days** to decide one of the following:[71]

- you're eligible for the NDIS
- you're not eligible for the NDIS
- we need more information.

We can make a decision quicker in urgent circumstances. Let us know if your situation is urgent, for example, if you're about to leave a hospital or custodial setting. Learn more about our timeframes for urgent decisions.

How do we consider your evidence of disability?

When we're deciding if you're eligible, we may look at things like:

- how old your evidence is
- who provided your evidence.

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If we get more than one type of evidence from you, we might consider some evidence over others. We call this weighing evidence.

What if we need more information to decide if you're eligible?

When we decide if you're eligible, we look at:

- the information in your NDIS application
- any other information we have.

We need enough information in your application to show us you're eligible for the NDIS by meeting the disability requirements or the early intervention requirements.

Sometimes we might need to ask you for more information. For example, we may not have enough information about your functional capacity.

We'll ask you for more information if we need it to make sure we have the full picture.[72]

We might ask you for more information if:

- your application doesn't have all the information we need
- we need to answer a particular question.

We only ask for more information if we need it to decide if you're eligible.[73] If we need more information, we'll let you know:

- what you need to do
- what information we need
- when you need to give us the information.

If we ask for more information, you'll have at least **90 days** to give it to us. We can't decide if you're eligible until we have this. You can ask for more time if you need it. We can give you more time if we think it's reasonable for your situation.[74]

If we can't contact you within **90 days**, or you don't give us the information within the timeframe, we'll withdraw your application. This means we'll stop processing your application.

If you don't get the information to us in time, you can apply again.

What happens after we get your information?

Once you give us the information we need, we then have **14 days** to decide if:[75]

- you're eligible for the NDIS
- you're not eligible for the NDIS

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- we need more information – for example, if the information you gave us isn't what we need.

What happens if we don't decide on time?

If we don't meet our decision-making timeframes, we have to treat this as if we decided you're not eligible.[76]

If this happens, we'll automatically review this decision that you're not eligible.[77] We'll send you a letter to explain this. You don't need to do anything.

We'll then make sure your application is reviewed by a staff member who wasn't involved in the original application. We'll contact you to let you know the outcome.

Learn more about reviewing our decisions.

What happens after we decide?

What happens if you're eligible?

On the day we decide you're eligible for the NDIS, you become an NDIS participant.[78]

The time that you remain eligible for the NDIS depends on your individual circumstances and disability support needs.

You'll need to continue to be eligible for the NDIS. This means you'll need to continue to live in Australia and be an Australian citizen or permanent resident. You'll also need to continue to meet either the disability requirements or the early intervention requirements. Learn more about whether you will always be eligible and leaving the NDIS.

We'll send you a letter to let you know:

- you are eligible
- if you met the disability requirements or the early intervention requirements
- the next steps.

Your letter will also confirm the date you became eligible for the NDIS.[79]

How will we create your first plan?

After you receive the letter confirming you're eligible, we'll contact you to organise your first planning conversation. We'll contact you within **21 days**.

You will need to bring your original identity documents from the Evidence of Identity (POI) Factsheet to your first planning meeting so we can confirm them. If you can't provide these

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documents, let us know so we can work out what to do depending on your situation. We will still need to check your identity before approving your plan.

We'll then work together to create a plan for your disability support needs. We can build on the information and goals in your existing community connections plan if you have one, and include these supports in your plan. Learn more about community connections.

Your plan will include any supports we fund that meet the NDIS funding criteria.

We fund supports for any impairments that meet the eligibility criteria.

For example, you may have many impairments, but only one meets our eligibility criteria. Or you might get another impairment after we decide you're eligible. If so, we only fund supports for impairments that meet either the disability requirements, or the early intervention requirements.

If you're aged 7 or older, we must approve your first plan within **56 days** after you become a participant.

For children younger than 7, we'll approve their first plan within **90 days** after they become a participant.

For more information, check out creating your plan.

Will you always be eligible for the NDIS?

There are many reasons for leaving the NDIS.

Some people decide they don't want to be a participant anymore.

You'll also leave the NDIS if you're no longer eligible.

When we reassess your plan, we check that all your details are correct and up to date. We also look at any new information we have received.

If you're eligible under the **early intervention requirements**, your support needs are more likely to change. We'll check at each plan reassessment whether you still meet the early intervention requirements.

For example, during a reassessment it may show you no longer meet the early intervention requirements because you have built your skills and capacity and will no longer benefit from early intervention supports.

If you're eligible under the disability requirements, your disability is permanent. We don't expect your disability to change, and it's likely you'll need the NDIS for a long time. We will only ask you for more information about your eligibility if there is evidence that you may no longer meet the disability requirements.

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You can find out more about the eligibility requirements, and how we check these, at Am I eligible. Children with developmental delay will usually leave the NDIS after they turn 6.

Over time, you might develop your skills and independence and not need the NDIS anymore.

If you met the early intervention requirements, you usually won't be eligible anymore after the early intervention supports have helped you. For example, if you needed early intervention supports to improve your functional capacity, you won't be eligible anymore after your functional capacity improves.

If you're no longer eligible, we'll help you transition from the NDIS and connect with other services in your community if you need them. We'll also keep your information, so you can apply again if your situation changes.

Learn more about leaving the NDIS.

What happens if you're not eligible?

If you're not eligible, you can't become an NDIS participant.

We'll try and contact you by phone, or your preferred contact method,[80] to explain why you're not eligible. We will give you reasons for our decision, and also answer any questions you might have.

We'll also send you a letter with our decision, including the reasons you're not eligible and what to do next. Your letter will confirm the date we made the decision.

Even if you're not eligible for the NDIS, your early childhood partner or local area coordinator can help you explore and access mainstream and community supports in your community. When we work with children under 9 and their families, we call this early connections. When we work with people aged 9–64, we call this community connections.

Your early childhood partner or local area coordinator will use the information you shared to suggest mainstream and community supports in your community. They will work with you to see how these supports may help you with what is important to you. The information might be recorded in a community connections or early connections plan, or it might be a conversation. We also have a list of other government and community supports you can get, even if you're not eligible for the NDIS.

What if you don't agree with our decision?

If you don't agree with our decision that you're not eligible, you should contact us. We can help explain our decision and what your options or next steps might be.

You can also ask for an internal review.[81] Another staff member, who wasn't involved in the original decision, will then check if we made the right decision. You need to ask for an

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internal review within **3 months** after receiving the decision.[82] Learn more about reviewing our decisions.

But you can't ask for an internal review if:

- you withdraw your application because you don't want to apply anymore
- a decision has not been made and we ask you for more information
- we withdraw your application because you didn't give us information on time
- it's been more than 3 months since you received our decision that you're not eligible.

If you don't agree with the internal review decision, you can ask the Administrative Appeals Tribunal to review it. We call this an external review. You can't ask for an external review until after we make the internal review decision.

You can contact us to discuss any concerns you may have about the process. You can also make a complaint if you're not happy with any part of the process.

Can you apply again?

Yes. If we decide you're not eligible, you can apply again.[83] You'll follow the same process to apply as you did the first time. Remember, you need to be younger than 65 on the day you make your new application. And children with developmental delay will need to be younger than 6 on the day they apply.

But if you've asked for an internal review of the decision, you can't apply to the NDIS again until we've completed that review.[84] You can ask us to stop our internal review at any time.[85]

Also, if your review is with the Administrative Appeals Tribunal after an internal review, you can't apply again until it has made a decision.[86] You can also ask the Tribunal at any time to withdraw your application. Learn more on the Administrative Appeals Tribunal website.

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Applying to the NDIS – Appendices

What's on this page?

- List A: Conditions that are likely to meet the disability requirements
- List B: Conditions that are likely to be permanent
- List C: What if you're receiving disability support in Western Australia?
- List D: Conditions that are likely to meet the early intervention requirements for children younger than 7
- When do we make priority eligibility decisions?
- How do we weigh evidence of disability?

List A: Conditions that are likely to meet the disability requirements

1. **Intellectual disability** diagnosed and assessed as moderate, severe or profound in accordance with current DSM criteria.
2. **Autism** diagnosed by a specialist multi-disciplinary team, paediatrician, 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).
3. **Cerebral palsy** diagnosed and assessed as severe (e.g. assessed as Level 3, 4 or 5 on the Gross Motor Function Classification System - GMFCS).
4. **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

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- 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)

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- X-linked spinal muscular atrophy

5. **Spinal cord injury** or **brain injury** resulting in paraplegia, quadriplegia or tetraplegia.
6. **Hemiplegia** where there is severe or total loss of strength and movement in the affected limbs of the body.
7. **Permanent blindness** in both eyes, diagnosed and assessed by an ophthalmologist as follows:
    - Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
    - Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
    - A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points. (An optometrist report is not sufficient for NDIS purposes.)
8. **Permanent bilateral hearing loss** > 90 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz).
9. **Deafblindness** confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.
10. **Amputation** or congenital absence of 2 limbs – for example, 2 legs, 2 arms, or a leg and an arm (not a leg and a hand, or an arm and a foot).

List B: Conditions that are likely to result in a permanent impairment

Conditions primarily resulting in intellectual or learning impairment

- Intellectual disability
- Pervasive developmental disorders not meeting severity criteria in List A or List C, such as autism
- Asperger syndrome
- Atypical autism
- Childhood autism.

Chromosomal abnormalities resulting in permanent impairment and not specified on List A

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- Aicardi-Goutières syndrome
- CHARGE syndrome
- Cockayne syndrome Types I and Type II/Cerebro-oculo-faciao-skeletal (COFS) syndrome /Pena Shokeir syndrome Type II/Weber-Cockayne syndrome/Neill-Dingwall syndrome)
- Cohen syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome /22q11.2 deletion syndrome/Velocardiofacial syndrome/ Shprintzen syndrome/Conotruncal anomaly face syndrome
- Down syndrome/Trisomy 21
- Fragile X syndrome
- Kabuki syndrome
- Menkes disease
- Prader-Willi syndrome
- Seckel syndrome /microcephalic primordial dwarfism/Harper's syndrome/Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Spinal muscular atrophy Types III and IV
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Turner syndrome
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in Neurological impairment

- Alzheimer's dementia
- Creutzfeldt-Jakob disease
- HIV dementia

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- Huntington's disease
- Multi-infarct dementia
- Parkinson's disease
- Post-polio syndrome
- Vascular dementia.

Systemic atrophies primarily affecting the central nervous system

- Abetalipoproteinaemia
- Adult-onset spinal muscular atrophy/late-onset SMA type III)
- Fazio-Londe disease/Progressive bulbar palsy of childhood
- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11Huntington's disease/Huntington's chorea
- Louis-Bar syndrome/Ataxia-telangiectasia
- Motor neuron disease/Motor neurone disease/ Lou Gehrig's disease /Amyotrophic lateral sclerosis
- Primary lateral sclerosis
- Progressive bulbar palsy
- Spinal muscular atrophy – all types
- Spinocerebellar Ataxia – all types, including Machado-Joseph disease.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome /Pantothenate kinase-associated neurodegeneration (PKAN)/neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Parkinson's disease
- Shy-Drager syndrome /Multiple System Atrophy /Striatonigral degeneration (MSA-P)/ Sporadic olivopontocerebellar atrophy (MSA-C)
- Steele-Richardson-Olszewski syndrome/Progressive supranuclear ophthalmoplegia
- Stiff-man syndrome /Stiff-person syndrome.

Other degenerative diseases of the nervous system

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- Alzheimer's disease
- Alpers disease/Grey-matter degeneration/Alpers syndrome/progressive sclerosing poliodystrophy/progressive infantile poliodystrophy
- Lewy body dementia
- Pick's disease.

Demyelinating diseases of the central nervous system

- Adrenoleukodystrophy
- Multiple sclerosis
- Schilder's disease /Diffuse myelinoclastic sclerosis – non-remitting.

Episodic and paroxysmal disorders

- Brain stem stroke syndrome
- Cerebellar stroke syndrome
- Motor and sensory lacunar syndromes
- Lennox syndrome /Lennox-Gastaut syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Adult Refsum disease
- Charcot-Marie-Tooth disease/Hereditary motor and sensory neuropathy/ peroneal muscular atrophy
- Dejerine-Sottas disease /Dejerine-Sottas syndrome/Dejerine-Sottas neuropathy/progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Other disorders of the nervous system

- Hydrocephalus
- Multiple system atrophy.

Conditions resulting in Physical impairment

- Amputation
- Congenital absence of limb or part thereof

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- Epidermolysis bullosa
- Harlequin type icthyosis
- Juvenile arthritis / Stills Disease (excluding monocyclic/self-limited Adult Onset Stills disease)
- Rheumatoid arthritis.

Diseases of myoneural junction and muscle

- Andersen-Tawil syndrome/ Periodic paralysis /myoplegia paroxysmalis familiaris
- Becker muscular dystrophy
- Congenital muscular dystrophy
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Limb-girdle muscular dystrophy
- Mitochondrial myopathy
- Myotonic dystrophy /dystrophia myotonica
- Myotonic muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita
- Thomsens disease /Congenital myotonia/ Becker myotonia).

Cerebral palsy and other paralytic syndromes not meeting severity criteria on List A

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

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Conditions resulting in Sensory and/or Speech impairment

Disorders of the choroid and retina where permanent blindness diagnostic and severity criteria on List A are not met

- Behr's syndrome
- Kearns-Sayre syndrome
- Optic atrophy
- Retinitis pigmentosa
- Retinoschisis (degenerative and hereditary types/juvenile retinoschisis)
- Stargardt disease
- Usher syndrome.

Disorders resulting in hearing loss

- Cortical deafness
- Pendred syndrome
- Sensorineural hearing loss
- Stickler syndrome
- Usher syndrome
- Waardenburg syndrome.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease /Adrenoleukodystrophy
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis /cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Glycine encephalopathy /non-ketotic hyperglycinaemia

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- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucolipidosis II /I-cell disease
- Mucolipidosis III /pseudo-Hurler polydystrophy
- Mucolipidosis IV
- Neuronal ceroid lipofuscinosis (NCL)/ Adult type (Kuf's or Parry's disease)/ Juvenile (Batten disease)/ Late infantile (Jansky-Bielschowsky)
- Niemann-Pick disease
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Scheie syndrome /MPS 1-H
- Hurler-Scheie syndrome /MPS 1 H-S
- Hunter syndrome /MPS II
- Morquio syndrome /MPS IVA
- Maroteaux-Lamy syndrome /MPS VI
- Sly syndrome /MPS VII.

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment but with variable severity

- Arnold-Chiari Types 2 and 3/Chiari malformation
- Microcephaly
- Fetal alcohol spectrum disorder

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- Fetal hydantoin syndrome
- Spina bifida
- VATER syndrome /VACTERL association.

List C: What if you're receiving disability support in Western Australia?

We have an agreement with the Western Australian government to bring Western Australians onto the NDIS. If you're receiving disability supports in Western Australia, you might already meet most of the eligibility criteria. We'll send you a letter with all the details on how to apply.

The Western Australian government will let us know if you're on a program for faster access to the NDIS. This is called a defined program.

If you're on one of these programs, you need to show us that you:

- are younger than 65 on the day you apply
- live in Australia permanently
- are an Australian citizen or permanent resident.

We'll let you know what evidence you need to give us when you apply.

If you show us you meet the above requirements, we'll decide you're eligible under the **disability requirements**.

Which Western Australian defined programs are eligible for the NDIS?

- WA state-administered National Disability Insurance Scheme
- Supported Community Living
- Community Residential
- Day Options
- Disability Professional Services
- Emergency Accommodation
- Respite
- LAC Coordination
- Recreation.

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List D: Permanent impairment/Early intervention, under 7 years. No further assessment required.

Synonyms for conditions are also shown (e.g. condition / synonym / synonym)

Conditions primarily resulting in Intellectual/ learning impairment

Chromosomal abnormalities resulting in permanent impairment

- Global Developmental Delay
- Aicardi syndrome
- Aicardi-Goutières syndrome
- Angelman syndrome
- CHARGE syndrome
- Cockayne syndrome/ Types I and Type II / Cerebro-oculo-faciao-skeletal (COFS) syndrome/ Pena Shokeir syndrome Type II / Weber-Cockayne syndrome/ Neill-Dingwall syndrome
- Coffin-Lowry syndrome
- Cohen syndrome
- Cornelia de Lange syndrome
- Cri du Chat syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome/ 22q11.2 deletion syndrome/ Velocardiofacial syndrome/ Shprintzen syndrome/ Conotruncal anomaly face syndrome
- Down syndrome/ Trisomy 21
- Edwards syndrome/ Trisomy 18
- Fragile X syndrome
- Kabuki syndrome
- Lesch-Nyhan syndrome/ Nyhan's syndrome/ Kelley-Seegmiller syndrome/ Juvenile gout
- Leigh syndrome/ Leigh's disease/ subacute necrotizing encephalomyelopathy
- Menkes disease

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- Patau syndrome/ Trisomy 13
- Prader-Willi syndrome
- Rett syndrome
- Seckel syndrome/ microcephalic primordial dwarfism/ Harper's syndrome/ Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in Neurological impairment

Systemic atrophies primarily affecting the central nervous system

- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11
- Louis-Bar syndrome/ Ataxia-telangiectasia
- Niemann-Pick disease (Types A and C)
- Progressive bulbar palsy of childhood/ Fazio-Londe disease.

The following spinal muscular atrophies

- Spinal muscular atrophy Type I/ Werdnig Hoffmann disease/ infantile SMA
- Spinal muscular atrophy Type II/ Dubowitz disease
- Spinal muscular atrophy Type III Kugelberg-Welander disease/ juvenile SMA
- Spinal muscular atrophy lower extremity dominant/ SMA-LED
- X-linked spinal muscular atrophy.

Extrapyramidal and movement disorders

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- Hallervorden-Spatz syndrome / Pantothenate kinase-associated neurodegeneration (PKAN)/ neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Alpers disease/ Alpers syndrome/ Grey-matter degeneration/ Progressive sclerosing poliodystrophy/ Progressive infantile poliodystrophy
- Demyelinating diseases of the central nervous system
- Adrenoleukodystrophy / X-linked childhood cerebral form
- Alexander disease
- Canavan disease
- Krabbe disease/ Globoid cell leukodystrophy
- Pelizaeus-Merzbacher disease.

Episodic and paroxysmal disorders

- Lennox-Gastaut syndrome/ Lennox syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Dejerine-Sottas disease/ Dejerine-Sottas syndrome/ Dejerine-Sottas neuropathy/ progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Conditions primarily resulting in physical impairment

- Amputation
- Diamond-Blackfan anaemia
- Epidermolysis bullosa
- Harlequin type icthyosis
- Hay Wells syndrome/ ankyloblepharon/ ectodermal dysplasia/ clefting [AEC] syndrome
- Joint or limb deformities resulting in impaired mobility
- Juvenile arthritis/ Stills Disease
- Osteogenesis imperfecta
- Sjogren Larsson syndrome.

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Diseases of myoneural junction and muscle

- Congenital muscular dystrophy
- Congenital myotonia / Thomsens disease/ Becker myotonia
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Emery-Dreifuss muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita.

Cerebral palsy and other paralytic syndromes

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in sensory and/or speech impairment

- Permanent blindness in both eyes, diagnosed and assessed by an ophthalmologist as follows:
- Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
- Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
- A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points.
- (An optometrist report is not sufficient for NDIS purposes.)

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- Deafblindness confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease/ Adrenoleukodystrophy /
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis/ cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital hypothyroidism
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Galactosaemia with long term learning disabilities and neurological impairment
- Glycine encephalopathy/ non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucolipidosis II / I-cell disease
- Mucolipidosis III / pseudo-Hurler polydystrophy
- Mucolipidosis IV
- Neuronal ceroid lipofuscinosis
- Niemann-Pick disease
- Phenylketonuria
- Pyruvate carboxylase deficiency

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- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Hurler syndrome/MPS1-H
- Scheie syndrome/ MPS 1-S
- Hurler-Scheie syndrome/ MPS 1 H-S
- Hunter syndrome/ MPS II
- San Fillipo syndrome/ MPS III
- Morquio syndrome/ MPS IVA
- Maroteaux-Lamy syndrome/ MPS VI
- Sly syndrome/ MPS VII.

The following lysosomal storage disorders

- 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).

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment

- Chiari malformation/Arnold-Chiari malformation
- Congenital absence of limb(s)
- Congenital hydrocephalus
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Microcephaly
- Spina bifida

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- VATER syndrome (VACTERL association).

When do we make priority eligibility decisions?

If you're in one of the following situations, we'll decide if you're eligible within **2 to 5 business days**.

- Child younger than 7 years with a hearing impairment, either:
  - Identified as **Hearing Australia or Early Childhood Partner Priority**
  - Identified as **'newly diagnosed'**.
- A child is identified as having a developmental delay and is turning 6 years old within 30 days of a valid NDIS application.
- **Immediate risk** to self, others, community or agency where appropriate disability or informal supports are not in place.
- **Unexpected, significant deterioration** of disability-related functional capacity where appropriate disability or informal supports are not in place.
- **Rapid deterioration** in functional capacity of a person with one of the following permanent disabilities:
  - Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)
  - Brain Cancer
  - Motor Neurone Disease (MND)
  - Progressive Bulbar Palsy (PBP)
  - Primary Lateral Sclerosis (PLS)
  - Progressive Muscular Atrophy (PMA).
- **Imminent risk** (within 1–14 days) of breakdown of either:
  - Accommodation – risk of homelessness
  - Caring arrangements, including informal supports, due to death, serious illness or injury of informal supports, or significant and unexpected deterioration of disability-related functional capacity.
- Appropriate disability supports are not in place and are re-entering the community after a long-term residence or hospital stay (specific release date not required):
  - A person with a **newly acquired, significant disability**, such as spinal cord injury, being discharged from hospital

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- A **younger person living in residential aged care**
- A person being **discharged from an inpatient mental health facility**
- A person due to be **released from correctional facility**.

How do we weigh evidence of disability?

We understand that you may have evidence of your disability from different health professionals at different times. When we're deciding if you're eligible for the NDIS, we look at:

- how old your evidence is
- who provided your evidence.

We weigh evidence based on what we consider 'best practice', or highest quality. We consider this evidence most strongly when we make a decision.

What type of evidence should you provide?

We need evidence to help us consider if you meet the disability or early intervention requirements.

For the disability requirements, we need evidence to confirm your permanent impairment and evidence about how this impacts your functional capacity.

For the early intervention requirements, we need evidence to confirm your permanent impairment and evidence that confirms you need early intervention.

It's important to understand the type of evidence that you are providing us. You may have evidence from a doctor or specialist confirming your **permanent impairment** or you may have evidence from an allied health professional or other medical professional that tells us about **impacts to your functional capacity** (your ability to do daily life activities). These are different types of evidence which will often be provided by different health professionals based on their qualifications.

How old should your evidence be?

How old should your evidence be to confirm your permanent impairment?

We need evidence from your doctor or specialist to confirm your permanent impairment. You can give us evidence confirming this **from any age**. However, evidence about how your impairment impacts your functional capacity should be from the last 12 months.

How old should your evidence be to confirm your functional capacity?

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Generally, we need evidence about how your impairment impacts your functional capacity from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

If you give us more than one type of evidence, we might weigh the newer evidence over the older evidence. If you give us older evidence, we will generally give this less weighting when we make our decision. In these cases, we will generally ask for more information. If this is not provided, we may decide you are not eligible for the NDIS.

How old should your evidence be to confirm you need early intervention?

We need evidence from your doctor or specialist to confirm your permanent impairment and that you need early intervention.

Generally, we need evidence about that confirms you need early intervention from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

Who should provide evidence?

We generally prefer evidence that comes from a treating professional who:

- is the most **appropriately qualified** person to provide evidence of your primary disability
- has treated you for a significant period of time (at least six months)
- is registered to practise in Australia or New Zealand
- provides disability evidence (such as a medical report) that is original, genuine and specific to you.

Depending on your situation, you might get your evidence of **permanent impairment** from a different treating professional than your **evidence of functional capacity**.

If you need help to get your evidence together, your local area coordinator or early childhood partner can help you.

Who should provide evidence of your permanent impairment?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Examples of common doctors or specialists include:

- General Practitioner (GP)

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- Paediatrician
- Orthopaedic surgeon
- Neurologist
- Psychiatrist.

Who should provide evidence of your functional capacity?

We generally prefer evidence from a doctor, specialist, allied health or other medical professional for confirm how your permanent impairment impacts your functional capacity.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist.

Who should provide evidence that you need for early intervention?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Whereas a doctor, specialist, allied health or other medical professional can give us evidence to confirm you need early intervention.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist.

Health professionals registered to practise in Australia and New Zealand

We strongly prefer evidence of your disability to come from a registered Australian or New Zealand health professional. Most Australian health professionals are registered with the Australian Health Practitioner Regulation Agency (AHPRA).

We will still consider evidence from non-Australian or New Zealand health professionals, or unregistered health professionals. However, this evidence will be given less weight.

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If we cannot confirm the registration of your health professional, we will ask you (and your health professional) for more information in the first instance. If we still cannot confirm their registration, we will likely decide that you are not eligible for the NDIS.

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Reference list

[1] NDIS Act s 24(1)(e).
[2] NDIS Act ss 22-23.
[3] NDIS Act s 24.
[4] NDIS Act s 25.
[5] NDIS Act s 25(1)(a)(iii).
[6] NDIS Act s 28(1).
[7] NDIS Act s 22(1)(a).
[8] NDIS Act s 23(1)(b)(i).
[9] NDIS Act s 23(1)(b)(ii).
[10] NDIS Act s 23(1)(b)(iii).
[11] NDIS Act s 23(1)(a).
[12] NDIS Act s 23(2).
[13] NDIS Act s 23(2)(f).
[14] NDIS Act s 23(2)(a).
[15] NDIS Act s 23(2)(b).
[16] NDIS Act s 23(2)(c).
[17] NDIS Act s 23(2)(d).
[18] NDIS Act s 23(2)(e).
[19] NDIS Act s 24.
[20] NDIS Act ss 24(1)(a); 25(1)(a).
[21] NDIS Act ss 24(1)(a); 25(1)(a).
[22] NDIS Act ss 24(3)
[23] NDIS (Becoming a Participant) Rules rr 5.4, 6.4.
[24] NDIS (Becoming a Participant) Rules rr 5.6, 6.6.
[25] NDIS (Becoming a Participant) Rules rr 5.5, 6.5.
[26] NDIS (Becoming a Participant) Rules rr 5.7, 6.7.
[27] NDIS (Becoming a Participant) Rules rr 5.8(a), (c)
[28] NDIS (Becoming a Participant) Rules r 5.8(b).
[29] NDIS (Becoming a Participant) Rules r 5.8(a).
[30] NDIS Act s 24(1)(d).
[31] NDIS Act s 24(1)(e).
[32] NDIS Act s24(3)
[33] NDIS Act s 24(2).
[34] NDIS Act ss 25(1)(a)(i)-(ii).
[35] NDIS Act s 25(1)(a)(i).
[36] NDIS Act ss 25(1)(a)(i)-(ii).
[37] NDIS Act s 25(1)(a)(ii).
[38] NDIS Act s 25(1)(b).
[39] NDIS Act s 25(1)(c).
[40] NDIS (Becoming a Participant) Rules r 6.9.
[41] NDIS Act s 25(3); NDIS (Becoming a Participant) Rules r 6.1,
[42] NDIS (Supports for Participants) Rules r 7.5(b).
[43] NDIS (Supports for Participants) Rules r 7.5(a).
[44] NDIS (Supports for Participants) Rules r 7.7(b).
[45] NDIS (Supports for Participants) Rules r 7.7(a).
[46] NDIS (Supports for Participants) Rules r 7.10(a).
[47] NDIS (Supports for Participants) Rules r 7.18(b).
[48] NDIS (Supports for Participants) Rules r 7.18(a).
[49] NDIS Act s 25.
[50] NDIS Act ss 9 (definition of 'developmental delay'), 21(1)(c), 25(1)(a)(iii).
[51] NDIS Act s 23(1)(a).

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[52] NDIS Act s 23(1)(b).
[53] NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
[54] NDIS Act s 25(3). If we decide a child has a developmental delay under NDIS Act s 9 (definition of 'developmental delay'), we're satisfied they meet the requirements under NDIS Act ss 25(1)(b)-(c): see NDIS (Becoming a Participant) Rules r 6.8.
[55] NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
[56] NDIS Act s 9 (definition of 'developmental delay' para (a)).
[57] NDIS Act s 9 (definition of 'developmental delay' para (b)).
[58] NDIS Act s 9 (definition of 'developmental delay' para (c)).
[59] NDIS Act s 25(3); NDIS (Becoming a Participant) Rules rr 6.1, 8.4.
[60] NDIS (Supports for Participants) Rules r 7.5(b).
[61] NDIS (Supports for Participants) Rules r 7.5(a).
[62] NDIS (Supports for Participants) Rules r 7.10(a).
[63] NDIS (Supports for Participants) Rules r 7.9(a).
[64] NDIS (Supports for Participants) Rules r 7.10(c).
[65] NDIS Act s 19(1)(a).
[66] NDIS Act s 19(1)(b).
[67] NDIS Act s 19(1)(c).
[68] NDIS Act s 197(1).
[69] NDIS Act s 74(1)(a).
[70] NDIS Act s 74(1)(b).
[71] NDIS Act s 20.
[72] NDIS Act s 26(2)(d).
[73] NDIS Act s 26.
[74] NDIS Act s 26(3)
[75] NDIS Act s 26(2).
[76] NDIS Act s 21(3).
[77] NDIS Act s 100(5)(b).
[78] NDIS Act s 28(1).
[79] NDIS Act s 28(2).
[80] NDIS Act s 7(2).
[81] NDIS Act s 100(2).
[82] NDIS Act s 100(2)
[83] NDIS Act s 19(2).
[84] NDIS Act s 19(2)(c).
[85] NDIS Act s 102.
[86] NDIS Act s 19(2)(d).

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Applying to the NDIS

Quick summary: If you want to become an NDIS participant and get supports through an NDIS plan, you'll need to apply to the NDIS. There are some requirements you need to meet to be eligible for the NDIS.

First, you need to be younger than 65 when you apply, be an Australian citizen or permanent resident, and live in Australia. Then, you'll need to meet the disability or early intervention requirements.

You may be eligible under the disability requirements if you have one or more impairments that are likely to be permanent and this substantially impacts your ability to do daily life activities. Your impairment must also affect your social life, or your ability to work and study, and you must be likely to need support under the NDIS for your whole life.[i]

Or you may be eligible under the early intervention requirements if you have one or more impairments that are likely to be permanent, and supports would help you by reducing your need for supports in the future. We will also consider if these needs could best be met by the NDIS, or by other government and community services.

If you think you might be eligible, we can help you apply to the NDIS. We will talk to you about your needs, current situation and what is important to you. We'll look at all the information you give us to decide if you're eligible. If you're eligible for the NDIS, you'll become a participant and we'll work with you to start creating your plan. If you're not eligible, an early childhood partner or local area coordinator can help you explore and access mainstream and community supports in your community. When we work with children under 9 and their families, we call this early connections. When we work with people aged 9–64, we call this community connections. What's on this page?

- What do we mean by applying to the NDIS?
- Do you meet the age requirements?
- Do you meet the residence requirements?
- Do you meet the disability requirements?
- Do you need early intervention?
- What about children younger than 6 with developmental delay?
- How do you apply to the NDIS?
- How do we decide if you're eligible?

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- What happens after we decide?

What do we mean by applying to the NDIS?

Applying to the NDIS means doing things to find out if you can become a participant and start getting supports under the NDIS. There is a process to follow when you apply to the NDIS. After you apply, we'll look at all the information you provide and decide if you're eligible.

If we decide you're eligible, you'll become a participant in the NDIS. We'll then work with you to create your first plan, which will include funding for any reasonable and necessary supports.

If you're not eligible, there are other services available to you, such as other government and community services. We can help you connect to these other services.

For children younger than 9, we encourage families to talk to an early childhood partner before applying to the NDIS. They can help families connect to the right supports and let families know if the NDIS is right for their child. Learn more about our early childhood approach and early connections.

Are you eligible for the NDIS?

To be eligible for the NDIS, you first need to meet the age and residence requirements. This means you need to be younger than 65 when you apply, live in Australia, and be an Australian citizen or permanent resident.[ii]

You also need to have a disability caused by an impairment.

When we say impairment in this guideline, we mean a loss or significant change in your body's function, structure, or in how you think and learn. Under the law for the NDIS, we check if you're eligible based on your impairments, not your type of disability or diagnosis.

You will need to meet either the disability requirements[iii] or the early intervention requirements.[iv]

Disability requirements

To meet the disability requirements, we must have evidence of **all** of the following:

- You have a disability caused by an impairment.
- Your impairment is likely to be permanent.
- Your impairment means you have a substantially reduced functional capacity to do one or more daily life activities. These activities include moving around,

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communicating, socialising, learning, undertaking self-care, or self-management tasks.

- Your impairment affects your ability to work, study or take part in social life.
- You'll likely need NDIS supports your whole life.

Early intervention requirements

To meet the early intervention requirements, we must have evidence of **all** of the following:

- You have an impairment that's likely to be permanent, or that you are a child younger than 6 with developmental delay.[v]
- Early intervention will help you by reducing your need for supports in the future.
- Early intervention will help you by either reducing the impact your impairment has on your functional capacity or support your informal supports to build their skills to help you.
- The early intervention you need is most appropriately funded by the NDIS.

If you're receiving disability supports from the Western Australian government, you might already meet most of the eligibility criteria.

We'll use information in your application to decide if you're eligible for the NDIS.

If you're eligible, you become an NDIS participant.[vi] The length of time you'll be an NDIS participant will depend on your situation and disability support needs. For more information, check out our information on leaving the NDIS.

This guideline has detailed information on how we decide if you're eligible for the NDIS. For general information about who's eligible, read Am I eligible and Applying to the NDIS factsheet. Check out our website for information about children younger than 9.

We also have information on Mental health and the NDIS. If you have a psychosocial disability, this webpage has information on whether the NDIS is right for you, and what information we need if you apply.

A psychosocial disability isn't a mental health condition or diagnosis. A psychosocial disability means you have reduced capacity to undertake tasks and activities of daily living due to your mental health.

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Do you meet the age requirements?

To be eligible for the NDIS, you must first meet the age requirements. This means:

- You are younger than 65 on the day you apply.

How old are you?

You must be younger than 65 on the day you make your NDIS application.[vii]

This means your application needs to be complete, in the format we ask for, and received by the NDIA before you turn 65. Learn more about how to complete your NDIS application.

If you're turning 65 soon and want to apply, contact us so we can help you apply on time.

Do you meet the residence requirements?

Then you must meet the residence requirements. This means:

- You are an Australian citizen or permanent resident.
- You live in Australia.

Are you an Australian citizen or permanent resident?

You must be an Australian citizen,[viii] or have one of two visa types that means you can live here.

- A permanent visa[ix]
- A protected special category visa[x] – this is only for some citizens of New Zealand

Do you live in Australia?

You must live in Australia.[xi] This means Australia is your home and you spend most of your time here.

To help us decide, you need to give us evidence to show us you live here. If you give us consent to use your Centrelink record, that usually gives us enough evidence to decide if you live in Australia.

If you don't give us consent, you need to give us enough information to help us decide that you live in Australia. You'll need to answer these questions:

- Where do you live?
- Where is your family?
- Do you work in Australia?

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- Do you own property in Australia?
- How much time do you spend outside Australia?

Some of these questions might not apply to you, but we must consider them when we decide whether you live in Australia.[xii]

We may also ask you other questions to determine whether you live in Australia.[xiii] For example, your family might be deployed overseas in the Defence Force, meaning you need to leave Australia for a while. In these situations, we'll ask you for more information about why you're leaving and can't return.

If you apply, we look at your whole situation when we decide if there's enough evidence to show that you live here. This will be a simple decision for us in most situations. But sometimes we may need to look at the questions below.

Where do you live?

We consider where you live, and your living situation.[xiv] We'll look at whether you have more permanent accommodation in Australia than any other country.

For example, you might own a home or have a formal rental agreement in Australia. This is a good sign to us that you live in Australia.

Where is your family?

We also consider where your immediate family lives.[xv]

We look at where you spend most of your time with them, face-to-face. We don't consider how you connect with your family on the phone or internet.

Do you work in Australia?

If you work, we look at where you normally work or make money.[xvi] If you work or make money in Australia, that's a good sign you live here. If you don't work or are unemployed, we'll consider the other questions to determine whether you live in Australia.

Do you own property in Australia?

We consider what assets or property you own in Australia.[xvii] We also see if you have an Australian bank account.

If you own assets or property here, it doesn't always mean you live in Australia. Your assets or property will need to show you have an ongoing connection to Australia. You don't live in Australia just because you own assets or property here.

How much time do you spend outside Australia?

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We consider how often you go overseas, and how long you're outside Australia when you travel.[xviii] We also consider why you travel overseas, such as for work, holiday or to live with family.

This is usually the most important point to help us decide if you live in Australia. You need to show us that you have a long-term and meaningful connection to living in Australia.

You don't need to stay in Australia all the time. You can still work overseas or go on a holiday.

You will need to show a stronger connection to Australia than other countries if you spend a lot of time overseas.

If we decide you're eligible and create your plan, there may be times you can't use your NDIS funding overseas. This is usually after you're overseas for more than 6 weeks, unless we give you more time. Learn more about when you can't use your plan.

Do you meet the disability requirements?

You meet the disability requirements if we have evidence of all of the following:[xix]

- Your disability is caused by an impairment.
- Your impairment is likely to be permanent.
- Your permanent impairment substantially reduces your functional capacity to undertake one or more of the following activities: moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks.
- Your permanent impairment affects your ability to work, study or take part in social life.
- You'll likely need support under the NDIS for your whole life.

If you give us evidence you have been diagnosed with one or more conditions on List A, we'll likely decide you meet the disability requirements.

If you meet the disability requirements, it's likely you'll need the NDIS for a long time. This means you won't have to prove your disability every time we reassess your plan.

If at any time your disability support needs or situation changes, we many need to check your supports or NDIS eligibility. We will talk with you if this happens.

Learn more about how we check if you are still eligible for the NDIS.

Is your disability caused by an impairment?

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When we consider your disability, we think about whether any reduction or loss in your ability to do things, across all life domains, is because of an impairment.

An impairment is a loss or significant change in at least one of:

- your body's functions
- your body structure
- how you think and learn.

To meet the disability requirements, we must have evidence your disability is caused by at least one of the impairments below:[xx]

- **intellectual** – such as how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – such as how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – such as how your body functions
- **sensory** – such as how you see or hear
- **physical** – such as the ability to move parts of your body.

You may also be eligible for the NDIS if you have a psychosocial disability.[xxi] This means you have reduced capacity to do daily life activities and tasks due to your mental health.

It doesn't matter what caused your impairment, for example if you've had it from birth, or acquired it from an injury, accident or health condition.

It also doesn't matter if you have one impairment, or more than one impairment.

Is your impairment likely to be permanent?

We need evidence that you'll likely have your impairment for your whole life.

You might have some periods in your life where there is a smaller impact on your daily life, because your impairment may be episodic or fluctuate in intensity[xxii]. Your impairment can still be permanent due to the overall impact on your life, and the likelihood that you will be impacted across your lifetime.

Even when your condition or diagnosis is permanent, we'll check if your impairment is permanent too. For example, you may not be eligible if your impairment is temporary, still being treated, or if there are remaining treatment options.

Generally, we'll consider whether your impairment is likely to be permanent after all available and appropriate treatment options have been pursued.

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If you give us evidence you have been diagnosed with a condition on List B, we'll likely decide your disability is from an impairment that's likely to be permanent.

Is there any medical treatment for your impairment?

We don't fund supports to treat your impairment.

Instead, the supports we fund can help you reduce or overcome the impact your impairment has on your daily life. They can also help you increase your functional capacity, independence, and your ability to work, study or take part in social life.

Your impairment will likely be permanent if your treating professional gives us evidence that indicates there are no further treatments that could relieve or cure it.

Your treating professional will tell us or be asked to certify if there are medical, clinical or other treatments that are likely to remedy your impairment. We need to understand whether there are treatments which are:[xxiii]

- known and available
- appropriate for you and your impairment
- evidence-based – that is, there's proof they are likely to be effective.

The word treatment should be understood in a broadest sense and may include changes to your diet and lifestyle. So, for example, conditions such as obesity are unlikely to be found to be permanent.

If you're still undergoing or have recently had treatment, we'll need to wait until you know the outcome of the treatment before we can decide your impairment is likely to be permanent.[xxiv]

In some situations, it may be clear your impairment is likely to be permanent while you're still undergoing treatment or rehabilitation. For example, you may still need treatment and rehabilitation for a spinal cord injury, but it's clear you'll have a permanent impairment.

You might still have a permanent impairment, even if its effects may change over time.[xxv]

For degenerative impairments, or those that get worse over time, we consider them permanent if treatment isn't likely to help or improve the impairment's effects.[xxvi]

Does your impairment substantially reduce your functional capacity?

Your permanent impairment needs **to substantially reduce your functional capacity or ability** to undertake activities in one of the following areas:

- **Communicating** – how you speak, write, or use sign language and gestures, to express yourself compared to other people your age. We also look at how well you understand people, and how others understand you.

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- **Socialising** – how you make and keep friends, or interact with the community, or how a young child plays with other children. We also look at your behaviour, and how you cope with feelings and emotions in social situations.
- **Learning** – how you learn, understand and remember new things, and practise and use new skills.
- **Mobility**, or **moving around** – how easily you move around your home and community, and how you get in and out of bed or a chair. We consider how you get out and about and use your arms or legs.
- **Self-care** – personal care, hygiene, grooming, eating and drinking, and health. We consider how you get dressed, shower or bathe, eat or go to the toilet.
- **Self-management (if older than 6)** – how you organise your life. We consider how you plan, make decisions, and look after yourself. This might include day-to-day tasks at home, how you solve problems, or manage your money. We consider your mental or cognitive ability to manage your life, not your physical ability to do these tasks.

Your impairment substantially reduces your functional capacity if you usually need disability-specific supports to participate in or complete the above tasks.[xxvii]

These disability-specific supports include:

- a high level of support from other people, such as physical assistance, guidance, supervision or prompting.[xxviii]
- assistive technology, equipment or home modifications that are prescribed by your doctor, allied health professional or other medical professional.[xxix]

To help us decide if you're eligible, we need to know your capacity and where you need more help. We get this information from your NDIS application.

If you have more than one permanent impairment we will consider them together, to see if they substantially reduce your functional capacity.

We consider how you're involved in different areas of life like home, school, work and the community, and how you carry out tasks and actions. We also consider any other factors that may impact your day-to-day life.

Your needs might go up and down each day or each month. Progressive Multiple Sclerosis (MS) can be a good example of this. We consider your ability over time, taking into account your ups and downs.

How does a child's impairment affect their daily life?

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To help us decide if a child's ability is substantially reduced, we compare their abilities with other children of the same age.

If a child's ability is much less than most other children the same age, they may meet the disability requirements. For example, if they:

- need assistive technology, equipment or home modifications to participate in daily activities – except for common items like glasses
- usually need more assistance to join activities, or they can't join in.

Sometimes when a child's impairment doesn't substantially reduce their ability right now, but might in the future, we will look at the early intervention requirements. Similarly, if a child's impairment currently substantially reduces their ability, but may not after receiving supports, we will look at the early intervention requirements. Early intervention can be for children of any age, however there are different requirements for children younger than 6 with developmental delay to meet the early intervention requirements.

Learn more about the early intervention requirements.

What if you have a hearing impairment?

Some hearing impairments may lead to a substantially reduced functional capacity.

We'll generally decide you have a substantially reduced functional capacity if your hearing loss is at least 65 decibels in your better ear. This is based on a pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz.

We may also decide you have a substantially reduced functional capacity if your hearing loss is less than 65 decibels in your better ear. We may decide this if either:

- you also have another permanent impairment, such as a vision or cognitive impairment
- you give us evidence your speech detection and speech discrimination outcomes are significantly poorer than expected.

Does your impairment affect your social, work or study life?

Then, we look at how your impairments affect your ability to work, study or take part in social life.[xxx] This means your permanent impairments affect how you can find and keep a job, contribute to your community, or join social activities. We get this information from your NDIS application.

We look at your ability to do things like:

- find and keep a job, or start your own business

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- study
- spend and save money
- play sport
- go to the movies
- volunteer
- travel.

It doesn't matter how much your ability to work, study or socialise is affected by your impairment. It only needs to affect your social or work life in some way for you to meet the criteria.

Will you likely need support under the NDIS for your whole life?

You must be likely to need support under the NDIS for your whole life.[xxxi]

NDIS supports are investments that help you build or maintain your functional capacity and independence, and help you work, study or take part in social life.

Even if your needs go up and down over time, or happen episodically[xxxii], we may still consider it's likely you'll need lifetime support under the NDIS.[xxxiii]

We consider your overall situation to answer this question.

When we decide if you'll likely need support under the NDIS for your whole life, we consider:

- your life circumstances
- the nature of your long-term support needs
- whether your needs could be best met by the NDIS, or by other government and community services.

For example, you may have an impairment which is caused by a chronic health condition. Many chronic health conditions are most effectively managed or remedied through medical management through the health system. If this is the case, we may decide that you don't have a lifetime need for support under the NDIS.

Do you need early intervention?

If you don't meet the disability requirements, you may be eligible for the NDIS under the early intervention requirements. Early intervention is usually early access to support, to help reduce the functional impacts of your impairment.

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Early intervention can be for both children and adults. You won't need these supports for your lifetime, so your treating professional or your early childhood partner will tell us how early intervention support could benefit you or your child.

You will meet the early intervention requirements if you meet all of the following:

- You have an impairment that's likely to be permanent.
- Early intervention supports will help you, for example if it means you'll need less disability support in the future and your functional capacity will improve.
- The early intervention you need is most appropriately funded by us.

There are different requirements for children younger than 6 with developmental delay to meet the early intervention requirements.

If we have evidence a child younger than 7 has been diagnosed with a condition on List D, we'll decide they meet the early intervention requirements.

You may also meet the early intervention requirements if you're aged between 0 and 25 with a hearing impairment.

If you meet the early intervention requirements when you join the NDIS, your support needs are more likely to change. We'll regularly check your eligibility when we reassess your plan, and at other times too.

If you benefit from early intervention supports, you might build your skills and increase your capacity so that you may no longer need NDIS supports.

If you no longer meet the early intervention requirements, we'll check if you meet the disability requirements. Learn more about leaving the NDIS.

Do you have an impairment that's likely to be permanent?

To meet the early intervention requirements, there must be enough evidence that you have at least one of the impairments below and your impairment is likely to be permanent.[xxxiv]

An impairment is a loss or significant change in at least one of:

- your body's functions
- your body structure
- how you think and learn.

An impairment could be:[xxxv]

- **intellectual** – such as how you speak and listen, read and write, solve problems, and process and remember information

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- **cognitive** – such as how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – such as how your body functions
- **sensory** – such as how you see or hear
- **physical** – such as the ability to move parts of your body.

We also need evidence at least one of your impairments will be permanent, or likely to be permanent.[xxxvi] In other words, you'll likely have your impairment for your whole life.

When we decide if your impairment is likely to be permanent, we consider the same things as in the disability requirements.

You may also be eligible for the NDIS if you have a psychosocial disability.[xxxvii] This means you have reduced capacity to do daily life activities and tasks due to your mental health. Your psychosocial disability might vary at different times in how much it impacts your daily life. Even if it fluctuates and you have some periods where there is a smaller impact on your daily life, you might have this impairment for your whole life.

If you give us evidence you have been diagnosed with a condition on List B, we'll decide you have an impairment that's likely to be permanent.

How will early intervention help you?

We need to decide that getting early intervention supports means you'll likely need fewer disability supports in the future.[xxxviii]

We need to know that early intervention supports will help you with at least one of the following:[xxxix]

- addressing the impact of your impairment on your ability to move around, communicate, socialise, learn, look after yourself and organise your life.
- preventing your functional capacity from getting worse.
- improving your functional capacity.
- supporting your informal supports, which includes building their skills to help you.

To help us decide if the early intervention will help you in these ways, we look at:[xl]

- how your impairment might change over time
- how long you've had your impairment
- if there's been a significant change to your impairment
- if your needs are likely to change soon, such as if you're finishing school.

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Is your early intervention most appropriately funded by the NDIS?

The support you need must be most appropriately funded or provided by us.[xli]

You won't be eligible if we decide the support you need is more appropriately funded or provided:

- by other general systems of service delivery or support services, such as a workers compensation scheme
- under a universal service obligation that other government services must provide to all Australians, such as schools and public hospitals
- as a reasonable adjustment under discrimination law, such as making places or venues accessible for you.

For example, you usually won't be eligible if you only need the following supports. These are more appropriately provided by other government and community services:

- medical services,[xlii] and treatments for health conditions, including ongoing or chronic health conditions[xliii]
- clinical early intervention mental health supports, such as services to help children, teenagers and young people grow and develop[xliv]
- clinical acute and crisis mental health supports[xlv] – such as care in a hospital or similar setting
- inclusion supports to help young children join early childhood learning and care settings[xlvi]
- Disability Employment Services,[xlvii] and reasonable adjustments in the workplace to make your job suit your needs.[xlviii]

For more information on when early intervention supports are most appropriately funded by us or by other services, check out:

- Our mainstream and community supports guideline
- Schedule 1 of the NDIS (Supports for Participants) Rules
- Applied Principles and Tables of Support.

What about people aged between 0 and 25 with a hearing impairment?

If you're aged between 0 and 25 with a hearing impairment, you may meet the early intervention requirements. We'll decide you meet the early intervention requirements if you give us evidence of all of the following:

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- You're aged between 0 and 25.
- You have auditory neuropathy or hearing loss of at least 25 decibels in either ear at 2 or more adjacent frequencies – see below.

We need evidence of your auditory neuropathy or hearing loss from a specialist audiological assessment. The assessment might include electrophysiological testing when required. The evidence must show your hearing loss is likely to be permanent.

If you're aged 26 or older with hearing loss, we'll check if you're eligible in the same way we consider all other impairments. You may be eligible under the disability requirements.

What about children younger than 6 with developmental delay?

Children younger than 6 with a developmental delay may be eligible for the NDIS under the early intervention requirements.[xlix]

Developmental delay is a term used to describe a delay in a child's development. It means that a child finds it much harder to do everyday things that other children their age can do, for example, dress themselves, talk or walk. A child with developmental delay needs lots of extra help to do everyday things compared to children of the same age.

First, we need to know the child:

- is younger than 6 on the day we decide whether they're eligible[l]
- lives in Australia[li]
- is an Australian citizen or permanent resident.[lii]

Then, we need to know the child has a developmental delay.[liii]

Finally, we need to know the child's supports are most appropriately funded or provided under the NDIS.[liv]

An early childhood partner can also provide supports to children who aren't eligible for the NDIS.

Learn more about the early childhood approach.

Does the child have a developmental delay?

When we decide if a child has developmental delay, we use the definition in the law for the NDIS.[lv]

We need to know the delay:

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- is due to mental or physical impairments
- substantially reduces the child's functional capacity compared with other children the same age.
- means the child needs specialist services from more than one professional working as a team to support the child and for longer than 12 months.

Is the delay due to mental or physical impairments?

We first need to know the developmental delay is due to a mental or physical impairment, or a combination of mental or physical impairments.[lvi]

An impairment is a loss or significant change in at least one of:

- the child's body's functions
- the child's body structure
- how the child thinks and learns.

Families, early childhood partners and other professionals can understand the child's body function by:

- observing their activities during play and daily tasks
- comparing their activities to other children of the same age.

For some very young children, problems in body function can't be easily measured. If so, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's judgment or informed clinical opinion.

Does the delay substantially reduce the child's functional capacity?

We need to know the delay substantially reduces the child's functional capacity compared to other children their age.[lvii]

This means the child has a significantly lower ability to do everyday activities, when compared to children of the same age. Or the child does things in a significantly different way to other children their age because of their reduced capacity.

The child would also need much more support to do the activity, compared to other children the same age.

The substantial reduction in functional capacity must be in at least one of the following areas of major life activity:

- **Self-care** – how children take care of themselves, shower, bathe, dress, eat, drink, toilet, groom, and sleep.

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- **Receptive and expressive language** – this involves skills such as gesture, sign language, listening, giving and receiving information, communicating wants and needs through facial expressions, vocalisations or speech, and interaction with others.
  A substantial reduction in functional capacity for either receptive language or expressive language will meet the criteria – it doesn't need to be both.
- **Cognitive development** – learning and applying knowledge. This includes areas such as:
  - understanding and remembering information
  - attention
  - learning new things
  - practising and using new skills
  - planning and making decisions
  - problem solving
  - developing pretend play skills
  - developing play interests
  - emotional and sensory regulation
  - developing emotional intelligence
  - social awareness
  - safety awareness.
- **Motor development** – this includes participation in everyday activities like moving around the home and community and manipulating objects.

We need evidence from a health, allied health or early childhood professional, who uses multiple sources of information about the child's ability to do everyday activities.

This will include information that parents or carers report about their child. It will also include a mix of standardised assessments of developmental and functional capacity, both in everyday activities and natural settings.

It should also include observations in everyday play, learning, activities or routines to better understand how the child participates in these everyday activities.

For very young children where functional capacity can't be measured, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's informed clinical opinion.

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Does the child need specialist services from more than one type of professional and for longer than 12 months?

We need to know that the child needs a mix of specialist care, treatment or other services, due to their developmental delay. The child must also need these services for an extended duration – that is, longer than 12 months.[lviii]

We need to know the child needs all of the following:

- **A service response that involves more than one professional working as a team to support the child.**
  This means the child needs support for multiple activities, and across multiple natural settings such as the home, community and early childhood centres. The child must need more support than what's expected for a child the same age.

- **A team that works collaboratively, by communicating and sharing information, knowledge and skills.**
  The support must be individually planned and coordinated. The team will build the capacity of the child's family and other important people in the child's life, such as carers, educators and professionals, about the child's individual needs. This support should be embedded in everyday play, learning, activities and routines.

- **More support than an individual discipline providing a unilateral response to a single problem.**
  This means the child needs support from more than one professional supporting one area of delay. This is known as interdisciplinary care. For example, a child is unlikely to be eligible if a speech pathologist alone can help their language delay, without needing support or consultation from other professionals.

- **Supports for an extended duration.**
  This means a health, allied health or early childhood professional who knows the child determines they need support for more than 12 months. A child will likely meet this criteria if there is clear evidence that they'll need early intervention support for more than 12 months.

We need evidence from an early childhood professional, such as an early childhood teacher, educator or allied health professional who knows the child. They need to recommend that the child needs support for multiple activities and across multiple natural settings, from a team working together.

Some children in remote areas might not have access to a team of professionals. If so, they may still be eligible if the one professional needs to provide the supports to the child across multiple activities and across multiple natural settings.

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We also need evidence from an early childhood professional, such as an early childhood teacher, educator, or allied health professional, that the child needs support for more than 12 months. The professional should consider multiple sources of information, including:

- parent or carer reports
- a mix of standardised and culturally appropriate developmental or functional assessments in everyday activities and natural settings
- observations in everyday play, learning, activities, and routines.

How do we work out if the child meets the criteria for developmental delay?

We'll need a range of information about the child, observed in everyday activities and settings they usually participate in. This should include parent or carer reports and standardised assessments of developmental and or functional capacity.

Early childhood partners are early childhood professionals who give us evidence of developmental delay to help us decide if the child is eligible. An early childhood partner will meet with children and families to better understand the child's day to day life, and any concerns about their development.

Early childhood partners will observe a child in familiar places like home and childcare and may complete assessments using screening tools. This information helps us decide if a child meets the early intervention requirements for developmental delay.

Families and carers can also provide copies of existing reports, assessments or letters about the developmental delay.

We may also ask for evidence from a variety of sources, including mainstream services. For example, we may also ask for evidence from your doctor, child health nurse, or other health professional.

Learn more about providing evidence of developmental delay.

What if there are no early childhood partners in your area?

If there are no early childhood partners in the child's area, a mainstream, community or health service can give us a report for evidence of developmental delay.

If you're in one of these areas, learn more about what evidence we need for developmental delay.

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Is the child's early intervention most appropriately funded by the NDIS?

To meet the early intervention requirements, the support must be most appropriately funded or provided by us.[lix]

A child won't be eligible if the support they need is more appropriately funded or provided:

- by other general systems of service delivery or support services, such as a transport accident compensation scheme
- under a universal service obligation that other government services must provide to all Australians, such as schools and public hospitals
- as a reasonable adjustment under discrimination law, such as making places or venues accessible.

For example, children usually won't be eligible if they only need the following supports. These are more appropriately provided by other government and community services:

- medical services,[lx] and treatments for health conditions[lxi]
- inclusion supports to help young children join early childhood learning and care settings[lxii]
- school readiness programs to help children prepare for school[lxiii]
- newborn follow-up, such as child and maternal health services.[lxiv]

For more information on when early intervention supports are most appropriately funded by us or by other services, check out:

- Our mainstream and community supports guideline
- Schedule 1 of the NDIS (Supports for Participants) Rules
- Applied Principles and Tables of Support.

What happens if a child with developmental delay is eligible?

If we decide a child with developmental delay is eligible for the NDIS, they'll become a participant. But they're usually no longer eligible after they turn 6.

This is because they will no longer meet the eligibility criteria under developmental delay. To remain an NDIS participant after they turn 6, the child will need to have an impairment that's likely to be permanent, and meet either the disability requirements or the early intervention requirements.

We'll talk to families or carers before a child turns 6 and explain what information we need to decide if the child is still eligible. Learn more about leaving the NDIS.

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Example

Hunter is 5 years old and became a participant under the early intervention requirements for developmental delay.

We give him a new 12-month NDIS plan in August. We also talk to Hunter's family about Hunter leaving the NDIS after he is 6 years old.

Hunter's family will be able to use his NDIS funding for the full 12 months, until August the next year. By then, he'll be aged 6 years.

At the end of the 12 months, we'll talk to Hunter's family about his progress. We'll listen to understand if he built capacity to work towards his goals. If there's evidence that Hunter does not need NDIS funded early intervention or disability supports, we'll decide Hunter will leave the NDIS. We'll help his family stay connected to government and community services.

Learn more about leaving the NDIS and mainstream and community supports.

What if a child doesn't meet our criteria for developmental delay?

Early childhood partners can still provide supports to children younger than 6 who don't meet our criteria for developmental delay.

A child may have developmental concerns. This means a child younger than 6 is developing slower compared to other children their age, but the delay doesn't meet our definition for developmental delay.

For example, a child's functional capacity may be substantially reduced in one or more areas. But it's unclear if the child needs support from a team of professionals for more than 12 months.

An early childhood partner can provide early supports to children younger than 6 with developmental concerns. They can also help the child's family connect to other government and community supports.

Learn more about early connections.

How do you apply to the NDIS?

Applying to the NDIS is how you let us know you want to become an NDIS participant.

If you're aged 9 and older, there are a few ways you can apply:[lxv]

- Your local area coordinator can help you apply. They can help you through the application process and be your point of contact. If you become an NDIS participant, they will support you to prepare for creating your NDIS plan. Find your nearest location.

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- Sometimes you may not have a local area coordinator in your area. You can contact us on 1800 800 110 to discuss other options available to you.

For children younger than 9, we encourage families to talk to an early childhood partner before applying to the NDIS. They can provide supports to children before they apply, and let families know if the NDIS is right for their child.

When you apply, you or your authorised representative will need to:

- give us the information and any documents we need to confirm your identity. Learn more about evidence of identity and privacy.
- give us the information and any documents we need to decide if you're eligible[lxvi]
- sign or certify the NDIS application[lxvii]
- talk to you about your needs and current situation.

When we talk to you, we'll listen to understand what is important to you. We'll also ask questions to make sure we know all the ways we can help.

We can use this information to help you make community connections if you want us to. Learn more about community connections.

Other people can help you apply if you want them to. Sometimes they can apply on your behalf. Learn more about who can help you apply.

Learn more about how to apply to the NDIS.

What information do we need in your application?

The Evidence of Identity Factsheet shows what information we need to verify your identity. When you apply for the NDIS, you'll need to give us copies of these documents. If you can't do this, let us know so we can work out what to do depending on your situation. We will still need to check your identity before progressing your application.

To show us you're younger than 65 when you apply, live in Australia, and that you're an Australian citizen or permanent resident, you can give us either of the following:

- consent to access and use your Centrelink record
- copies of documents or other evidence that we ask for if you apply in person or over the phone.

In most cases, we can just use your identity documents.

Who can give us evidence of your impairments?

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We need evidence of your impairments, to help us work out if you're eligible. To provide this, ask your treating professional. For children younger than 6 with developmental delay, an early childhood partner can provide evidence of developmental delay. Your treating professional or early childhood partner can contact us if they need to discuss what evidence to provide.

Your treating professional might be your doctor, specialist, or allied health service provider. You should use a professional who:

- has worked with you for a long time, usually for at least 6 months
- is the most appropriate type of professional to give evidence about your impairment
- is qualified and registered in their area of practice with the Australian Health Practitioner Regulation Agency or relevant professional authority.

If your treating professional does not meet these requirements, we may not be able to confirm the information in your access request and may need to request further information.

When we check if you're eligible for the NDIS, we mainly consider the information you give us when you apply.

Learn more about who can give us evidence of your disability or impairment on the following pages:

- Providing evidence of your disability
- Providing evidence of disability for children
- Information for GPs and health professionals.

You can also learn more about how we use, collect and store your personal information.

What if you're in a remote or very remote area?

We understand it might be hard to get your treating professional to provide evidence of your impairments in a remote or very remote area. If it's hard to get your treating professional to do this, let us know.

You might not need to give us as much evidence about your impairment as people in big cities, depending on what services are available in your area. We use a technical definition for remote and very remote. You will need to live in an area that's classified as MM6 or MM7 on the Modified Monash Model to be considered remote or very remote.

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How do we check your application?

Before we can accept your application, we make sure it's been made by the right person. That is, the application is from you, or someone who can apply for you.

We then check all the answers we need have been provided, and that it is the correct information.[lxviii]

If you don't have all the answers at the meeting, we'll help you work out what to do. You can also let us know if there is a mistake. We can work with you to help complete the application properly. We can't decide if you're eligible until we have a complete application.

We'll also let you know if we need more information and, if so, what you need to give us.

Once you have completed your application with all the right information, we'll check whether you're eligible. That is, we'll check that:

- you meet the age and residence requirements
- you meet either the disability requirements or the early intervention requirements.

Learn more in the Applying to the NDIS factsheet.

Who can help you apply?

You can ask someone to help you apply if you want to. They can help you:

- make your decision to apply to the NDIS
- gather the information we need.

You can choose who helps you. For example, you could ask for help from:

- a family member
- a friend
- a carer
- a partner
- a support worker or service provider
- staff in a residential aged care facility
- your treating health professional
- hospital staff.

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With your permission, we can share information with these people during your application. For example, they could call us to check how your application is progressing. You can let us know if you would like us to share information.

Can someone else apply for you?

If someone else has legal authority to make decisions for you, they can apply to the NDIS on your behalf.

If you're younger than 18, the people with parental responsibility for you will apply for you.[lxix] This is often your parents or legal guardian. In some situations, we can decide someone else has parental responsibility.[lxx] Learn more about child representatives.

If you're an adult, these people may be able to apply to the NDIS on your behalf:

- a person you give consent to act as your authorised representative – this means you give them permission to apply for you
- your guardian
- a person with power of attorney who can make personal and health decisions for you
- a person with advance care health directive.

If you're an adult and want someone else to apply for you, you can tell us in person, or over the phone.

When do we contact you to help you apply?

Sometimes, we'll reach out to you to help you apply. This might be if you live in a:

- group home or supported accommodation
- large residential facility
- residential aged care facility – also read our page on younger people in residential aged care
- rural or remote area.

How do we decide if you're eligible?

Once we have your application, we review all the information we have in your application.

This will help us decide if you're eligible for the NDIS. As part of the process, we will also need to check your identity.

You are eligible for the NDIS if you meet:

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- the age and residence requirements
- either the disability requirements or the early intervention requirements.

If you're 7 or older, the first thing we decide is whether you meet the disability requirements. If you don't, we will then decide whether you meet the early intervention requirements.

For children younger than 7, it's the other way around. First, we'll decide whether they meet the early intervention requirements. If they don't, then we will decide whether they meet the disability requirements.

It's likely children younger than 6 with developmental delay will not meet the disability requirements. So, they may only be eligible under the early intervention requirements.

If you don't meet either the disability requirements or the early intervention requirements, you won't be eligible for the NDIS. But an early childhood partner or local area coordinator can help you connect with other government and community supports.

When will we decide if you're eligible?

Once we have your application, we have **21 days** to decide one of the following:[lxxi]

- you're eligible for the NDIS
- you're not eligible for the NDIS
- we need more information.

We can make a decision quicker in urgent circumstances. Let us know if your situation is urgent, for example, if you're about to leave a hospital or custodial setting. Learn more about our timeframes for urgent decisions.

How do we consider your evidence of disability?

When we're deciding if you're eligible, we may look at things like:

- how old your evidence is
- who provided your evidence.

If we get more than one type of evidence from you, we might consider some evidence over others. We call this weighing evidence.

What if we need more information to decide if you're eligible?

When we decide if you're eligible, we look at:

- the information in your NDIS application

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- any other information we have.

We need enough information in your application to show us you're eligible for the NDIS by meeting the disability requirements or the early intervention requirements.

Sometimes we might need to ask you for more information. For example, we may not have enough information about your functional capacity.

We'll ask you for more information if we need it to make sure we have the full picture.[lxxii]

We might ask you for more information if:

- your application doesn't have all the information we need
- we need to answer a particular question.

We only ask for more information if we need it to decide if you're eligible.[lxxiii] If we need more information, we'll let you know:

- what you need to do
- what information we need
- when you need to give us the information.

If we ask for more information, you'll have at least **90 days** to give it to us. We can't decide if you're eligible until we have this. You can ask for more time if you need it. We can give you more time if we think it's reasonable for your situation.[lxxiv]

If we can't contact you within **90 days**, or you don't give us the information within the timeframe, we'll withdraw your application. This means we'll stop processing your application.

If you don't get the information to us in time, you can apply again.

What happens after we get your information?

Once you give us the information we need, we then have **14 days** to decide if:[lxxv]

- you're eligible for the NDIS
- you're not eligible for the NDIS
- we need more information – for example, if the information you gave us isn't what we need.

What happens if we don't decide on time?

If we don't meet our decision-making timeframes, we have to treat this as if we decided you're not eligible.[lxxvi]

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If this happens, we'll automatically review this decision that you're not eligible.[lxxvii] We'll send you a letter to explain this. You don't need to do anything.

We'll then make sure your application is reviewed by a staff member who wasn't involved in the original application. We'll contact you to let you know the outcome.

Learn more about reviewing our decisions.

What happens after we decide?

What happens if you're eligible?

On the day we decide you're eligible for the NDIS, you become an NDIS participant.[lxxviii]

The time that you remain eligible for the NDIS depends on your individual circumstances and disability support needs.

You'll need to continue to be eligible for the NDIS. This means you'll need to continue to live in Australia and be an Australian citizen or permanent resident. You'll also need to continue to meet either the disability requirements or the early intervention requirements. Learn more about whether you will always be eligible and leaving the NDIS.

We'll send you a letter to let you know:

- you are eligible
- if you met the disability requirements or the early intervention requirements
- the next steps.

Your letter will also confirm the date you became eligible for the NDIS.[lxxix]

How will we create your first plan?

After you receive the letter confirming you're eligible, we'll contact you to organise your first planning conversation. We'll contact you within **21 days**.

You will need to bring your original identity documents from the Evidence of Identity (POI) Factsheet to your first planning meeting so we can confirm them. If you can't provide these documents, let us know so we can work out what to do depending on your situation. We will still need to check your identity before approving your plan.

We'll then work together to create a plan for your disability support needs. If you received help to make community connections, we can build on the information and goals we talked about and include these supports in your plan. Learn more about community connections.

Your plan will include any supports we fund that meet the NDIS funding criteria.

We fund supports for any impairments that meet the eligibility criteria.

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For example, you may have many impairments, but only one meets our eligibility criteria. Or you might get another impairment after we decide you're eligible. If so, we only fund supports for impairments that meet either the disability requirements, or the early intervention requirements.

If you're aged 7 or older, we must approve your first plan within **56 days** after you become a participant.

For children younger than 7, we'll approve their first plan within **90 days** after they become a participant.

For more information, check out creating your plan.

Will you always be eligible for the NDIS?

There are many reasons for leaving the NDIS.

Some people decide they don't want to be a participant anymore.

You'll also leave the NDIS if you're no longer eligible.

When we reassess your plan, we check that all your details are correct and up to date. We also look at any new information we have received.

If you're eligible under the **early intervention requirements**, your support needs are more likely to change. We'll check at each plan reassessment whether you still meet the early intervention requirements.

For example, during a reassessment it may show you no longer meet the early intervention requirements because you have built your skills and capacity and will no longer benefit from early intervention supports.

If you're eligible under the disability requirements, your disability is permanent. We don't expect your disability to change, and it's likely you'll need the NDIS for a long time. We will only ask you for more information about your eligibility if there is evidence that you may no longer meet the disability requirements.

You can find out more about the eligibility requirements, and how we check these, at Am I eligible. Children with developmental delay will usually leave the NDIS after they turn 6.

Over time, you might develop your skills and independence and not need the NDIS anymore.

If you met the early intervention requirements, you usually won't be eligible anymore after the early intervention supports have helped you. For example, if you needed early intervention supports to improve your functional capacity, you won't be eligible anymore after your functional capacity improves.

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If you're no longer eligible, we'll help you transition from the NDIS and connect with other services in your community if you need them. We'll also keep your information, so you can apply again if your situation changes.

Learn more about leaving the NDIS.

What happens if you're not eligible?

If you're not eligible, you can't become an NDIS participant.

We'll try and contact you by phone, or your preferred contact method,[lxxx] to explain why you're not eligible. We will give you reasons for our decision, and also answer any questions you might have.

We'll also send you a letter with our decision, including the reasons you're not eligible and what to do next. Your letter will confirm the date we made the decision.

Even if you're not eligible for the NDIS, your early childhood partner or local area coordinator can help you explore and access mainstream and community supports in your community. When we work with children under 9 and their families, we call this early connections. When we work with people aged 9–64, we call this community connections.

Your early childhood partner or local area coordinator will use the information you shared to suggest mainstream and community supports in your community. They will work with you to see how these supports may help you with what is important to you. We also have a list of other government and community supports you can get, even if you're not eligible for the NDIS.

What if you don't agree with our decision?

If you don't agree with our decision that you're not eligible, you should contact us. We can help explain our decision and what your options or next steps might be.

You can also ask for an internal review.[lxxxi] Another staff member, who wasn't involved in the original decision, will then check if we made the right decision. You need to ask for an internal review within **3 months** after receiving the decision.[lxxxii] Learn more about reviewing our decisions.

But you can't ask for an internal review if:

- you withdraw your application because you don't want to apply anymore
- a decision has not been made and we ask you for more information
- we withdraw your application because you didn't give us information on time

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- it's been more than 3 months since you received our decision that you're not eligible.

If you don't agree with the internal review decision, you can ask the Administrative Appeals Tribunal to review it. We call this an external review. You can't ask for an external review until after we make the internal review decision.

You can contact us to discuss any concerns you may have about the process. You can also make a complaint if you're not happy with any part of the process.

Can you apply again?

Yes. If we decide you're not eligible, you can apply again.[lxxxiii] You'll follow the same process to apply as you did the first time. Remember, you need to be younger than 65 on the day you make your new application. And children with developmental delay will need to be younger than 6 on the day they apply.

But if you've asked for an internal review of the decision, you can't apply to the NDIS again until we've completed that review.[lxxxiv] You can ask us to stop our internal review at any time.[lxxxv]

Also, if your review is with the Administrative Appeals Tribunal after an internal review, you can't apply again until it has made a decision.[lxxxvi] You can also ask the Tribunal at any time to withdraw your application. Learn more on the Administrative Appeals Tribunal website.

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Applying to the NDIS – Appendices

What's on this page?

- List A: Conditions that are likely to meet the disability requirements
- List B: Conditions that are likely to be permanent
- List C: What if you're receiving disability support in Western Australia?
- List D: Conditions that are likely to meet the early intervention requirements for children younger than 7
- When do we make priority eligibility decisions?
- How do we weigh evidence of disability?

List A: Conditions that are likely to meet the disability requirements

1. **Intellectual disability** diagnosed and assessed as moderate, severe or profound in accordance with current DSM criteria.
2. **Autism** diagnosed by a specialist multi-disciplinary team, paediatrician, 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).
3. **Cerebral palsy** diagnosed and assessed as severe (e.g. assessed as Level 3, 4 or 5 on the Gross Motor Function Classification System - GMFCS).
4. **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):

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        - 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)

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- Dubowitz disease (SMA Type II – Intermediate form)
- X-linked spinal muscular atrophy

5. **Spinal cord injury** or **brain injury** resulting in paraplegia, quadriplegia or tetraplegia.
6. **Hemiplegia** where there is severe or total loss of strength and movement in the affected limbs of the body.
7. **Permanent blindness** in both eyes, diagnosed and assessed by an ophthalmologist as follows:
    - Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
    - Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
    - A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points. (An optometrist report is not sufficient for NDIS purposes.)
8. **Permanent bilateral hearing loss** > 90 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz).
9. **Deafblindness** confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.
10. **Amputation** or congenital absence of 2 limbs – for example, 2 legs, 2 arms, or a leg and an arm (not a leg and a hand, or an arm and a foot).

List B: Conditions that are likely to result in a permanent impairment

Conditions primarily resulting in intellectual or learning impairment

- Intellectual disability
- Pervasive developmental disorders not meeting severity criteria in List A or List C, such as autism
- Asperger syndrome
- Atypical autism
- Childhood autism.

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Chromosomal abnormalities resulting in permanent impairment and not specified on List A

- Aicardi-Goutières syndrome
- CHARGE syndrome
- Cockayne syndrome Types I and Type II/Cerebro-oculo-faciao-skeletal (COFS) syndrome /Pena Shokeir syndrome Type II/Weber-Cockayne syndrome/Neill-Dingwall syndrome)
- Cohen syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome /22q11.2 deletion syndrome/Velocardiofacial syndrome/ Shprintzen syndrome/Conotruncal anomaly face syndrome
- Down syndrome/Trisomy 21
- Fragile X syndrome
- Kabuki syndrome
- Menkes disease
- Prader-Willi syndrome
- Seckel syndrome /microcephalic primordial dwarfism/Harper's syndrome/Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Spinal muscular atrophy Types III and IV
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Turner syndrome
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in Neurological impairment

- Alzheimer's dementia

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- Creutzfeldt-Jakob disease
- HIV dementia
- Huntington's disease
- Multi-infarct dementia
- Parkinson's disease
- Post-polio syndrome
- Vascular dementia.

Systemic atrophies primarily affecting the central nervous system

- Abetalipoproteinaemia
- Adult-onset spinal muscular atrophy/late-onset SMA type III)
- Fazio-Londe disease/Progressive bulbar palsy of childhood
- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11Huntington's disease/Huntington's chorea
- Louis-Bar syndrome/Ataxia-telangiectasia
- Motor neuron disease/Motor neurone disease/ Lou Gehrig's disease /Amyotrophic lateral sclerosis
- Primary lateral sclerosis
- Progressive bulbar palsy
- Spinal muscular atrophy – all types
- Spinocerebellar Ataxia – all types, including Machado-Joseph disease.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome /Pantothenate kinase-associated neurodegeneration (PKAN)/neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Parkinson's disease
- Shy-Drager syndrome /Multiple System Atrophy /Striatonigral degeneration (MSA-P)/ Sporadic olivopontocerebellar atrophy (MSA-C)
- Steele-Richardson-Olszewski syndrome/Progressive supranuclear ophthalmoplegia

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- Stiff-man syndrome /Stiff-person syndrome.

Other degenerative diseases of the nervous system

- Alzheimer's disease
- Alpers disease/Grey-matter degeneration/Alpers syndrome/progressive sclerosing poliodystrophy/progressive infantile poliodystrophy
- Lewy body dementia
- Pick's disease.

Demyelinating diseases of the central nervous system

- Adrenoleukodystrophy
- Multiple sclerosis
- Schilder's disease /Diffuse myelinoclastic sclerosis – non-remitting.

Episodic and paroxysmal disorders

- Brain stem stroke syndrome
- Cerebellar stroke syndrome
- Motor and sensory lacunar syndromes
- Lennox syndrome /Lennox-Gastaut syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Adult Refsum disease
- Charcot-Marie-Tooth disease/Hereditary motor and sensory neuropathy/ peroneal muscular atrophy
- Dejerine-Sottas disease /Dejerine-Sottas syndrome/Dejerine-Sottas neuropathy/progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Other disorders of the nervous system

- Hydrocephalus
- Multiple system atrophy.

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Conditions resulting in Physical impairment

- Amputation
- Congenital absence of limb or part thereof
- Epidermolysis bullosa
- Harlequin type icthyosis
- Juvenile arthritis / Stills Disease (excluding monocyclic/self-limited Adult Onset Stills disease)
- Rheumatoid arthritis.

Diseases of myoneural junction and muscle

- Andersen-Tawil syndrome/ Periodic paralysis /myoplegia paroxysmalis familiaris
- Becker muscular dystrophy
- Congenital muscular dystrophy
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Limb-girdle muscular dystrophy
- Mitochondrial myopathy
- Myotonic dystrophy /dystrophia myotonica
- Myotonic muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita
- Thomsens disease /Congenital myotonia/ Becker myotonia).

Cerebral palsy and other paralytic syndromes not meeting severity criteria on List A

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia

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- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in Sensory and/or Speech impairment

Disorders of the choroid and retina where permanent blindness diagnostic and severity criteria on List A are not met

- Behr's syndrome
- Kearns-Sayre syndrome
- Optic atrophy
- Retinitis pigmentosa
- Retinoschisis (degenerative and hereditary types/juvenile retinoschisis)
- Stargardt disease
- Usher syndrome.

Disorders resulting in hearing loss

- Cortical deafness
- Pendred syndrome
- Sensorineural hearing loss
- Stickler syndrome
- Usher syndrome
- Waardenburg syndrome.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease /Adrenoleukodystrophy
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis /cerebral cholesterosis

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- Congenital cytomegalovirus infection
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Glycine encephalopathy /non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucolipidosis II /I-cell disease
- Mucolipidosis III /pseudo-Hurler polydystrophy
- Mucolipidosis IV
- Neuronal ceroid lipofuscinosis (NCL)/ Adult type (Kuf's or Parry's disease)/ Juvenile (Batten disease)/ Late infantile (Jansky-Bielschowsky)
- Niemann-Pick disease
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Scheie syndrome /MPS 1-H
- Hurler-Scheie syndrome /MPS 1 H-S
- Hunter syndrome /MPS II
- Morquio syndrome /MPS IVA
- Maroteaux-Lamy syndrome /MPS VI
- Sly syndrome /MPS VII.

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Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment but with variable severity

- Arnold-Chiari Types 2 and 3/Chiari malformation
- Microcephaly
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Spina bifida
- VATER syndrome /VACTERL association.

List C: What if you're receiving disability support in Western Australia?

We have an agreement with the Western Australian government to bring Western Australians onto the NDIS. If you're receiving disability supports in Western Australia, you might already meet most of the eligibility criteria. We'll send you a letter with all the details on how to apply.

The Western Australian government will let us know if you're on a program for faster access to the NDIS. This is called a defined program.

If you're on one of these programs, you need to show us that you:

- are younger than 65 on the day you apply
- live in Australia permanently
- are an Australian citizen or permanent resident.

We'll let you know what evidence you need to give us when you apply.

If you show us you meet the above requirements, we'll decide you're eligible under the **disability requirements**.

Which Western Australian defined programs are eligible for the NDIS?

- WA state-administered National Disability Insurance Scheme
- Supported Community Living
- Community Residential
- Day Options
- Disability Professional Services

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- Emergency Accommodation
- Respite
- LAC Coordination
- Recreation.

List D: Permanent impairment/Early intervention, under 7 years. No further assessment required.

Synonyms for conditions are also shown (e.g. condition / synonym / synonym)

Conditions primarily resulting in Intellectual/ learning impairment

Chromosomal abnormalities resulting in permanent impairment

- Global Developmental Delay
- Aicardi syndrome
- Aicardi-Goutières syndrome
- Angelman syndrome
- CHARGE syndrome
- Cockayne syndrome/ Types I and Type II / Cerebro-oculo-faciao-skeletal (COFS) syndrome/ Pena Shokeir syndrome Type II / Weber-Cockayne syndrome/ Neill-Dingwall syndrome
- Coffin-Lowry syndrome
- Cohen syndrome
- Cornelia de Lange syndrome
- Cri du Chat syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome/ 22q11.2 deletion syndrome/ Velocardiofacial syndrome/ Shprintzen syndrome/ Conotruncal anomaly face syndrome
- Down syndrome/ Trisomy 21
- Edwards syndrome/ Trisomy 18
- Fragile X syndrome

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- Kabuki syndrome
- Lesch-Nyhan syndrome/ Nyhan's syndrome/ Kelley-Seegmiller syndrome/ Juvenile gout
- Leigh syndrome/ Leigh's disease/ subacute necrotizing encephalomyelopathy
- Menkes disease
- Patau syndrome/ Trisomy 13
- Prader-Willi syndrome
- Rett syndrome
- Seckel syndrome/ microcephalic primordial dwarfism/ Harper's syndrome/ Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in Neurological impairment

Systemic atrophies primarily affecting the central nervous system

- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11
- Louis-Bar syndrome/ Ataxia-telangiectasia
- Niemann-Pick disease (Types A and C)
- Progressive bulbar palsy of childhood/ Fazio-Londe disease.

The following spinal muscular atrophies

- Spinal muscular atrophy Type I/ Werdnig Hoffmann disease/ infantile SMA
- Spinal muscular atrophy Type II/ Dubowitz disease

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- Spinal muscular atrophy Type III Kugelberg-Welander disease/ juvenile SMA
- Spinal muscular atrophy lower extremity dominant/ SMA-LED
- X-linked spinal muscular atrophy.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome / Pantothenate kinase-associated neurodegeneration (PKAN)/ neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Alpers disease/ Alpers syndrome/ Grey-matter degeneration/ Progressive sclerosing poliodystrophy/ Progressive infantile poliodystrophy
- Demyelinating diseases of the central nervous system
- Adrenoleukodystrophy / X-linked childhood cerebral form
- Alexander disease
- Canavan disease
- Krabbe disease/ Globoid cell leukodystrophy
- Pelizaeus-Merzbacher disease.

Episodic and paroxysmal disorders

- Lennox-Gastaut syndrome/ Lennox syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Dejerine-Sottas disease/ Dejerine-Sottas syndrome/ Dejerine-Sottas neuropathy/ progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Conditions primarily resulting in physical impairment

- Amputation
- Diamond-Blackfan anaemia
- Epidermolysis bullosa
- Harlequin type icthyosis
- Hay Wells syndrome/ ankyloblepharon/ ectodermal dysplasia/ clefting [AEC] syndrome

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- Joint or limb deformities resulting in impaired mobility
- Juvenile arthritis/ Stills Disease
- Osteogenesis imperfecta
- Sjogren Larsson syndrome.

Diseases of myoneural junction and muscle

- Congenital muscular dystrophy
- Congenital myotonia / Thomsens disease/ Becker myotonia
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Emery-Dreifuss muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita.

Cerebral palsy and other paralytic syndromes

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in sensory and/or speech impairment

- Permanent blindness in both eyes, diagnosed and assessed by an ophthalmologist as follows:
- Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or

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- Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
- A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points.
- (An optometrist report is not sufficient for NDIS purposes.)
- Deafblindness confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease/ Adrenoleukodystrophy /
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis/ cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital hypothyroidism
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Galactosaemia with long term learning disabilities and neurological impairment
- Glycine encephalopathy/ non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucolipidosis II / I-cell disease

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- Mucolipidosis III / pseudo-Hurler polydystrophy
- Mucolipidosis IV
- Neuronal ceroid lipofuscinosis
- Niemann-Pick disease
- Phenylketonuria
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Hurler syndrome/MPS1-H
- Scheie syndrome/ MPS 1-S
- Hurler-Scheie syndrome/ MPS 1 H-S
- Hunter syndrome/ MPS II
- San Fillipo syndrome/ MPS III
- Morquio syndrome/ MPS IVA
- Maroteaux-Lamy syndrome/ MPS VI
- Sly syndrome/ MPS VII.

The following lysosomal storage disorders

- 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).

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment

- Chiari malformation/Arnold-Chiari malformation

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- Congenital absence of limb(s)
- Congenital hydrocephalus
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Microcephaly
- Spina bifida
- VATER syndrome (VACTERL association).

When do we make priority eligibility decisions?

If you're in one of the following situations, we'll decide if you're eligible within **2 to 5 business days**.

- Child younger than 7 years with a hearing impairment, either:
  - Identified as **Hearing Australia or Early Childhood Partner Priority**
  - Identified as **'newly diagnosed'**.
- A child is identified as having a developmental delay and is turning 6 years old within 30 days of a valid NDIS application.
- **Immediate risk** to self, others, community or agency where appropriate disability or informal supports are not in place.
- **Unexpected, significant deterioration** of disability-related functional capacity where appropriate disability or informal supports are not in place.
- **Rapid deterioration** in functional capacity of a person with one of the following permanent disabilities:
  - Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)
  - Brain Cancer
  - Motor Neurone Disease (MND)
  - Progressive Bulbar Palsy (PBP)
  - Primary Lateral Sclerosis (PLS)
  - Progressive Muscular Atrophy (PMA).
- **Imminent risk** (within 1–14 days) of breakdown of either:
  - Accommodation – risk of homelessness

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- Caring arrangements, including informal supports, due to death, serious illness or injury of informal supports, or significant and unexpected deterioration of disability-related functional capacity.

- Appropriate disability supports are not in place and are re-entering the community after a long-term residence or hospital stay (specific release date not required):
    - A person with a **newly acquired, significant disability**, such as spinal cord injury, being discharged from hospital
    - A **younger person living in residential aged care**
    - A person being **discharged from an inpatient mental health facility**
    - A person due to be **released from correctional facility**.

How do we weigh evidence of disability?

We understand that you may have evidence of your disability from different health professionals at different times. When we're deciding if you're eligible for the NDIS, we look at:

- how old your evidence is
- who provided your evidence.

We weigh evidence based on what we consider 'best practice', or highest quality. We consider this evidence most strongly when we make a decision.

What type of evidence should you provide?

We need evidence to help us consider if you meet the disability or early intervention requirements.

For the disability requirements, we need evidence to confirm your permanent impairment and evidence about how this impacts your functional capacity.

For the early intervention requirements, we need evidence to confirm your permanent impairment and evidence that confirms you need early intervention.

It's important to understand the type of evidence that you are providing us. You may have evidence from a doctor or specialist confirming your **permanent impairment** or you may have evidence from an allied health professional or other medical professional that tells us about **impacts to your functional capacity** (your ability to do daily life activities). These are different types of evidence which will often be provided by different health professionals based on their qualifications.

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How old should your evidence be?

How old should your evidence be to confirm your permanent impairment?

We need evidence from your doctor or specialist to confirm your permanent impairment. You can give us evidence confirming this **from any age**. However, evidence about how your impairment impacts your functional capacity should be from the last 12 months.

How old should your evidence be to confirm your functional capacity?

Generally, we need evidence about how your impairment impacts your functional capacity from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

If you give us more than one type of evidence, we might weigh the newer evidence over the older evidence. If you give us older evidence, we will generally give this less weighting when we make our decision. In these cases, we will generally ask for more information. If this is not provided, we may decide you are not eligible for the NDIS.

How old should your evidence be to confirm you need early intervention?

We need evidence from your doctor or specialist to confirm your permanent impairment and that you need early intervention.

Generally, we need evidence about that confirms you need early intervention from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

Who should provide evidence?

We generally prefer evidence that comes from a treating professional who:

- is the most **appropriately qualified** person to provide evidence of your primary disability
- has treated you for a significant period of time (at least six months)
- is registered to practise in Australia or New Zealand
- provides disability evidence (such as a medical report) that is original, genuine and specific to you.

Depending on your situation, you might get your evidence of **permanent impairment** from a different treating professional than your **evidence of functional capacity**.

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If you need help to get your evidence together, your local area coordinator or early childhood partner can help you.

Who should provide evidence of your permanent impairment?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Examples of common doctors or specialists include:

- General Practitioner (GP)
- Paediatrician
- Orthopaedic surgeon
- Neurologist
- Psychiatrist.

Who should provide evidence of your functional capacity?

We generally prefer evidence from a doctor, specialist, allied health or other medical professional for confirm how your permanent impairment impacts your functional capacity.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist.

Who should provide evidence that you need for early intervention?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Whereas a doctor, specialist, allied health or other medical professional can give us evidence to confirm you need early intervention.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist

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- Physiotherapist.

Health professionals registered to practise in Australia and New Zealand

We strongly prefer evidence of your disability to come from a registered Australian or New Zealand health professional. Most Australian health professionals are registered with the Australian Health Practitioner Regulation Agency (AHPRA).

We will still consider evidence from non-Australian or New Zealand health professionals, or unregistered health professionals. However, this evidence will be given less weight.

If we cannot confirm the registration of your health professional, we will ask you (and your health professional) for more information in the first instance. If we still cannot confirm their registration, we will likely decide that you are not eligible for the NDIS.

Reference list

[i] NDIS Act s 24(1)(e).
[ii] NDIS Act ss 22-23.
[iii] NDIS Act s 24.
[iv] NDIS Act s 25.
[v] NDIS Act s 25(1)(a)(iii).
[vi] NDIS Act s 28(1).
[vii] NDIS Act s 22(1)(a).
[viii] NDIS Act s 23(1)(b)(i).
[ix] NDIS Act s 23(1)(b)(ii).
[x] NDIS Act s 23(1)(b)(iii).
[xi] NDIS Act s 23(1)(a).
[xii] NDIS Act s 23(2).
[xiii] NDIS Act s 23(2)(f).
[xiv] NDIS Act s 23(2)(a).
[xv] NDIS Act s 23(2)(b).
[xvi] NDIS Act s 23(2)(c).
[xvii] NDIS Act s 23(2)(d).
[xviii] NDIS Act s 23(2)(e).
[xix] NDIS Act s 24.
[xx] NDIS Act ss 24(1)(a); 25(1)(a).
[xxi] NDIS Act ss 24(1)(a); 25(1)(a).
[xxii] NDIS Act ss 24(3)
[xxiii] NDIS (Becoming a Participant) Rules rr 5.4, 6.4.
[xxiv] NDIS (Becoming a Participant) Rules rr 5.6, 6.6.
[xxv] NDIS (Becoming a Participant) Rules rr 5.5, 6.5.
[xxvi] NDIS (Becoming a Participant) Rules rr 5.7, 6.7.
[xxvii] NDIS (Becoming a Participant) Rules rr 5.8(a), (c)
[xxviii] NDIS (Becoming a Participant) Rules r 5.8(b).
[xxix] NDIS (Becoming a Participant) Rules r 5.8(a).
[xxx] NDIS Act s 24(1)(d).
[xxxi] NDIS Act s 24(1)(e).
[xxxii] NDIS Act s24(3)

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[xxxiii] NDIS Act s 24(2).
[xxxiv] NDIS Act ss 25(1)(a)(i)-(ii).
[xxxv] NDIS Act s 25(1)(a)(i).
[xxxvi] NDIS Act ss 25(1)(a)(i)-(ii).
[xxxvii] NDIS Act s 25(1)(a)(ii).
[xxxviii] NDIS Act s 25(1)(b).
[xxxix] NDIS Act s 25(1)(c).
[xl] NDIS (Becoming a Participant) Rules r 6.9.
[xli] NDIS Act s 25(3); NDIS (Becoming a Participant) Rules r 6.1,
[xlii] NDIS (Supports for Participants) Rules r 7.5(b).
[xliii] NDIS (Supports for Participants) Rules r 7.5(a).
[xliv] NDIS (Supports for Participants) Rules r 7.7(b).
[xlv] NDIS (Supports for Participants) Rules r 7.7(a).
[xlvi] NDIS (Supports for Participants) Rules r 7.10(a).
[xlvii] NDIS (Supports for Participants) Rules r 7.18(b).
[xlviii] NDIS (Supports for Participants) Rules r 7.18(a).
[xlix] NDIS Act s 25.
[l] NDIS Act ss 9 (definition of 'developmental delay'), 21(1)(c), 25(1)(a)(iii).
[li] NDIS Act s 23(1)(a).
[lii] NDIS Act s 23(1)(b).
[liii] NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
[liv] NDIS Act s 25(3). If we decide a child has a developmental delay under NDIS Act s 9 (definition of 'developmental delay'), we're satisfied they meet the requirements under NDIS Act ss 25(1)(b)-(c): see NDIS (Becoming a Participant) Rules r 6.8.
[lv] NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
[lvi] NDIS Act s 9 (definition of 'developmental delay' para (a)).
[lvii] NDIS Act s 9 (definition of 'developmental delay' para (b)).
[lviii] NDIS Act s 9 (definition of 'developmental delay' para (c)).
[lix] NDIS Act s 25(3); NDIS (Becoming a Participant) Rules rr 6.1, 8.4.
[lx] NDIS (Supports for Participants) Rules r 7.5(b).
[lxi] NDIS (Supports for Participants) Rules r 7.5(a).
[lxii] NDIS (Supports for Participants) Rules r 7.10(a).
[lxiii] NDIS (Supports for Participants) Rules r 7.9(a).
[lxiv] NDIS (Supports for Participants) Rules r 7.10(c).
[lxv] NDIS Act s 19(1)(a).
[lxvi] NDIS Act s 19(1)(b).
[lxvii] NDIS Act s 19(1)(c).
[lxviii] NDIS Act s 197(1).
[lxix] NDIS Act s 74(1)(a).
[lxx] NDIS Act s 74(1)(b).
[lxxi] NDIS Act s 20.
[lxxii] NDIS Act s 26(2)(d).
[lxxiii] NDIS Act s 26.
[lxxiv] NDIS Act s 26(3)
[lxxv] NDIS Act s 26(2).
[lxxvi] NDIS Act s 21(3).
[lxxvii] NDIS Act s 100(5)(b).
[lxxviii] NDIS Act s 28(1).
[lxxix] NDIS Act s 28(2).
[lxxx] NDIS Act s 7(2).
[lxxxi] NDIS Act s 100(2).
[lxxxii] NDIS Act s 100(2)
[lxxxiii] NDIS Act s 19(2).
[lxxxiv] NDIS Act s 19(2)(c).
[lxxxv] NDIS Act s 102.
[lxxxvi] NDIS Act s 19(2)(d).

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Applying to the NDIS

Quick summary: If you want to become an NDIS participant and get supports through an NDIS plan, you'll need to apply to the NDIS. There are some requirements you need to meet to be eligible for the NDIS.

First, you need to be younger than 65 when you apply, be an Australian citizen or permanent resident, and live in Australia. Then, you'll need to meet the disability or early intervention requirements.

You may be eligible under the disability requirements if you have one or more impairments that are likely to be permanent and this substantially impacts your ability to do daily life activities. Your impairment must also affect your social life, or your ability to work and study, and you must be likely to need support under the NDIS for your whole life.[1]

Or you may be eligible under the early intervention requirements if you have one or more impairments that are likely to be permanent and supports would help you by reducing your need for supports in the future. We will also consider if these needs could best be met by the NDIS, or by other government and community services.

If you think you might be eligible, we can help you apply to the NDIS. We will talk to you about your needs, current situation and what is important to you. We'll look at all the information you give us to decide if you're eligible. If you're eligible for the NDIS, you'll become a participant and we'll work with you to start creating your plan. If you're not eligible, an early childhood partner or local area coordinator can help you explore and access mainstream and community supports in your community. When we work with children under 9 and their families, we call this early connections. When we work with people aged 9–64, we call this community connections.

What's on this page?

- What do we mean by applying to the NDIS?
- Do you meet the age requirements?
- Do you meet the residence requirements?
- Do you meet the disability requirements?
- Do you need early intervention?
- What about children younger than 6 with developmental delay?
- How do you apply to the NDIS?

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- How do we decide if you're eligible?
- What happens after we decide?

What do we mean by applying to the NDIS?

Applying to the NDIS means doing things to find out if you can become a participant and start getting supports under the NDIS. There is a process to follow when you apply to the NDIS. After you apply, we'll look at all the information you provide and decide if you're eligible.

If we decide you're eligible, you'll become a participant in the NDIS. We'll then work with you to create your first plan, which will include funding for any reasonable and necessary supports.

If you're not eligible, there are other services available to you, such as other government and community services. We can help you connect to these other services.

For children younger than 9, we encourage families to talk to an early childhood partner before applying to the NDIS. They can help families connect to the right supports and let families know if the NDIS is right for their child. Learn more about our early childhood approach and early connections.

Are you eligible for the NDIS?

To be eligible for the NDIS, you first need to meet the age requirements and residence requirements. This means you need to be younger than 65 when you apply, live in Australia, and be an Australian citizen or permanent resident.[2]

You also need to have a disability caused by an impairment.

When we say impairment in this guideline, we mean a loss or significant change in your body's function, structure, or in how you think and learn. Under the law for the NDIS, we check if you're eligible based on your impairments, not your type of disability or diagnosis.

You will need to meet either the disability requirements[3] or the early intervention requirements.[4]

Disability requirements

To meet the disability requirements, we must have evidence of **all** of the following:

- You have a disability caused by an impairment.
- Your impairment is likely to be permanent.
- Your impairment means you have a substantially reduced functional capacity to do one or more daily life activities. These activities include moving around,

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communicating, socialising, learning, undertaking self-care, or self-management tasks.

- Your impairment affects your ability to work, study or take part in social life.
- You'll likely need NDIS supports your whole life.

Early intervention requirements

To meet the early intervention requirements, we must have evidence of **all** of the following:

- You have an impairment that's likely to be permanent, or that you are a child younger than 6 with developmental delay.[5]
- Early intervention will help you by reducing your need for supports in the future.
- Early intervention will help you by either reducing the impact your impairment has on your functional capacity or support your informal supports to build their skills to help you.
- The early intervention you need is most appropriately funded by the NDIS.

If you're receiving disability supports from the Western Australian government, you might already meet most of the eligibility criteria.

We'll use information in your application to decide if you're eligible for the NDIS.

If you're eligible, you become an NDIS participant.[6] The length of time you'll be an NDIS participant will depend on your situation and disability support needs. For more information, check out our information on leaving the NDIS.

This guideline has detailed information on how we decide if you're eligible for the NDIS. For general information about who's eligible, read Am I eligible and Applying to the NDIS factsheet. Check out our website for information about children younger than 9.

We also have information on Mental health and the NDIS. If you have a psychosocial disability, this webpage has information on whether the NDIS is right for you, and what information we need if you apply.

A psychosocial disability isn't a mental health condition or diagnosis. A psychosocial disability means you have reduced capacity to undertake tasks and activities of daily living due to your mental health.

Do you meet the age requirements?

To be eligible for the NDIS, you must first meet the age requirements. This means:

- You are younger than 65 on the day you apply.

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How old are you?

You must be younger than 65 on the day you make your NDIS application.[7]

This means your application needs to be complete, in the format we ask for, and received by the NDIA before you turn 65. Learn more about how to complete your NDIS application.

If you're turning 65 soon and want to apply, contact us so we can help you apply on time.

Do you meet the residence requirements?

Then you must meet the residence requirements. This means:

- You are an Australian citizen or permanent resident.
- You live in Australia.

Are you an Australian citizen or permanent resident?

You must be an Australian citizen,[8] or have one of two visa types that means you can live here:

- A permanent visa[9]
- A protected special category visa[10] – this is only for some citizens of New Zealand.

Do you live in Australia?

You must live in Australia.[11] This means Australia is your home and you spend most of your time here.

To help us decide, you need to give us evidence to show us you live here. If you give us consent to use your Centrelink record, that usually gives us enough evidence to decide if you live in Australia.

If you don't give us consent, you need to give us enough information to help us decide that you live in Australia. You'll need to answer these questions:

- Where do you live?
- Where is your family?
- Do you work in Australia?
- Do you own property in Australia?
- How much time do you spend outside Australia?

Some of these questions might not apply to you, but we must consider them when we decide whether you live in Australia.[12]

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We may also ask you other questions to determine whether you live in Australia.[13] For example, your family might be deployed overseas in the Defence Force, meaning you need to leave Australia for a while. In these situations, we'll ask you for more information about why you're leaving and can't return.

If you apply, we look at your whole situation when we decide if there's enough evidence to show that you live here. This will be a simple decision for us in most situations. But sometimes we may need to look at the questions below.

Where do you live?

We consider where you live, and your living situation.[14] We'll look at whether you have more permanent accommodation in Australia than any other country.

For example, you might own a home or have a formal rental agreement in Australia. This is a good sign to us that you live in Australia.

Where is your family?

We also consider where your immediate family lives.[15]

We look at where you spend most of your time with them, face-to-face. We don't consider how you connect with your family on the phone or internet.

Do you work in Australia?

If you work, we look at where you normally work or make money.[16] If you work or make money in Australia, that's a good sign you live here. If you don't work or are unemployed, we'll consider the other questions to determine whether you live in Australia.

Do you own property in Australia?

We consider what assets or property you own in Australia.[17] We also see if you have an Australian bank account.

If you own assets or property here, it doesn't always mean you live in Australia. Your assets or property will need to show you have an ongoing connection to Australia. You don't live in Australia just because you own assets or property here.

How much time do you spend outside Australia?

We consider how often you go overseas, and how long you're outside Australia when you travel.[18] We also consider why you travel overseas, such as for work, holiday or to live with family.

This is usually the most important point to help us decide if you live in Australia. You need to show us that you have a long-term and meaningful connection to living in Australia.

You don't need to stay in Australia all the time. You can still work overseas or go on a holiday.

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You will need to show a stronger connection to Australia than other countries if you spend a lot of time overseas.

If we decide you're eligible and create your plan, there may be times you can't use your NDIS funding overseas. This is usually after you're overseas for more than 6 weeks unless we give you more time. Learn more about when you can't use your plan.

Do you meet the disability requirements?

You meet the disability requirements if we have evidence of all of the following:[19]

- Your disability is caused by an impairment.
- Your impairment is likely to be permanent.
- Your permanent impairment substantially reduces your functional capacity to undertake one or more of the following activities: moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks.
- Your permanent impairment affects your ability to work, study or take part in social life.
- You'll likely need support under the NDIS for your whole life.

If you give us evidence you have been diagnosed with one or more conditions on List A, we'll likely decide you meet the disability requirements.

If you meet the disability requirements, it's likely you'll need the NDIS for a long time. This means you won't have to prove your disability every time we reassess your plan.

If at any time your disability support needs or situation changes, we many need to check your supports or NDIS eligibility. We will talk with you if this happens.

Learn more about how we check if you are still eligible for the NDIS.

Is your disability caused by an impairment?

When we consider your disability, we think about whether any reduction or loss in your ability to do things, across all life domains, is because of an impairment.

An impairment is a loss or significant change in at least one of:

- your body's functions
- your body structure
- how you think and learn.

To meet the disability requirements, we must have evidence your disability is caused by at least one of the impairments below:[20]

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- **intellectual** – such as how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – such as how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – such as how your body functions
- **sensory** – such as how you see or hear
- **physical** – such as the ability to move parts of your body.

You may also be eligible for the NDIS if you have a psychosocial disability.[21] This means you have reduced capacity to do daily life activities and tasks due to your mental health.

It doesn't matter what caused your impairment, for example if you've had it from birth, or acquired it from an injury, accident or health condition.

It also doesn't matter if you have one impairment, or more than one impairment.

Is your impairment likely to be permanent?

We need evidence that you'll likely have your impairment for your whole life.

You might have some periods in your life where there is a smaller impact on your daily life, because your impairment may be episodic or fluctuate in intensity[22]. Your impairment can still be permanent due to the overall impact on your life, and the likelihood that you will be impacted across your lifetime.

Even when your condition or diagnosis is permanent, we'll check if your impairment is permanent too. For example, you may not be eligible if your impairment is temporary, still being treated, or if there are remaining treatment options.

Generally, we'll consider whether your impairment is likely to be permanent after all available and appropriate treatment options have been pursued.

If you give us evidence you have been diagnosed with a condition on List B, we'll likely decide your disability is from an impairment that's likely to be permanent.

Is there any medical treatment for your impairment?

We don't fund supports to treat your impairment.

Instead, the supports we fund can help you reduce or overcome the impact your impairment has on your daily life. They can also help you increase your functional capacity, independence, and your ability to work, study or take part in social life.

Your impairment will likely be permanent if your treating professional gives us evidence that indicates there are no further treatments that could relieve or cure it.

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Your treating professional will tell us or be asked to certify if there are medical, clinical or other treatments that are likely to remedy your impairment. We need to understand whether there are treatments that are:[23]

- known and available
- appropriate for you and your impairment
- evidence-based – that is, there's proof they are likely to be effective.

The word treatment should be understood in a broadest sense and may include changes to your diet and lifestyle. So, for example, conditions such as obesity are unlikely to be found to be permanent.

If you're still undergoing or have recently had treatment, we'll need to wait until you know the outcome of the treatment before we can decide your impairment is likely to be permanent.[24]

In some situations, it may be clear your impairment is likely to be permanent while you're still undergoing treatment or rehabilitation. For example, you may still need treatment and rehabilitation for a spinal cord injury, but it's clear you'll have a permanent impairment.

You might still have a permanent impairment, even if its effects may change over time.[25]

For degenerative impairments, or those that get worse over time, we consider them permanent if treatment isn't likely to help or improve the impairment's effects.[26]

Does your impairment substantially reduce your functional capacity?

Your permanent impairment needs **to substantially reduce your functional capacity or ability** to undertake activities in one of the following areas:

- **Communicating** – how you speak, write, or use sign language and gestures, to express yourself compared to other people your age. We also look at how well you understand people, and how others understand you.
- **Socialising** – how you make and keep friends, or interact with the community, or how a young child plays with other children. We also look at your behaviour, and how you cope with feelings and emotions in social situations.
- **Learning** – how you learn, understand and remember new things, and practise and use new skills.
- **Mobility**, or **moving around** – how easily you move around your home and community, and how you get in and out of bed or a chair. We consider how you get out and about and use your arms or legs.
- **Self-care** – personal care, hygiene, grooming, eating and drinking, and health. We consider how you get dressed, shower or bathe, eat or go to the toilet.

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- **Self-management (if older than 6)** – how you organise your life. We consider how you plan, make decisions, and look after yourself. This might include day-to-day tasks at home, how you solve problems, or manage your money. We consider your mental or cognitive ability to manage your life, not your physical ability to do these tasks.

Your impairment substantially reduces your functional capacity if you usually need disability-specific supports to participate in or complete the above tasks.[27]

These disability-specific supports include:

- a high level of support from other people, such as physical assistance, guidance, supervision or prompting.[28]
- assistive technology, equipment or home modifications that are prescribed by your doctor, allied health professional or other medical professional.[29]

To help us decide if you're eligible, we need to know your capacity and where you need more help. We get this information from your NDIS application.

If you have more than one permanent impairment we will consider them together, to see if they substantially reduce your functional capacity.

We consider how you're involved in different areas of life like home, school, work and the community, and how you carry out tasks and actions. We also consider any other factors that may impact your day-to-day life.

Your needs might go up and down each day or each month. Progressive Multiple Sclerosis (MS) can be a good example of this. We consider your ability over time, taking into account your ups and downs.

How does a child's impairment affect their daily life?

To help us decide if a child's ability is substantially reduced, we compare their abilities with other children of the same age.

If a child's ability is much less than most other children the same age, they may meet the disability requirements. For example, if they:

- need assistive technology, equipment or home modifications to participate in daily activities – except for common items like glasses
- usually need more assistance to join activities, or they can't join in.

Sometimes when a child's impairment doesn't substantially reduce their ability right now, but might in the future, we will look at the early intervention requirements. Similarly, if a child's impairment currently substantially reduces their ability, but may not after receiving supports, we will look at the early intervention requirements. Early intervention can be for children of

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any age, however there are different requirements for children younger than 6 with developmental delay to meet the early intervention requirements.

Learn more about the early intervention requirements.

What if you have a hearing impairment?

Some hearing impairments may lead to a substantially reduced functional capacity.

We'll generally decide you have a substantially reduced functional capacity if your hearing loss is at least 65 decibels in your better ear. This is based on a pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz.

We may also decide you have a substantially reduced functional capacity if your hearing loss is less than 65 decibels in your better ear. We may decide this if either:

- you also have another permanent impairment, such as a vision or cognitive impairment
- you give us evidence your speech detection and speech discrimination outcomes are significantly poorer than expected.

Does your impairment affect your social, work or study life?

Then, we look at how your impairments affect your ability to work, study or take part in social life.[30] This means your permanent impairments affect how you can find and keep a job, contribute to your community, or join social activities. We get this information from your NDIS application.

We look at your ability to do things like:

- find and keep a job, or start your own business
- study
- spend and save money
- play sport
- go to the movies
- volunteer
- travel.

It doesn't matter how much your ability to work, study or socialise is affected by your impairment. It only needs to affect your social or work life in some way for you to meet the criteria.

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Will you likely need support under the NDIS for your whole life?

You must be likely to need support under the NDIS for your whole life.[31]

NDIS supports are investments that help you build or maintain your functional capacity and independence, and help you work, study or take part in social life.

Even if your needs go up and down over time, or happen episodically[32], we may still consider it's likely you'll need lifetime support under the NDIS.[33]

We consider your overall situation to answer this question.

When we decide if you'll likely need support under the NDIS for your whole life, we consider:

- your life circumstances
- the nature of your long-term support needs
- whether your needs could be best met by the NDIS, or by other government and community services.

For example, you may have an impairment which is caused by a chronic health condition. Many chronic health conditions are most effectively managed or remedied through medical management through the health system. If this is the case, we may decide that you don't have a lifetime need for support under the NDIS.

Do you need early intervention?

If you don't meet the disability requirements, you may be eligible for the NDIS under the early intervention requirements. Early intervention is usually early access to support, to help reduce the functional impacts of your impairment.

Early intervention can be for both children and adults. You won't need these supports for your lifetime, so your treating professional or your early childhood partner will tell us how early intervention support could benefit you or your child.

You will meet the early intervention requirements if you meet all of the following:

- You have an impairment that's likely to be permanent.
- Early intervention supports will help you, for example if it means you'll need less disability support in the future and your functional capacity will improve.
- The early intervention you need is most appropriately funded by us.

There are different requirements for children younger than 6 with developmental delay to meet the early intervention requirements.

If we have evidence a child younger than 7 has been diagnosed with a condition on List D, we'll decide they meet the early intervention requirements.

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You may also meet the early intervention requirements if you're aged between 0 and 25 with a hearing impairment.

If you meet the early intervention requirements when you join the NDIS, your support needs are more likely to change. We'll regularly check your eligibility when we reassess your plan, and at other times too.

If you benefit from early intervention supports, you might build your skills and increase your capacity so that you may no longer need NDIS supports.

If you no longer meet the early intervention requirements, we'll check if you meet the disability requirements. Learn more about leaving the NDIS.

Do you have an impairment that's likely to be permanent?

To meet the early intervention requirements, there must be enough evidence that you have at least one of the impairments below and your impairment is likely to be permanent.[34]

An impairment is a loss or significant change in at least one of:

- your body's functions
- your body structure
- how you think and learn.

An impairment could be:[35]

- **intellectual** – such as how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – such as how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – such as how your body functions
- **sensory** – such as how you see or hear
- **physical** – such as the ability to move parts of your body.

We also need evidence at least one of your impairments will be permanent, or likely to be permanent.[36] In other words, you'll likely have your impairment for your whole life.

When we decide if your impairment is likely to be permanent, we consider the same things as in the disability requirements.

You may also be eligible for the NDIS if you have a psychosocial disability.[37] This means you have reduced capacity to do daily life activities and tasks due to your mental health. Your psychosocial disability might vary at different times in how much it impacts your daily life.

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Even if it fluctuates and you have some periods where there is a smaller impact on your daily life, you might have this impairment for your whole life.

If you give us evidence you have been diagnosed with a condition on List B, we'll decide you have an impairment that's likely to be permanent.

How will early intervention help you?

We need to decide that getting early intervention supports means you'll likely need fewer disability supports in the future.[38]

We need to know that early intervention supports will help you with at least one of the following:[39]

- addressing the impact of your impairment on your ability to move around, communicate, socialise, learn, look after yourself and organise your life
- preventing your functional capacity from getting worse
- improving your functional capacity
- supporting your informal supports, which includes building their skills to help you.

To help us decide if the early intervention will help you in these ways, we look at:[40]

- how your impairment might change over time
- how long you've had your impairment
- if there's been a significant change to your impairment
- if your needs are likely to change soon, such as if you're finishing school.

Is your early intervention most appropriately funded by the NDIS?

The support you need must be most appropriately funded or provided by us.[41]

You won't be eligible if we decide the support you need is more appropriately funded or provided:

- by other general systems of service delivery or support services, such as a workers compensation scheme
- under a universal service obligation that other government services must provide to all Australians, such as schools and public hospitals
- as a reasonable adjustment under discrimination law, such as making places or venues accessible for you.

For example, you usually won't be eligible if you only need the following supports. These are more appropriately provided by other government and community services:

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- medical services,[42] and treatments for health conditions, including ongoing or chronic health conditions[43]
- clinical early intervention mental health supports, such as services to help children, teenagers and young people grow and develop[44]
- clinical acute and crisis mental health supports[45] – such as care in a hospital or similar setting
- inclusion supports to help young children join early childhood learning and care settings[46]
- Disability Employment Services,[47] and reasonable adjustments in the workplace to make your job suit your needs.[48]

For more information on when early intervention supports are most appropriately funded by us or by other services, check out:

- Our mainstream and community supports guideline
- Schedule 1 of the NDIS (Supports for Participants) Rules
- Applied Principles and Tables of Support.

What about people aged between 0 and 25 with a hearing impairment?

If you're aged between 0 and 25 with a hearing impairment, you may meet the early intervention requirements. We'll decide you meet the early intervention requirements if you give us evidence of all of the following:

- You're aged between 0 and 25.
- You have auditory neuropathy or hearing loss of at least 25 decibels in either ear at 2 or more adjacent frequencies – see below.

We need evidence of your auditory neuropathy or hearing loss from a specialist audiological assessment. The assessment might include electrophysiological testing when required. The evidence must show your hearing loss is likely to be permanent.

If you're aged 26 or older with hearing loss, we'll check if you're eligible in the same way we consider all other impairments. You may be eligible under the disability requirements.

What about children younger than 6 with developmental delay?

Children younger than 6 with a developmental delay may be eligible for the NDIS under the early intervention requirements.[49]

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Developmental delay is a term used to describe a delay in a child's development. It means that a child finds it much harder to do everyday things that other children their age can do, for example, dress themselves, talk or walk. A child with developmental delay needs lots of extra help to do everyday things compared to children of the same age.

First, we need to know the child:

- is younger than 6 on the day we decide whether they're eligible[50]
- lives in Australia[51]
- is an Australian citizen or permanent resident.[52]

Then, we need to know the child has a developmental delay.[53]

Finally, we need to know the child's supports are most appropriately funded or provided under the NDIS.[54]

An early childhood partner can also provide supports to children who aren't eligible for the NDIS.

Learn more about the early childhood approach.

Does the child have a developmental delay?

When we decide if a child has developmental delay, we use the definition in the law for the NDIS.[55]

We need to know the delay:

- is due to mental or physical impairments
- substantially reduces the child's functional capacity compared with other children the same age.
- means the child needs specialist services from more than one professional working as a team to support the child and for longer than 12 months.

Is the delay due to mental or physical impairments?

We first need to know the developmental delay is due to a mental or physical impairment, or a combination of mental or physical impairments.[56]

An impairment is a loss or significant change in at least one of:

- the child's body's functions
- the child's body structure
- how the child thinks and learns.

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Families, early childhood partners and other professionals can understand the child's body function by:

- observing their activities during play and daily tasks
- comparing their activities to other children of the same age.

For some very young children, problems in body function can't be easily measured. If so, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's judgment or informed clinical opinion.

Does the delay substantially reduce the child's functional capacity?

We need to know the delay substantially reduces the child's functional capacity compared to other children their age.[57]

This means the child has a significantly lower ability to do everyday activities, when compared to children of the same age. Or the child does things in a significantly different way to other children their age because of their reduced capacity.

The child would also need much more support to do the activity, compared to other children the same age.

The substantial reduction in functional capacity must be in at least one of the following areas of major life activity:

- **Self-care** – how children take care of themselves, shower, bathe, dress, eat, drink, toilet, groom, and sleep.
- **Receptive and expressive language** – this involves skills such as gesture, sign language, listening, giving and receiving information, communicating wants and needs through facial expressions, vocalisations or speech, and interaction with others.
  A substantial reduction in functional capacity for either receptive language or expressive language will meet the criteria – it doesn't need to be both.
- **Cognitive development** – learning and applying knowledge. This includes areas such as:
  - understanding and remembering information
  - attention
  - learning new things
  - practising and using new skills
  - planning and making decisions

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- problem solving
- developing pretend play skills
- developing play interests
- emotional and sensory regulation
- developing emotional intelligence
- social awareness
- safety awareness.

- **Motor development** – this includes participation in everyday activities like moving around the home and community and manipulating objects.

We need evidence from a health, allied health or early childhood professional, who uses multiple sources of information about the child's ability to do everyday activities.

This will include information that parents or carers report about their child. It will also include a mix of standardised assessments of developmental and functional capacity, both in everyday activities and natural settings.

It should also include observations in everyday play, learning, activities or routines to better understand how the child participates in these everyday activities.

For very young children where functional capacity can't be measured, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's informed clinical opinion.

Does the child need specialist services from more than one type of professional and for longer than 12 months?

We need to know that the child needs a mix of specialist care, treatment or other services, due to their developmental delay. The child must also need these services for an extended duration – that is, longer than 12 months.[58]

We need to know the child needs all of the following:

- **A service response that involves more than one professional working as a team to support the child**.
  This means the child needs support for multiple activities, and across multiple natural settings such as the home, community and early childhood centres. The child must need more support than what's expected for a child the same age.

- **A team that works collaboratively, by communicating and sharing information, knowledge and skills**.
  The support must be individually planned and coordinated. The team will build the

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capacity of the child's family and other important people in the child's life, such as carers, educators and professionals, about the child's individual needs. This support should be embedded in everyday play, learning, activities and routines.

- **More support than an individual discipline providing a unilateral response to a single problem**.
  This means the child needs support from more than one professional supporting one area of delay. This is known as interdisciplinary care. For example, a child is unlikely to be eligible if a speech pathologist alone can help their language delay, without needing support or consultation from other professionals.
- **Supports for an extended duration**.
  This means a health, allied health or early childhood professional who knows the child determines they need support for more than 12 months. A child will likely meet this criteria if there is clear evidence that they'll need early intervention support for more than 12 months.

We need evidence from an early childhood professional, such as an early childhood teacher, educator or allied health professional who knows the child. They need to recommend that the child needs support for multiple activities and across multiple natural settings, from a team working together.

Some children in remote areas might not have access to a team of professionals. If so, they may still be eligible if the one professional needs to provide the supports to the child across multiple activities and across multiple natural settings.

We also need evidence from an early childhood professional, such as an early childhood teacher, educator, or allied health professional, that the child needs support for more than 12 months. The professional should consider multiple sources of information, including:

- parent or carer reports
- a mix of standardised and culturally appropriate developmental or functional assessments in everyday activities and natural settings
- observations in everyday play, learning, activities, and routines.

How do we work out if the child meets the criteria for developmental delay?

We'll need a range of information about the child, observed in everyday activities and settings they usually participate in. This should include parent or carer reports and standardised assessments of developmental and or functional capacity.

Early childhood partners are early childhood professionals who give us evidence of developmental delay to help us decide if the child is eligible. An early childhood partner will

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meet with children and families to better understand the child's day to day life, and any concerns about their development.

Early childhood partners will observe a child in familiar places like home and childcare and may complete assessments using screening tools. This information helps us decide if a child meets the early intervention requirements for developmental delay.

Families and carers can also provide copies of existing reports, assessments or letters about the developmental delay.

We may also ask for evidence from a variety of sources, including mainstream services. For example, we may also ask for evidence from your doctor, child health nurse, or other health professional.

Learn more about providing evidence of developmental delay.

What if there are no early childhood partners in your area?

If there are no early childhood partners in the child's area, a mainstream, community, or health service can give us a report for evidence of developmental delay.

If you're in one of these areas, learn more about what evidence we need for developmental delay.

Is the child's early intervention most appropriately funded by the NDIS?

To meet the early intervention requirements, the support must be most appropriately funded or provided by us.[59]

A child won't be eligible if the support they need is more appropriately funded or provided:

- by other general systems of service delivery or support services, such as a transport accident compensation scheme
- under a universal service obligation that other government services must provide to all Australians, such as schools and public hospitals
- as a reasonable adjustment under discrimination law, such as making places or venues accessible.

For example, children usually won't be eligible if they only need the following supports. These are more appropriately provided by other government and community services:

- medical services,[60] and treatments for health conditions[61]
- inclusion supports to help young children join early childhood learning and care settings[62]
- school readiness programs to help children prepare for school[63]

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- newborn follow-up, such as child and maternal health services.[64]

For more information on when early intervention supports are most appropriately funded by us or by other services, check out:

- Our mainstream and community supports guideline
- Schedule 1 of the NDIS (Supports for Participants) Rules
- Applied Principles and Tables of Support.

What happens if a child with developmental delay is eligible?

If we decide a child with developmental delay is eligible for the NDIS, they'll become a participant. But they're usually no longer eligible after they turn 6.

This is because they will no longer meet the eligibility criteria under developmental delay. To remain an NDIS participant after they turn 6, the child will need to have an impairment that's likely to be permanent, and meet either the disability requirements or the early intervention requirements.

We'll talk to families or carers before a child turns 6 and explain what information we need to decide if the child is still eligible. Learn more about leaving the NDIS.

Example

Hunter is 5 years old and became a participant under the early intervention requirements for developmental delay.

We give him a new 12-month NDIS plan in August. We also talk to Hunter's family about Hunter leaving the NDIS after he is 6 years old.

Hunter's family will be able to use his NDIS funding for the full 12 months, until August the next year. By then, he'll be aged 6 years.

At the end of the 12 months, we'll talk to Hunter's family about his progress. We'll listen to understand if he built capacity to work towards his goals. If there's evidence that Hunter does not need NDIS funded early intervention or disability supports, we'll decide Hunter will leave the NDIS. We'll help his family stay connected to government and community services.

Learn more about leaving the NDIS and mainstream and community supports.

What if a child doesn't meet our criteria for developmental delay?

Early childhood partners can still provide supports to children younger than 6 who don't meet our criteria for developmental delay.

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A child may have developmental concerns. This means a child younger than 6 is developing slower compared to other children their age, but the delay doesn't meet our definition for developmental delay.

For example, a child's functional capacity may be substantially reduced in one or more areas. But it's unclear if the child needs support from a team of professionals for more than 12 months.

An early childhood partner can provide early supports to children younger than 6 with developmental concerns. They can also help the child's family connect to other government and community supports.

Learn more about early connections.

How do you apply to the NDIS?

Applying to the NDIS is how you let us know you want to become an NDIS participant.

If you're aged 9 and older, there are a few ways you can apply:[65]

- Your local area coordinator can help you apply. They can help you through the application process and be your point of contact. If you become an NDIS participant, they will support you to prepare for creating your NDIS plan. Find your nearest location.
- Sometimes you may not have a local area coordinator in your area. You can contact us on 1800 800 110 to discuss other options available to you.

For children younger than 9, we encourage families to talk to an early childhood partner before applying to the NDIS. They can provide supports to children before they apply, and let families know if the NDIS is right for their child.

When you apply, you or your authorised representative will need to:

- give us the information and any documents we need to confirm your identity. Learn more about evidence of identity and privacy.
- give us the information and any documents we need to decide if you're eligible[66]
- sign or certify the NDIS application[67]
- talk to you about your needs and current situation.

When we talk to you, we'll listen to understand what is important to you. We'll also ask questions to make sure we know all the ways we can help.

We can use this information to help you make community connections if you want us to. Learn more about community connections.

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Other people can help you apply if you want them to. Sometimes they can apply on your behalf. Learn more about who can help you apply.

Learn more about how to apply to the NDIS.

What information do we need in your application?

The Evidence of Identity factsheet shows what information we need to verify your identity. When you apply for the NDIS, you'll need to give us copies of these documents. If you can't do this, let us know so we can work out what to do depending on your situation. We will still need to check your identity before progressing your application.

To show us you're younger than 65 when you apply, live in Australia, and that you're an Australian citizen or permanent resident, you can give us either of the following:

- consent to access and use your Centrelink record
- copies of documents or other evidence that we ask for if you apply in person or over the phone.

In most cases, we can just use your identity documents.

Who can give us evidence of your impairments?

We need evidence of your impairments, to help us work out if you're eligible. To provide this, ask your treating professional. For children younger than 6 with developmental delay, an early childhood partner can provide evidence of developmental delay. Your treating professional or early childhood partner can contact us if they need to discuss what evidence to provide.

Your treating professional might be your doctor, specialist, or allied health service provider. You should use a professional who:

- has worked with you for a long time, usually for at least 6 months
- is the most appropriate type of professional to give evidence about your impairment
- is qualified and registered in their area of practice with the Australian Health Practitioner Regulation Agency or relevant professional authority.

If your treating professional does not meet these requirements, we may not be able to confirm the information in your access request and may need to request further information.

When we check if you're eligible for the NDIS, we mainly consider the information you give us when you apply.

Learn more about who can give us evidence of your disability or impairment on the following pages:

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- Providing evidence of your disability
- Providing evidence of disability for children
- Information for GPs and health professionals.

You can also learn more about how we use, collect and store your personal information.

What if you're in a remote or very remote area?

We understand it might be hard to get your treating professional to provide evidence of your impairments in a remote or very remote area. If it's hard to get your treating professional to do this, let us know.

You might not need to give us as much evidence about your impairment as people in big cities, depending on what services are available in your area. We use a technical definition for remote and very remote. You will need to live in an area that's classified as MM6 or MM7 on the Modified Monash Model to be considered remote or very remote.

How do we check your application?

Before we can accept your application, we make sure it's been made by the right person. That is, the application is from you, or someone who can apply for you.

We then check all the answers we need have been provided, and that it is the correct information.[68]

If you don't have all the answers at the meeting, we'll help you work out what to do. You can also let us know if there is a mistake. We can work with you to help complete the application properly. We can't decide if you're eligible until we have a complete application.

We'll also let you know if we need more information and, if so, what you need to give us.

Once you have completed your application with all the right information, we'll check whether you're eligible. That is, we'll check that:

- you meet the age and residence requirements
- you meet either the disability requirements or the early intervention requirements.

Learn more in the Applying to the NDIS factsheet.

Who can help you apply?

You can ask someone to help you apply if you want to. They can help you:

- make your decision to apply to the NDIS
- gather the information we need.

You can choose who helps you. For example, you could ask for help from:

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- a family member
- a friend
- a carer
- a partner
- a support worker or service provider
- staff in a residential aged care facility
- your treating health professional
- hospital staff.

With your permission, we can share information with these people during your application. For example, they could call us to check how your application is progressing. You can let us know if you would like us to share information.

Can someone else apply for you?

If someone else has legal authority to make decisions for you, they can apply to the NDIS on your behalf.

If you're younger than 18, the people with parental responsibility for you will apply for you.[69] This is often your parents or legal guardian. In some situations, we can decide someone else has parental responsibility.[70] Learn more about child representatives.

If you're an adult, these people may be able to apply to the NDIS on your behalf:

- a person you give consent to act as your authorised representative – this means you give them permission to apply for you
- your guardian
- a person with power of attorney who can make personal and health decisions for you
- a person with advance care health directive.

If you're an adult and want someone else to apply for you, you can tell us in person, or over the phone.

When do we contact you to help you apply?

Sometimes, we'll reach out to you to help you apply. This might be if you live in a:

- group home or supported accommodation
- large residential facility

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- residential aged care facility – also read our page on younger people in residential aged care
- rural or remote area.

How do we decide if you're eligible?

Once we have your application, we review all the information we have in your application.

This will help us decide if you're eligible for the NDIS. As part of the process, we will also need to check your identity.

You are eligible for the NDIS if you meet:

- the age and residence requirements
- either the disability requirements or the early intervention requirements.

If you're 7 or older, the first thing we decide is whether you meet the disability requirements. If you don't, we will then decide whether you meet the early intervention requirements.

For children younger than 7, it's the other way around. First, we'll decide whether they meet the early intervention requirements. If they don't, then we will decide whether they meet the disability requirements.

It's likely children younger than 6 with developmental delay will not meet the disability requirements. So, they may only be eligible under the early intervention requirements.

If you don't meet either the disability requirements or the early intervention requirements, you won't be eligible for the NDIS. But an early childhood partner or local area coordinator can help you connect with other government and community supports.

When will we decide if you're eligible?

Once we have your application, we have **21 days** to decide one of the following:[71]

- you're eligible for the NDIS
- you're not eligible for the NDIS
- we need more information.

We can make a decision quicker in urgent circumstances. Let us know if your situation is urgent, for example, if you're about to leave a hospital or custodial setting. Learn more about our timeframes for urgent decisions.

How do we consider your evidence of disability?

When we're deciding if you're eligible, we may look at things like:

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- how old your evidence is
- who provided your evidence.

If we get more than one type of evidence from you, we might consider some evidence over others. We call this weighing evidence.

What if we need more information to decide if you're eligible?

When we decide if you're eligible, we look at:

- the information in your NDIS application
- any other information we have.

We need enough information in your application to show us you're eligible for the NDIS by meeting the disability requirements or the early intervention requirements.

Sometimes we might need to ask you for more information. For example, we may not have enough information about your functional capacity.

We'll ask you for more information if we need it to make sure we have the full picture.[72]

We might ask you for more information if:

- your application doesn't have all the information we need
- we need to answer a particular question.

We only ask for more information if we need it to decide if you're eligible.[73] If we need more information, we'll let you know:

- what you need to do
- what information we need
- when you need to give us the information.

If we ask for more information, you'll have at least **90 days** to give it to us. We can't decide if you're eligible until we have this. You can ask for more time if you need it. We can give you more time if we think it's reasonable for your situation.[74]

If we can't contact you within **90 days**, or you don't give us the information within the timeframe, we'll withdraw your application. This means we'll stop processing your application.

If you don't get the information to us in time, you can apply again.

What happens after we get your information?

Once you give us the information we need, we then have **14 days** to decide if:[75]

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- you're eligible for the NDIS
- you're not eligible for the NDIS
- we need more information – for example, if the information you gave us isn't what we need.

What happens if we don't decide on time?

If we don't meet our decision-making timeframes, we have to treat this as if we decided you're not eligible.[76]

If this happens, we'll automatically review this decision that you're not eligible.[77] We'll send you a letter to explain this. You don't need to do anything.

We'll then make sure your application is reviewed by a staff member who wasn't involved in the original application. We'll contact you to let you know the outcome.

Learn more about reviewing our decisions.

What happens after we decide?

What happens if you're eligible?

On the day we decide you're eligible for the NDIS, you become an NDIS participant.[78]

The time that you remain eligible for the NDIS depends on your individual circumstances and disability support needs.

You'll need to continue to be eligible for the NDIS. This means you'll need to continue to live in Australia and be an Australian citizen or permanent resident. You'll also need to continue to meet either the disability requirements or the early intervention requirements. Learn more about whether you will always be eligible and leaving the NDIS.

We'll send you a letter to let you know:

- you are eligible
- if you met the disability requirements or the early intervention requirements
- the next steps.

Your letter will also confirm the date you became eligible for the NDIS.[79]

How will we create your first plan?

After you receive the letter confirming you're eligible, we'll contact you to organise your first planning conversation. We'll contact you within **21 days**.

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You will need to bring your original identity documents from the Evidence of Identity factsheet to your first planning meeting so we can confirm them. If you can't provide these documents, let us know so we can work out what to do depending on your situation. We will still need to check your identity before approving your plan.

We'll then work together to create a plan for your disability support needs. If you received help to make community connections, we can build on the information and goals we talked about and include these supports in your plan. Learn more about community connections.

Your plan will include any supports we fund that meet the NDIS funding criteria.

We fund supports for any impairments that meet the eligibility criteria.

For example, you may have many impairments, but only one meets our eligibility criteria. Or you might get another impairment after we decide you're eligible. If so, we only fund supports for impairments that meet either the disability requirements, or the early intervention requirements.

If you're aged 7 or older, we must approve your first plan within **56 days** after you become a participant.

For children younger than 7, we'll approve their first plan within **90 days** after they become a participant.

For more information, check out creating your plan.

Will you always be eligible for the NDIS?

There are many reasons for leaving the NDIS.

Some people decide they don't want to be a participant anymore.

You'll also leave the NDIS if you're no longer eligible.

When we reassess your plan, we check that all your details are correct and up to date. We also look at any new information we have received.

If you're eligible under the **early intervention requirements**, your support needs are more likely to change. We'll check at each plan reassessment whether you still meet the early intervention requirements.

For example, during a reassessment it may show you no longer meet the early intervention requirements because you have built your skills and capacity and will no longer benefit from early intervention supports.

If you're eligible under the disability requirements, your disability is permanent. We don't expect your disability to change, and it's likely you'll need the NDIS for a long time. We will only ask you for more information about your eligibility if there is evidence that you may no longer meet the disability requirements.

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You can find out more about the eligibility requirements, and how we check these, at Am I eligible. Children with developmental delay will usually leave the NDIS after they turn 6.

Over time, you might develop your skills and independence and not need the NDIS anymore.

If you met the early intervention requirements, you usually won't be eligible anymore after the early intervention supports have helped you. For example, if you needed early intervention supports to improve your functional capacity, you won't be eligible anymore after your functional capacity improves.

If you're no longer eligible, we'll help you transition from the NDIS and connect with other services in your community if you need them. We'll also keep your information, so you can apply again if your situation changes.

Learn more about leaving the NDIS.

What happens if you're not eligible?

If you're not eligible, you can't become an NDIS participant.

We'll try and contact you by phone, or your preferred contact method,[80] to explain why you're not eligible. We will give you reasons for our decision, and also answer any questions you might have.

We'll also send you a letter with our decision, including the reasons you're not eligible and what to do next. Your letter will confirm the date we made the decision.

Even if you're not eligible for the NDIS, your early childhood partner or local area coordinator can help you explore and access mainstream and community supports in your community. When we work with children under 9 and their families, we call this early connections. When we work with people aged 9–64, we call this community connections.

Your early childhood partner or local area coordinator will use the information you shared to suggest mainstream and community supports in your community. They will work with you to see how these supports may help you with what is important to you. We also have a list of other government and community supports you can get, even if you're not eligible for the NDIS.

What if you don't agree with our decision?

If you don't agree with our decision that you're not eligible, you should contact us. We can help explain our decision and what your options or next steps might be.

You can also ask for an internal review.[81] Another staff member, who wasn't involved in the original decision, will then check if we made the right decision. You need to ask for an internal review within **3 months** after receiving the decision.[82] Learn more about reviewing our decisions.

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But you can't ask for an internal review if:

- you withdraw your application because you don't want to apply anymore
- a decision has not been made and we ask you for more information
- we withdraw your application because you didn't give us information on time
- it's been more than 3 months since you received our decision that you're not eligible.

If you don't agree with the internal review decision, you can ask the Administrative Appeals Tribunal to review it. We call this an external review. You can't ask for an external review until after we make the internal review decision.

You can contact us to discuss any concerns you may have about the process. You can also make a complaint if you're not happy with any part of the process.

Can you apply again?

Yes. If we decide you're not eligible, you can apply again.[83] You'll follow the same process to apply as you did the first time. Remember, you need to be younger than 65 on the day you make your new application. And children with developmental delay will need to be younger than 6 on the day they apply.

But if you've asked for an internal review of the decision, you can't apply to the NDIS again until we've completed that review.[84] You can ask us to stop our internal review at any time.[85]

Also, if your review is with the Administrative Appeals Tribunal after an internal review, you can't apply again until it has made a decision.[86] You can also ask the Tribunal at any time to withdraw your application. Learn more on the Administrative Appeals Tribunal website.

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Applying to the NDIS – Appendices

What's on this page?

- List A: Conditions that are likely to meet the disability requirements
- List B: Conditions that are likely to be permanent
- List C: What if you're receiving disability support in Western Australia?
- List D: Conditions that are likely to meet the early intervention requirements for children younger than 7
- When do we make priority eligibility decisions?
- How do we weigh evidence of disability?

List A: Conditions that are likely to meet the disability requirements

1. **Intellectual disability** diagnosed and assessed as moderate, severe or profound in accordance with current DSM criteria.
2. **Autism** diagnosed by a specialist multi-disciplinary team, paediatrician, 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).
3. **Cerebral palsy** diagnosed and assessed as severe (e.g. assessed as Level 3, 4 or 5 on the Gross Motor Function Classification System - GMFCS).
4. **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

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  - 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)

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- X-linked spinal muscular atrophy

5. **Spinal cord injury** or **brain injury** resulting in paraplegia, quadriplegia or tetraplegia.
6. **Hemiplegia** where there is severe or total loss of strength and movement in the affected limbs of the body.
7. **Permanent blindness** in both eyes, diagnosed and assessed by an ophthalmologist as follows:
   - Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
   - Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
   - A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points. (An optometrist report is not sufficient for NDIS purposes.)
8. **Permanent bilateral hearing loss** > 90 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz).
9. **Deafblindness** confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.
10. **Amputation** or congenital absence of 2 limbs – for example, 2 legs, 2 arms, or a leg and an arm (not a leg and a hand, or an arm and a foot).

List B: Conditions that are likely to result in a permanent impairment

Conditions primarily resulting in intellectual or learning impairment

- Intellectual disability
- Pervasive developmental disorders not meeting severity criteria in List A or List C, such as autism
- Asperger syndrome
- Atypical autism
- Childhood autism.

Chromosomal abnormalities resulting in permanent impairment and not specified on List A

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- Aicardi-Goutières syndrome
- CHARGE syndrome
- Cockayne syndrome Types I and Type II/Cerebro-oculo-faciao-skeletal (COFS) syndrome /Pena Shokeir syndrome Type II/Weber-Cockayne syndrome/Neill-Dingwall syndrome)
- Cohen syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome /22q11.2 deletion syndrome/Velocardiofacial syndrome/ Shprintzen syndrome/Conotruncal anomaly face syndrome
- Down syndrome/Trisomy 21
- Fragile X syndrome
- Kabuki syndrome
- Menkes disease
- Prader-Willi syndrome
- Seckel syndrome /microcephalic primordial dwarfism/Harper's syndrome/Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Spinal muscular atrophy Types III and IV
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Turner syndrome
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in Neurological impairment

- Alzheimer's dementia
- Creutzfeldt-Jakob disease
- HIV dementia

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- Huntington's disease
- Multi-infarct dementia
- Parkinson's disease
- Post-polio syndrome
- Vascular dementia.

Systemic atrophies primarily affecting the central nervous system

- Abetalipoproteinaemia
- Adult-onset spinal muscular atrophy/late-onset SMA type III)
- Fazio-Londe disease/Progressive bulbar palsy of childhood
- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11Huntington's disease/Huntington's chorea
- Louis-Bar syndrome/Ataxia-telangiectasia
- Motor neuron disease/Motor neurone disease/ Lou Gehrig's disease /Amyotrophic lateral sclerosis
- Primary lateral sclerosis
- Progressive bulbar palsy
- Spinal muscular atrophy – all types
- Spinocerebellar Ataxia – all types, including Machado-Joseph disease.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome /Pantothenate kinase-associated neurodegeneration (PKAN)/neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Parkinson's disease
- Shy-Drager syndrome /Multiple System Atrophy /Striatonigral degeneration (MSA-P)/ Sporadic olivopontocerebellar atrophy (MSA-C)
- Steele-Richardson-Olszewski syndrome/Progressive supranuclear ophthalmoplegia
- Stiff-man syndrome /Stiff-person syndrome.

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Other degenerative diseases of the nervous system

Alzheimer's disease

Alpers disease/Grey-matter degeneration/Alpers syndrome/progressive sclerosing poliodystrophy/progressive infantile poliodystrophy

Lewy body dementia

Pick's disease.

Demyelinating diseases of the central nervous system

- Adrenoleukodystrophy
- Multiple sclerosis
- Schilder's disease /Diffuse myelinoclastic sclerosis – non-remitting.

Episodic and paroxysmal disorders

- Brain stem stroke syndrome
- Cerebellar stroke syndrome
- Motor and sensory lacunar syndromes
- Lennox syndrome /Lennox-Gastaut syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Adult Refsum disease
- Charcot-Marie-Tooth disease/Hereditary motor and sensory neuropathy/ peroneal muscular atrophy
- Dejerine-Sottas disease /Dejerine-Sottas syndrome/Dejerine-Sottas neuropathy/progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Other disorders of the nervous system

- Hydrocephalus
- Multiple system atrophy.

Conditions resulting in Physical impairment

- Amputation

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- Congenital absence of limb or part thereof
- Epidermolysis bullosa
- Harlequin type icthyosis
- Juvenile arthritis / Stills Disease (excluding monocyclic/self-limited Adult Onset Stills disease)
- Rheumatoid arthritis.

Diseases of myoneural junction and muscle

- Andersen-Tawil syndrome/ Periodic paralysis /myoplegia paroxysmalis familiaris
- Becker muscular dystrophy
- Congenital muscular dystrophy
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Limb-girdle muscular dystrophy
- Mitochondrial myopathy
- Myotonic dystrophy /dystrophia myotonica
- Myotonic muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita
- Thomsens disease /Congenital myotonia/ Becker myotonia).

Cerebral palsy and other paralytic syndromes not meeting severity criteria on List A

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia

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- Tetraplegia.

Conditions resulting in Sensory and/or Speech impairment

Disorders of the choroid and retina where permanent blindness diagnostic and severity criteria on List A are not met

- Behr's syndrome
- Kearns-Sayre syndrome
- Optic atrophy
- Retinitis pigmentosa
- Retinoschisis (degenerative and hereditary types/juvenile retinoschisis)
- Stargardt disease
- Usher syndrome.

Disorders resulting in hearing loss

- Cortical deafness
- Pendred syndrome
- Sensorineural hearing loss
- Stickler syndrome
- Usher syndrome
- Waardenburg syndrome.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease /Adrenoleukodystrophy
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis /cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome

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- Glycine encephalopathy /non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucolipidosis II /I-cell disease
- Mucolipidosis III /pseudo-Hurler polydystrophy
- Mucolipidosis IV
- Neuronal ceroid lipofuscinosis (NCL)/ Adult type (Kuf's or Parry's disease)/ Juvenile (Batten disease)/ Late infantile (Jansky-Bielschowsky)
- Niemann-Pick disease
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Scheie syndrome /MPS 1-H
- Hurler-Scheie syndrome /MPS 1 H-S
- Hunter syndrome /MPS II
- Morquio syndrome /MPS IVA
- Maroteaux-Lamy syndrome /MPS VI
- Sly syndrome /MPS VII.

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment but with variable severity

- Arnold-Chiari Types 2 and 3/Chiari malformation
- Microcephaly
- Fetal alcohol spectrum disorder

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- Fetal hydantoin syndrome
- Spina bifida
- VATER syndrome /VACTERL association.

List C: What if you're receiving disability support in Western Australia?

We have an agreement with the Western Australian government to bring Western Australians onto the NDIS. If you're receiving disability supports in Western Australia, you might already meet most of the eligibility criteria. We'll send you a letter with all the details on how to apply.

The Western Australian government will let us know if you're on a program for faster access to the NDIS. This is called a defined program.

If you're on one of these programs, you need to show us that you:

- are younger than 65 on the day you apply
- live in Australia permanently
- are an Australian citizen or permanent resident.

We'll let you know what evidence you need to give us when you apply.

If you show us you meet the above requirements, we'll decide you're eligible under the **disability requirements**.

Which Western Australian defined programs are eligible for the NDIS?

- WA state-administered National Disability Insurance Scheme
- Supported Community Living
- Community Residential
- Day Options
- Disability Professional Services
- Emergency Accommodation
- Respite
- LAC Coordination
- Recreation.

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List D: Permanent impairment/Early intervention, under 7 years. No further assessment required.

Synonyms for conditions are also shown (e.g. condition / synonym / synonym).

Conditions primarily resulting in Intellectual/ learning impairment

Chromosomal abnormalities resulting in permanent impairment

- Global Developmental Delay
- Aicardi syndrome
- Aicardi-Goutières syndrome
- Angelman syndrome
- CHARGE syndrome
- Cockayne syndrome/ Types I and Type II / Cerebro-oculo-faciao-skeletal (COFS) syndrome/ Pena Shokeir syndrome Type II / Weber-Cockayne syndrome/ Neill-Dingwall syndrome
- Coffin-Lowry syndrome
- Cohen syndrome
- Cornelia de Lange syndrome
- Cri du Chat syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome/ 22q11.2 deletion syndrome/ Velocardiofacial syndrome/ Shprintzen syndrome/ Conotruncal anomaly face syndrome
- Down syndrome/ Trisomy 21
- Edwards syndrome/ Trisomy 18
- Fragile X syndrome
- Kabuki syndrome
- Lesch-Nyhan syndrome/ Nyhan's syndrome/ Kelley-Seegmiller syndrome/ Juvenile gout
- Leigh syndrome/ Leigh's disease/ subacute necrotizing encephalomyelopathy
- Menkes disease
- Patau syndrome/ Trisomy 13

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- Prader-Willi syndrome
- Rett syndrome
- Seckel syndrome/ microcephalic primordial dwarfism/ Harper's syndrome/ Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in Neurological impairment

Systemic atrophies primarily affecting the central nervous system

- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11
- Louis-Bar syndrome/ Ataxia-telangiectasia
- Niemann-Pick disease (Types A and C)
- Progressive bulbar palsy of childhood/ Fazio-Londe disease.

The following spinal muscular atrophies

- Spinal muscular atrophy Type I/ Werdnig Hoffmann disease/ infantile SMA
- Spinal muscular atrophy Type II/ Dubowitz disease
- Spinal muscular atrophy Type III Kugelberg-Welander disease/ juvenile SMA
- Spinal muscular atrophy lower extremity dominant/ SMA-LED
- X-linked spinal muscular atrophy.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome / Pantothenate kinase-associated neurodegeneration (PKAN)/ neurodegeneration with brain iron accumulation 1 (NBIA 1)

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- Alpers disease/ Alpers syndrome/ Grey-matter degeneration/ Progressive sclerosing poliodystrophy/ Progressive infantile poliodystrophy
- Demyelinating diseases of the central nervous system
- Adrenoleukodystrophy / X-linked childhood cerebral form
- Alexander disease
- Canavan disease
- Krabbe disease/ Globoid cell leukodystrophy
- Pelizaeus-Merzbacher disease.

Episodic and paroxysmal disorders

- Lennox-Gastaut syndrome/ Lennox syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Dejerine-Sottas disease/ Dejerine-Sottas syndrome/ Dejerine-Sottas neuropathy/ progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Conditions primarily resulting in physical impairment

- Amputation
- Diamond-Blackfan anaemia
- Epidermolysis bullosa
- Harlequin type icthyosis
- Hay Wells syndrome/ ankyloblepharon/ ectodermal dysplasia/ clefting [AEC] syndrome
- Joint or limb deformities resulting in impaired mobility
- Juvenile arthritis/ Stills Disease
- Osteogenesis imperfecta
- Sjogren Larsson syndrome.

Diseases of myoneural junction and muscle

- Congenital muscular dystrophy

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- Congenital myotonia / Thomsens disease/ Becker myotonia
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Emery-Dreifuss muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita.

Cerebral palsy and other paralytic syndromes

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in sensory and/or speech impairment

- Permanent blindness in both eyes, diagnosed and assessed by an ophthalmologist as follows:
- Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
- Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
- A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points.
- (An optometrist report is not sufficient for NDIS purposes.)
- Deafblindness confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.

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Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease/ Adrenoleukodystrophy /
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis/ cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital hypothyroidism
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Galactosaemia with long term learning disabilities and neurological impairment
- Glycine encephalopathy/ non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucolipidosis II / I-cell disease
- Mucolipidosis III / pseudo-Hurler polydystrophy
- Mucolipidosis IV
- Neuronal ceroid lipofuscinosis
- Niemann-Pick disease
- Phenylketonuria
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis

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- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Hurler syndrome/MPS1-H
- Scheie syndrome/ MPS 1-S
- Hurler-Scheie syndrome/ MPS 1 H-S
- Hunter syndrome/ MPS II
- San Fillipo syndrome/ MPS III
- Morquio syndrome/ MPS IVA
- Maroteaux-Lamy syndrome/ MPS VI
- Sly syndrome/ MPS VII.

The following lysosomal storage disorders

- 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).

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment

- Chiari malformation/Arnold-Chiari malformation
- Congenital absence of limb(s)
- Congenital hydrocephalus
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Microcephaly
- Spina bifida

- VATER syndrome (VACTERL association).

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When do we make priority eligibility decisions?

If you're in one of the following situations, we'll decide if you're eligible within **2 to 5 business days**.

- Child younger than 7 years with a hearing impairment, either:
  - Identified as Hearing Australia or Early Childhood Partner Priority
  - Identified as 'newly diagnosed'.
- A child is identified as having a developmental delay and is turning 6 years old within 30 days of a valid NDIS application.
- **Immediate risk** to self, others, community or agency where appropriate disability or informal supports are not in place.
- **Unexpected, significant deterioration** of disability-related functional capacity where appropriate disability or informal supports are not in place.
- **Rapid deterioration** in functional capacity of a person with one of the following permanent disabilities:
  - Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)
  - Brain Cancer
  - Motor Neurone Disease (MND)
  - Progressive Bulbar Palsy (PBP)
  - Primary Lateral Sclerosis (PLS)
  - Progressive Muscular Atrophy (PMA).
- **Imminent risk** (within 1–14 days) of breakdown of either:
  - Accommodation – risk of homelessness
  - Caring arrangements, including informal supports, due to death, serious illness or injury of informal supports, or significant and unexpected deterioration of disability-related functional capacity.
- Appropriate disability supports are not in place and are re-entering the community after a long-term residence or hospital stay (specific release date not required):
  - A person with a **newly acquired, significant disability**, such as spinal cord injury, being discharged from hospital
  - A **younger person living in residential aged care**
  - A person being **discharged from an inpatient mental health facility**

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- A person due to be **released from correctional facility**.

How do we weigh evidence of disability?

We understand that you may have evidence of your disability from different health professionals at different times. When we're deciding if you're eligible for the NDIS, we look at:

- how old your evidence is
- who provided your evidence.

We weigh evidence based on what we consider 'best practice', or highest quality. We consider this evidence most strongly when we make a decision.

What type of evidence should you provide?

We need evidence to help us consider if you meet the disability or early intervention requirements.

For the disability requirements, we need evidence to confirm your permanent impairment and evidence about how this impacts your functional capacity.

For the early intervention requirements, we need evidence to confirm your permanent impairment and evidence that confirms you need early intervention.

It's important to understand the type of evidence that you are providing us. You may have evidence from a doctor or specialist confirming your **permanent impairment** or you may have evidence from an allied health professional or other medical professional that tells us about **impacts to your functional capacity** (your ability to do daily life activities). These are different types of evidence which will often be provided by different health professionals based on their qualifications.

How old should your evidence be?

How old should your evidence be to confirm your permanent impairment?

We need evidence from your doctor or specialist to confirm your permanent impairment. You can give us evidence confirming this **from any age**. However, evidence about how your impairment impacts your functional capacity should be from the last 12 months.

How old should your evidence be to confirm your functional capacity?

Generally, we need evidence about how your impairment impacts your functional capacity from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

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If you give us more than one type of evidence, we might weigh the newer evidence over the older evidence. If you give us older evidence, we will generally give this less weighting when we make our decision. In these cases, we will generally ask for more information. If this is not provided, we may decide you are not eligible for the NDIS.

How old should your evidence be to confirm you need early intervention?

We need evidence from your doctor or specialist to confirm your permanent impairment and that you need early intervention.

Generally, we need evidence about that confirms you need early intervention from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

Who should provide evidence?

We generally prefer evidence that comes from a treating professional who:

- is the most **appropriately qualified** person to provide evidence of your primary disability
- has treated you for a significant period of time (at least six months)
- is registered to practise in Australia or New Zealand
- provides disability evidence (such as a medical report) that is original, genuine and specific to you.

Depending on your situation, you might get your evidence of **permanent impairment** from a different treating professional than your **evidence of functional capacity**.

If you need help to get your evidence together, your local area coordinator or early childhood partner can help you.

Who should provide evidence of your permanent impairment?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Examples of common doctors or specialists include:

- General Practitioner (GP)
- Paediatrician
- Orthopaedic surgeon
- Neurologist
- Psychiatrist.

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Who should provide evidence of your functional capacity?

We generally prefer evidence from a doctor, specialist, allied health or other medical professional for confirm how your permanent impairment impacts your functional capacity.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist.

Who should provide evidence that you need for early intervention?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Whereas a doctor, specialist, allied health or other medical professional can give us evidence to confirm you need early intervention.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist.

Health professionals registered to practise in Australia and New Zealand

We strongly prefer evidence of your disability to come from a registered Australian or New Zealand health professional. Most Australian health professionals are registered with the Australian Health Practitioner Regulation Agency (AHPRA).

We will still consider evidence from non-Australian or New Zealand health professionals, or unregistered health professionals. However, this evidence will be given less weight.

If we cannot confirm the registration of your health professional, we will ask you (and your health professional) for more information in the first instance. If we still cannot confirm their registration, we will likely decide that you are not eligible for the NDIS.

Reference list

This document was released under the Freedom of Information Act 1982 by the National Disability Insurance Agency

[1] NDIS Act s 24(1)(e).
[2] NDIS Act ss 22-23.
[3] NDIS Act s 24.
[4] NDIS Act s 25.
[5] NDIS Act s 25(1)(a)(iii).
[6] NDIS Act s 28(1).
[7] NDIS Act s 22(1)(a).
[8] NDIS Act s 23(1)(b)(i).
[9] NDIS Act s 23(1)(b)(ii).
[10] NDIS Act s 23(1)(b)(iii).
[11] NDIS Act s 23(1)(a).
[12] NDIS Act s 23(2).
[13] NDIS Act s 23(2)(f).
[14] NDIS Act s 23(2)(a).
[15] NDIS Act s 23(2)(b).
[16] NDIS Act s 23(2)(c).
[17] NDIS Act s 23(2)(d).
[18] NDIS Act s 23(2)(e).
[19] NDIS Act s 24.
[20] NDIS Act ss 24(1)(a); 25(1)(a).
[21] NDIS Act ss 24(1)(a); 25(1)(a).
[22] NDIS Act ss 24(3)
[23] NDIS (Becoming a Participant) Rules rr 5.4, 6.4.
[24] NDIS (Becoming a Participant) Rules rr 5.6, 6.6.
[25] NDIS (Becoming a Participant) Rules rr 5.5, 6.5.
[26] NDIS (Becoming a Participant) Rules rr 5.7, 6.7.
[27] NDIS (Becoming a Participant) Rules rr 5.8(a), (c)
[28] NDIS (Becoming a Participant) Rules r 5.8(b).
[29] NDIS (Becoming a Participant) Rules r 5.8(a).
[30] NDIS Act s 24(1)(d).
[31] NDIS Act s 24(1)(e).
[32] NDIS Act s24(3)
[33] NDIS Act s 24(2).
[34] NDIS Act ss 25(1)(a)(i)-(ii).
[35] NDIS Act s 25(1)(a)(i).
[36] NDIS Act ss 25(1)(a)(i)-(ii).
[37] NDIS Act s 25(1)(a)(ii).
[38] NDIS Act s 25(1)(b).
[39] NDIS Act s 25(1)(c).
[40] NDIS (Becoming a Participant) Rules r 6.9.
[41] NDIS Act s 25(3); NDIS (Becoming a Participant) Rules r 6.1,
[42] NDIS (Supports for Participants) Rules r 7.5(b).
[43] NDIS (Supports for Participants) Rules r 7.5(a).
[44] NDIS (Supports for Participants) Rules r 7.7(b).
[45] NDIS (Supports for Participants) Rules r 7.7(a).
[46] NDIS (Supports for Participants) Rules r 7.10(a).
[47] NDIS (Supports for Participants) Rules r 7.18(b).
[48] NDIS (Supports for Participants) Rules r 7.18(a).
[49] NDIS Act s 25.
[50] NDIS Act ss 9 (definition of 'developmental delay'), 21(1)(c), 25(1)(a)(iii).
[51] NDIS Act s 23(1)(a).
[52] NDIS Act s 23(1)(b).
[53] NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).

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[54] NDIS Act s 25(3). If we decide a child has a developmental delay under NDIS Act s 9 (definition of 'developmental delay'), we're satisfied they meet the requirements under NDIS Act ss 25(1)(b)-(c): see NDIS (Becoming a Participant) Rules r 6.8.
[55] NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
[56] NDIS Act s 9 (definition of 'developmental delay' para (a)).
[57] NDIS Act s 9 (definition of 'developmental delay' para (b)).
[58] NDIS Act s 9 (definition of 'developmental delay' para (c)).
[59] NDIS Act s 25(3); NDIS (Becoming a Participant) Rules rr 6.1, 8.4.
[60] NDIS (Supports for Participants) Rules r 7.5(b).
[61] NDIS (Supports for Participants) Rules r 7.5(a).
[62] NDIS (Supports for Participants) Rules r 7.10(a).
[63] NDIS (Supports for Participants) Rules r 7.9(a).
[64] NDIS (Supports for Participants) Rules r 7.10(c).
[65] NDIS Act s 19(1)(a).
[66] NDIS Act s 19(1)(b).
[67] NDIS Act s 19(1)(c).
[68] NDIS Act s 197(1).
[69] NDIS Act s 74(1)(a).
[70] NDIS Act s 74(1)(b).
[71] NDIS Act s 20.
[72] NDIS Act s 26(2)(d).
[73] NDIS Act s 26.
[74] NDIS Act s 26(3)
[75] NDIS Act s 26(2).
[76] NDIS Act s 21(3).
[77] NDIS Act s 100(5)(b).
[78] NDIS Act s 28(1).
[79] NDIS Act s 28(2).
[80] NDIS Act s 7(2).
[81] NDIS Act s 100(2).
[82] NDIS Act s 100(2)
[83] NDIS Act s 19(2).
[84] NDIS Act s 19(2)(c).
[85] NDIS Act s 102.
[86] NDIS Act s 19(2)(d).

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Applying to the NDIS

Quick summary: If you want to become an NDIS participant you'll need to apply to the NDIS. There are some requirements you need to meet to be eligible for the NDIS.

First, you need to be younger than 65 when you apply, be an Australian citizen or permanent resident, and live in Australia. Then, you'll need to meet the requirements for disability, early intervention, or both.

You may be eligible under the disability requirements if you have one or more impairments that are or are likely to be permanent. And this substantially impacts your ability to do daily life activities. Your impairment must also affect your social life, or your ability to work and study. And, you must be likely to need NDIS supports for your lifetime.[1] NDIS Supports are the services, items and equipment that can be funded by the NDIS.

Or you may be eligible under the early intervention requirements if you have one or more impairments that are likely to be permanent or you have developmental delay and supports are likely to benefit you by reducing your need for supports in the future. We will also consider if these supports are NDIS supports.

Or you may be eligible under both the disability and early intervention requirements.

If you think you might be eligible, we can help you apply to the NDIS. We'll talk to you about your needs, current situation and what is important to you. We'll look at all the information you give us to decide if you're eligible. If you're eligible for the NDIS, you'll become a participant, and we'll work with you to start creating your plan. If you're not eligible, an early childhood partner or local area coordinator can help you explore and access government and community services. When we work with children younger than 9 and their families, we call this early connections. When we work with people aged 9–64, we call this community connections.

What's on this page?

- What do we mean by applying to the NDIS?
- Do you meet the age requirements?
- Do you meet the residence requirements?
- Do you meet the disability requirements?
- Do you need early intervention?

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- What about children younger than 6 with developmental delay?
- How do you apply to the NDIS?
- How do we decide if you're eligible?
- What happens after we decide?

What do we mean by applying to the NDIS?

Applying to the NDIS means doing things to find out if you can become a participant and start getting supports under the NDIS. There is a process to follow when you apply to the NDIS. After you apply, we'll look at all the information you provide and decide if you're eligible.

If we decide you're eligible, you'll become a participant in the NDIS. We'll then work with you to create your first plan, which will include funding for any reasonable and necessary supports.

If you're not eligible, there are other services available to you, such as other government and community services. We can help you connect to these other services.

For children younger than 9, we encourage families to talk to an early childhood partner before applying to the NDIS. They can help families connect to the right supports and let families know if the NDIS is right for their child. Learn more about our early childhood approach and early connections.

Are you eligible for the NDIS?

To be eligible for the NDIS, you first need to meet the age requirements and residence requirements. This means you need to be younger than 65 when you apply, live in Australia, and be an Australian citizen or permanent resident.[2]

You will need to meet the requirements for disability[3], early intervention[4], or both.

When we say impairment in this guideline, we mean a loss of, or damage to your body's function. Under the law for the NDIS, we check if you're eligible based on your impairments, not your type of disability or diagnosis.

Disability requirements

To meet the disability requirements, we must have evidence of **all** of the following:

- You have a disability attributable to one or more impairments. This means your disability and impairments are linked.
- Your impairment is likely to be permanent.

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- Your impairment means you have a substantially reduced functional capacity to do one or more daily life activities. These activities include moving around, communicating, socialising, learning, undertaking self-care, or self-management tasks.
- Your impairment affects your ability to work, study or take part in social life.
- You'll likely need NDIS supports for your lifetime.

Early intervention requirements

To meet the early intervention requirements, we must have evidence of **all** of the following:

- You have an impairment that's likely to be permanent, or that you are a child younger than 6 with developmental delay.
- Early intervention will benefit you by reducing your need for supports in the future.
- Early intervention will benefit you by either reducing the impact your impairment has on your functional capacity or support your informal supports to build their skills to help you. Or the early intervention will prevent the deterioration of your functional capacity or improve it.
- The early intervention supports you need are NDIS supports.

We'll use information in your application to decide if you're eligible for the NDIS.

If you're eligible, you become a NDIS participant.[5] The length of time you'll be a participant will depend on your situation and NDIS support needs. Learn more about leaving the NDIS.

This guideline has detailed information on how we decide if you're eligible for the NDIS. For general information about who's eligible, read Am I eligible and Applying to the NDIS factsheet. Check out our website for information about children younger than 9.

We also have information on psychosocial disability. If you have a psychosocial disability, this webpage has information on whether the NDIS is right for you, and what information we need if you apply.

A psychosocial disability isn't a mental health condition or diagnosis. A psychosocial disability means you have reduced capacity to undertake tasks and activities of daily living due to your mental health.

Do you meet the age requirements?

To be eligible for the NDIS, you must first meet the age requirements. This means you are younger than 65 on the day you apply.

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How old are you?

You must be younger than 65 on the day you make your NDIS application.[6]

This means your application needs to be complete, in the format we ask for, and received by the NDIA before you turn 65. Learn more about how to complete your NDIS application.

If you're turning 65 soon and want to apply, contact us so we can help you apply on time.

Do you meet the residence requirements?

Then you must meet the residence requirements. This means:

- You are an Australian citizen or permanent resident.
- You live in Australia.

Are you an Australian citizen or permanent resident?

You must be an Australian citizen,[7] or have one of two visa types that means you can live here:

- A permanent visa[8]
- A protected special category visa[9] – this is only for some citizens of New Zealand.

Do you live in Australia?

You must live in Australia.[10] This means Australia is your home and you spend most of your time here.

To help us decide, you need to give us evidence to show us you live here. If you give us consent to use your Centrelink record, that usually gives us enough evidence to decide if you live in Australia.

If you don't give us consent, you need to give us enough information to help us decide that you live in Australia. You'll need to answer these questions:

- Where do you live?
- Where is your family?
- Do you work in Australia?
- Do you own property in Australia?
- How much time do you spend outside Australia?

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Some of these questions might not apply to you, but we must consider them when we decide whether you live in Australia.[11]

We may also ask you other questions to determine whether you live in Australia.[12] For example, your family might be deployed overseas in the Defence Force, meaning you need to leave Australia for a while. In these situations, we'll ask you for more information about why you're leaving and can't return.

If you apply, we look at your whole situation when we decide if there's enough evidence to show that you live here. This will be a simple decision for us in most situations. But sometimes we may need to look at the questions below.

Where do you live?

We consider where you live, and your living situation.[13] We'll look at whether you have more permanent accommodation in Australia than any other country.

For example, you might own a home or have a formal rental agreement in Australia. This is a good sign to us that you live in Australia.

Where is your family?

We also consider where your immediate family lives.[14]

We look at where you spend most of your time with them, face-to-face. We don't consider how you connect with your family on the phone or internet.

Do you work in Australia?

If you work, we look at where you normally work or make money.[15] If you work or make money in Australia, that's a good sign you live here. If you don't work or are unemployed, we'll consider the other questions to determine whether you live in Australia.

Do you own property in Australia?

We consider what assets or property you own in Australia.[16] We also see if you have an Australian bank account.

If you own assets or property here, it doesn't always mean you live in Australia. Your assets or property will need to show you have an ongoing connection to Australia. You don't live in Australia just because you own assets or property here.

How much time do you spend outside Australia?

We consider how often you go overseas, and how long you're outside Australia when you travel.[17] We also consider why you travel overseas, such as for work, holiday or to live with family.

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This is usually the most important point to help us decide if you live in Australia. You need to show us that you have a long-term and meaningful connection to living in Australia.

You don't need to stay in Australia all the time. You can still work overseas or go on holiday.

You will need to show a stronger connection to Australia than other countries if you spend a lot of time overseas.

If we decide you're eligible and create your plan, there may be times you can't use your NDIS funding overseas. This is usually after you're overseas for more than 6 weeks unless we give you more time. Learn more about when you can't use your plan.

Do you meet the disability requirements?

You meet the disability requirements if we have evidence of all of the following:[18]

- Your disability is caused by an impairment.
- Your impairment is likely to be permanent.
- Your permanent impairment substantially reduces your functional capacity to undertake one or more of the following activities: moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks.
- Your permanent impairment affects your ability to work, study or take part in social life.
- You'll likely need NDIS support for your lifetime.

If you give us evidence you have been diagnosed with one or more conditions on List A, we'll likely decide you meet the disability requirements.

If you meet the disability requirements, it's likely you'll need NDIS supports for your lifetime. This means you won't have to prove your disability every time we reassess your plan.

If at any time your NDIS support needs or situation changes, we may need to check your NDIS eligibility. We will talk with you if this happens.

Learn more about how we check if you are still eligible for the NDIS.

Is your disability related to an impairment?

When we consider your disability, we think about whether any reduction or loss in your ability to do things, across all life domains, is because of an impairment.

An impairment is a loss of or damage to your body's function.

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We will look at:

- your body's functions
- your body structure
- how you think and learn.

To meet the disability requirements, we must have evidence your disability is attributable by at least one of the impairments below:[19]

- **intellectual** – how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – how your body functions
- **sensory** – how you see or hear
- **physical** – the ability to move parts of your body.

You may also be eligible for the NDIS if you have a psychosocial disability.[20] This means you have reduced capacity to do daily life activities and tasks due to your mental health.

It doesn't matter what caused your impairment, for example if you've had it from birth, or acquired it from an injury, accident or health condition.

It also doesn't matter if you have one impairment, or more than one impairment.

Is your impairment likely to be permanent?

To meet the disability requirements, we need to know that your impairment is permanent, or likely to be permanent. Permanent under the law for the NDIS means enduring. This means we need to know whether your impairments are enduring so that you require NDIS supports on an ongoing basis.

We will focus on your impairments, and not on the cause of your impairments, or your diagnoses.

You might have some periods in your life where there is a smaller impact on your daily life, because your impairment may be episodic or fluctuate in intensity[21]. Your impairment can still be permanent due to the overall impact on your life, and the likelihood that you will be impacted across your lifetime.

Even when your condition or diagnosis is permanent, we'll check if your impairment is permanent too. For example, you may not be eligible if your impairment is temporary, or if

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there are known, available and appropriate evidence-based clinical, medical or other remaining treatments options that are likely to remedy the impairment.

Generally, we'll consider whether your impairment is likely to be permanent if all available and appropriate treatment options are pursued.

If you give us evidence you have been diagnosed with a condition on List B, we'll likely decide your disability is from an impairment that's likely to be permanent.

Is there any medical treatment for your impairment?

We don't fund supports to treat your impairment. The Australian health system provides health services to treat illnesses or health conditions.

Your impairment will likely be permanent if your treating professional tells us there are no further treatments that could remedy it.

Your treating professional will tell us or be asked to certify if there are medical, clinical or other treatments that are likely to remedy your impairment. We need to understand whether there are treatments that are:[22]

- **known** – the treatment can be identified by an Australian medical practitioner as a suitable treatment for your impairment
- **available to you** – we need to take account of whether there are genuine barriers that prevent you from accessing treatment including, but not limited to, the nature of your impairment and your ability to access treatment
- **appropriate for you and your impairment** – we need to consider whether the treatment could remedy your impairment and is suitable and safe for you to undergo. Your ability to undergo treatment will be assessed according to your capabilities, your health and other personal circumstances, including your living arrangements
- **evidence-based** – there's proof the treatment is likely to be effective.

When we look at what treatments are available to you, we think about whether the treatment is suitable for your personal situation. The word treatment should be understood in a broadest sense and may include changes to your diet and lifestyle.

If you're still undergoing or have recently had treatment, we may not be sure you have a permanent impairment if that treatment could remedy the impairment.[23]

In some situations, it may be clear your impairment is likely to be permanent while you're still undergoing treatment or rehabilitation. For example, you may still need treatment and rehabilitation for a spinal cord injury, but it's clear you are likely to have a permanent impairment.

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You might still have a permanent impairment, even if its effects may change over time.[24]

For degenerative impairments, or those that get worse over time, we consider them permanent if treatment isn't likely to remedy the impairment. That is, the treatment won't cure the impairment or come close to removing its effects.

Does your impairment substantially reduce your functional capacity?

Your permanent impairment needs **to substantially reduce your functional capacity or ability** to undertake activities in one of the following areas:

- **Communicating** – how you speak, write, or use sign language and gestures, to express yourself compared to other people your age. We also look at how well you understand people, and how others understand you.
- **Socialising** – how you make and keep friends, or interact with the community, or how a young child plays with other children. We also look at your behaviour, and how you cope with feelings and emotions in social situations.
- **Learning** – how you learn, understand and remember new things, and practise and use new skills.
- **Mobility**, or **moving around** – how easily you move around your home and community, and how you get in and out of bed or a chair. We consider how you get out and about and use your arms or legs.
- **Self-care** – personal care, hygiene, grooming, eating and drinking, and health. We consider how you get dressed, shower or bathe, eat or go to the toilet.
- **Self-management (if older than 6)** – how you organise your life. We consider how you plan, make decisions, and look after yourself. This might include day-to-day tasks at home, how you solve problems, or manage your money. We consider your mental or cognitive ability to manage your life, not your physical ability to do these tasks.

Your impairment substantially reduces your functional capacity if you usually need disability-specific supports to participate in or complete the above tasks.[25]

These disability-specific supports include:

- a high level of support from other people, such as physical assistance, guidance, supervision or prompting.
- assistive technology, equipment or home modifications that are prescribed by your doctor, allied health professional or other medical professional.

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To help us decide if you're eligible, we need to know your capacity and where you need more help. We get this information from you when you apply to the NDIS.

If you have more than one permanent impairment, we will consider them together, to see if they substantially reduce your functional capacity.

We consider how you're involved in different areas of life like home, school, work and the community, and how you carry out tasks and actions. We also consider any other factors that may impact your day-to-day life.

Your needs might go up and down each day or each month. Progressive Multiple Sclerosis (MS) can be a good example of this. We consider your ability over time, taking into account your ups and downs.

How does a child's impairment affect their daily life?

To help us decide if a child's ability is substantially reduced, we compare their abilities with other children of the same age.

If a child's ability is much less than most other children the same age, they may meet the disability requirements. For example, if they:

- need assistive technology, equipment or home modifications to participate in daily activities – except for common items like glasses
- usually need more assistance to join activities, or they can't join in.

Sometimes when a child's impairment doesn't substantially reduce their ability right now, but might in the future, we will look at the early intervention requirements. Similarly, if a child's impairment currently substantially reduces their ability, but may not after receiving supports, we will look at the early intervention requirements. Early intervention can be for children of any age, however there are different requirements for children younger than 6 with developmental delay to meet the early intervention requirements.

Learn more about the early intervention requirements.

What if you have a hearing impairment?

Some hearing impairments may lead to a substantially reduced functional capacity.

We'll generally decide you have a substantially reduced functional capacity if your hearing loss is at least 65 decibels in your better ear. This is based on a pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz.

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We may also decide you have a substantially reduced functional capacity if your hearing loss is less than 65 decibels in your better ear. We may decide this if either:

- you also have another permanent impairment, such as a vision or cognitive impairment
- you give us evidence your speech detection and speech discrimination outcomes are significantly poorer than expected.

Does your impairment affect your social, work or study life?

Then, we look at how your impairments affect your ability to work, study or take part in social life.[26] This means your permanent impairments affect how you can find and keep a job, contribute to your community, or join social activities. We get this information from you when you apply to the NDIS.

We look at your ability to do things like:

- find and keep a job, or start your own business
- study
- spend and save money
- play sport
- go to the movies
- volunteer
- travel.

It doesn't matter how much your ability to work, study or socialise is affected by your impairment. It only needs to affect your social or work life in some way for you to meet the criteria.

Will you likely need NDIS supports for your lifetime?

You must be likely to need NDIS supports for your lifetime.[27] NDIS Supports are the services, items and equipment that can be funded by the NDIS.

NDIS supports are investments that help you build or maintain your functional capacity and independence, and help you work, study or take part in social life.

Even if your needs go up and down over time, or happen episodically[28], we may still consider it's likely you'll need NDIS supports for your lifetime.[29]

We consider your overall situation to answer this question.

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When we decide if you'll likely need NDIS supports for your lifetime, we consider:

- your life circumstances
- the nature of your long-term support needs
- whether your needs could be best met by the NDIS, or by other government and community services.

For example, you may have an impairment that is caused by a chronic health condition. Many chronic health conditions are most effectively managed or remedied through medical management through the health system. If this is the case, we may decide that you don't need NDIS supports for your lifetime.

Learn more about reasonable and necessary supports and NDIS supports.

Do you need early intervention?

Early intervention is usually early access to support, to help reduce the functional impacts of your impairment.

Early intervention can be for both children or adults and may only be needed for a short time. You won't need these supports for your lifetime, so your treating professional or your early childhood partner will tell us how early intervention support could benefit you or your child.

You will meet the early intervention requirements if you meet all of the following:

- You have an impairment that's likely to be permanent.
- Early intervention supports will likely benefit you, for example if it means you'll need less disability support in the future and your functional capacity will improve.
- The early intervention supports you need are NDIS supports.

There are different requirements for children younger than 6 with developmental delay to meet the early intervention requirements.

If we have evidence a child younger than 7 has been diagnosed with a condition on List D, we'll decide they meet the early intervention requirements.

You may also meet the early intervention requirements if you're aged between 0 and 25 with a hearing impairment.

We also need to understand how NDIS supports benefit you, like building your skills and increasing your capacity, so that you may no longer need NDIS supports. If you meet the early intervention requirements, your support needs are more likely to change and you may

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only need NDIS supports for a short time. We'll regularly check your eligibility when we reassess your plan, and at other times too.

If you no longer meet the early intervention requirements, we'll check if you meet the disability requirements. Learn more about leaving the NDIS.

Do you have an impairment that's likely to be permanent?

To meet the early intervention requirements, there must be enough evidence that you have at least one of the impairments below and your impairment is likely to be permanent.[30]

An impairment is a loss of or damage to your body's function.

We will look at:

- your body's functions
- your body structure
- how you think and learn.

An impairment could be:[31]

- **intellectual** – how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – as how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – how your body functions
- **sensory** – how you see or hear
- **physical** – the ability to move parts of your body.

We also need evidence at least one of your impairments will be permanent, or likely to be permanent.[32]

When we decide if your impairment is likely to be permanent, we consider the same things as in the disability requirements.

You may also be eligible for the NDIS if you have a psychosocial disability.[33] This means you have reduced capacity to do daily life activities and tasks due to your mental health. Your psychosocial disability might vary at different times in how much it impacts your daily life. Even if it fluctuates and you have some periods where there is a smaller impact on your daily life, you might have this impairment for your lifetime.

If you give us evidence you have been diagnosed with a condition on List B, we'll decide you have an impairment that's likely to be permanent.

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How will early intervention benefit you?

We need to decide that getting early intervention supports means you'll likely need fewer supports in the future.[34]

We need to know that early intervention supports will help you with at least one of the following:[35]

- addressing the impact of your impairment on your ability to move around, communicate, socialise, learn, look after yourself and organise your life
- preventing your functional capacity from getting worse
- improving your functional capacity
- supporting your informal supports, which includes building their skills to help you.

To help us decide if the early intervention will help you in these ways, we look at:[36]

- how your impairment might change over time
- how long you've had your impairment
- if there's been a significant change to your impairment
- if your needs are likely to change soon, such as if you're finishing school.

Will the early intervention supports you need be NDIS supports?

The early intervention support that you would likely benefit from must be NDIS supports.[37] NDIS supports are the services, items and equipment that can be funded by the NDIS.

Learn more about reasonable and necessary supports and NDIS supports.

What about people aged between 0 and 25 with a hearing impairment?

If you're aged between 0 and 25 with a hearing impairment, you may meet the early intervention requirements. We'll decide you meet the early intervention requirements if you give us evidence of all of the following:

- You're aged between 0 and 25.
- You have auditory neuropathy or hearing loss of at least 25 decibels in either ear at 2 or more adjacent frequencies – see below.

We need evidence of your auditory neuropathy or hearing loss from a specialist audiological assessment. The assessment might include electrophysiological testing when required. The evidence must show your hearing loss is likely to be permanent.

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If you're aged 26 or older with hearing loss, we'll check if you're eligible in the same way we consider all other impairments. You may be eligible under the disability requirements.

What about children younger than 6 with developmental delay?

Children younger than 6 with a developmental delay may be eligible for the NDIS under the early intervention requirements.[38]

Developmental delay is a term used to describe a delay in a child's development. It means that a child finds it much harder to do everyday things that other children their age can do, for example, dress themselves, talk or walk. A child with developmental delay needs lots of extra help to do everyday things compared to children of the same age.

First, we need to know the child:

- is younger than 6 on the day we decide whether they're eligible[39]
- lives in Australia[40]
- is an Australian citizen or permanent resident.[41]

Then, we need to know the child has a developmental delay.[42]

Finally, we need to know the child's supports will be NDIS supports. NDIS supports are the services, items and equipment that can be funded by the NDIS.

An early childhood partner can also provide supports to children who aren't eligible for the NDIS.

Learn more about the early childhood approach and early connections.

Does the child have a developmental delay?

When we decide if a child has developmental delay, we use the definition in the law for the NDIS.[43]

We need to know the delay:

- is due to mental or physical impairments
- substantially reduces the child's functional capacity compared with other children the same age.
- means the child needs specialist services from more than one professional working as a team to support the child and for longer than 12 months.

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Is the delay due to mental or physical impairments?

First, we need to know the developmental delay is due to a mental or physical impairment, or a combination of mental or physical impairments.[44]

An impairment is a loss or significant change in at least one of:

- the child's body functions
- the child's body structure
- how the child thinks and learns.

Families, early childhood partners and other professionals can understand the child's body function by:

- observing their activities during play and daily tasks
- comparing their activities to other children of the same age.

For some very young children, problems in body function can't be easily measured. If so, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's judgment or informed clinical opinion.

Does the delay substantially reduce the child's functional capacity?

We need to know the delay substantially reduces the child's functional capacity compared to other children their age.[45]

This means the child has a significantly lower ability to do everyday activities, when compared to children of the same age. Or the child does things in a significantly different way to other children their age because of their reduced capacity.

The child would also need much more support to do the activity, compared to other children the same age.

The substantial reduction in functional capacity must be in at least one of the following areas of major life activity:

- **Self-care** – how children take care of themselves, shower, bathe, dress, eat, drink, toilet, groom, and sleep.
- **Receptive and expressive language** – this involves skills such as gesture, sign language, listening, giving and receiving information, communicating wants and needs through facial expressions, vocalisations or speech, and interaction with others.

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A substantial reduction in functional capacity for either receptive language or expressive language will meet the criteria – it doesn't need to be both.

- **Cognitive development** – learning and applying knowledge. This includes areas such as:
  - understanding and remembering information
  - attention
  - learning new things
  - practising and using new skills
  - planning and making decisions
  - problem solving
  - developing pretend play skills
  - developing play interests
  - emotional and sensory regulation
  - developing emotional intelligence
  - social awareness
  - safety awareness.
- **Motor development** – this includes participation in everyday activities like moving around the home and community and manipulating objects.

We need evidence from a health, allied health or early childhood professional, who uses multiple sources of information about the child's ability to do everyday activities.

This will include information that parents or carers report about their child. It will also include a mix of standardised assessments of developmental and functional capacity, both in everyday activities and natural settings.

It should also include observations in everyday play, learning, activities or routines to better understand how the child participates in these everyday activities.

For very young children where functional capacity can't be measured, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's informed clinical opinion.

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Does the child need specialist services from more than one type of professional and for longer than 12 months?

We need to know that the child needs a mix of specialist care, treatment or other services, due to their developmental delay. The child must also need these services for an extended duration – that is, longer than 12 months.[46]

We need to know the child needs all of the following:

- **A service response that involves more than one professional working as a team to support the child**. This means the child needs support for multiple activities, and across multiple natural settings such as the home, community and early childhood centres. The child must need more support than what's expected for a child the same age.
- **A team that works collaboratively, by communicating and sharing information, knowledge and skills**. The support must be individually planned and coordinated. The team will build the capacity of the child's family and other important people in the child's life, such as carers, educators and professionals, about the child's individual needs. This support should be embedded in everyday play, learning, activities and routines.
- **More support than an individual discipline providing a unilateral response to a single problem**. This means the child needs support from more than one professional supporting one area of delay. This is known as interdisciplinary care. For example, a child is unlikely to be eligible if a speech pathologist alone can help their language delay, without needing support or consultation from other professionals.
- **Supports for an extended duration**. This means a health, allied health or early childhood professional who knows the child determines they need support for more than 12 months. A child will likely meet this criteria if there is clear evidence that they'll need early intervention support for more than 12 months.

We need evidence from an early childhood professional, such as an early childhood teacher, educator or allied health professional who knows the child. They need to recommend that the child needs support for multiple activities and across multiple natural settings, from a team working together.

Some children in remote areas might not have access to a team of professionals. If so, they may still be eligible if the one professional needs to provide the supports to the child across multiple activities and across multiple natural settings.

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We also need evidence from an early childhood professional, such as an early childhood teacher, educator, or allied health professional, that the child needs support for more than 12 months. The professional should consider multiple sources of information, including:

- parent or carer reports
- a mix of standardised and culturally appropriate developmental or functional assessments in everyday activities and natural settings
- observations in everyday play, learning, activities, and routines.

How do we work out if the child meets the criteria for developmental delay?

We'll need a range of information about the child, observed in everyday activities and settings they usually participate in. This should include parent or carer reports and standardised assessments of developmental and or functional capacity.

Early childhood partners are early childhood professionals who give us evidence of developmental delay to help us decide if the child is eligible. An early childhood partner will meet with children and families to better understand the child's day to day life, and any concerns about their development.

Early childhood partners will observe a child in familiar places like home and childcare and may complete assessments using screening tools. This information helps us decide if a child meets the early intervention requirements for developmental delay.

Families and carers can also provide copies of existing reports, assessments or letters about the developmental delay.

We may also ask for evidence from a variety of sources, including mainstream services. For example, we may also ask for evidence from your doctor, child health nurse, or other health professional.

Learn more about providing evidence of developmental delay.

What if there are no early childhood partners in your area?

If there are no early childhood partners in the child's area, a mainstream, community, or health service can give us a report for evidence of developmental delay.

If you're in one of these areas, learn more about what evidence we need for developmental delay.

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Will the child's early intervention supports be NDIS supports?

To meet the early intervention requirements, the supports must be NDIS supports.[47] NDIS supports are the services, items and equipment that can be funded by the NDIS.

Learn more about reasonable and necessary supports and NDIS supports.

What happens if a child with developmental delay is eligible?

If we decide a child with developmental delay is eligible for the NDIS, they'll become a participant. But they're usually no longer eligible after they turn 6.

This is because they will no longer meet the early intervention requirements under developmental delay. To remain an NDIS participant after they turn 6, the child will need to have an impairment that's likely to be permanent and meet the requirements for disability, early intervention, or both.

We'll talk to families or carers before a child turns 6 and explain what information we need to decide if the child is still eligible. Learn more about leaving the NDIS.

Example

Hunter is 5 years old and became a participant under the early intervention requirements for developmental delay.

We give him a new 12-month NDIS plan in August. We also talk to Hunter's family about Hunter leaving the NDIS after he is 6 years old.

Hunter's family will be able to use his NDIS funding for the full 12 months, until August the next year. By then, he'll be aged 6 years.

At the end of the 12 months, we'll talk to Hunter's family about his progress and what outcomes have been achieved. We'll listen to understand if he built capacity to work towards his goals. If there's evidence that Hunter does not have an impairment that is likely to be permanent and he no longer meets the requirements for disability, early intervention, or both, we'll decide Hunter is no longer eligible. He will be supported to leave the NDIS. We'll help his family continue to stay connected to government and community services.

Learn more about leaving the NDIS and mainstream and community supports.

What if a child doesn't meet our criteria for developmental delay?

Early childhood partners provide supports to children younger than 6 who don't meet our criteria for developmental delay.

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A child may have developmental concerns. This means a child younger than 6 is developing slower compared to other children their age, but the delay doesn't meet our definition for developmental delay.

For example, a child's functional capacity may be substantially reduced in one or more areas. But it's unclear if the child needs support from a team of professionals for more than 12 months.

An early childhood partner can provide **early supports** to children younger than 6 with developmental concerns. They can also help the child's family connect to other government and community supports.

Learn more about early connections.

How do you apply to the NDIS?

Applying to the NDIS is how you let us know you want to become an NDIS participant.

If you're aged 9 and older, there are a few ways you can apply:[48]

- Your local area coordinator can help you apply. They can help you through the application process and be your point of contact. Find your nearest location.
- Sometimes you may not have a local area coordinator in your area. You can contact us on 1800 800 110 to discuss other options available to you.

For children younger than 9, we encourage families to talk to an early childhood partner before applying to the NDIS. They can provide supports to children before they apply, and let families know if the NDIS is right for their child.

When you apply, you or your authorised representative will need to:

- give us the information and any documents we need to confirm your identity. Learn more about evidence of identity and privacy.
- give us the information and any documents we need to decide if you're eligible[49]
- sign or certify the NDIS application[50]
- talk to you about your needs and current situation.

When we talk to you, we'll listen to understand what is important to you. We'll also ask questions to make sure we know all the ways we can help.

We can use this information to help you make community connections if you want us to. Learn more about community connections and early connections.

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Other people can help you apply if you want them to. Sometimes they can apply on your behalf. Learn more about who can help you apply.

Learn more about how to apply to the NDIS and in the Applying to the NDIS factsheet.

What information do we need in your application?

The Evidence of Identity factsheet shows what information we need to confirm your identity. When you apply for the NDIS, you'll need to give us copies of these documents. If you can't do this, let us know so we can work out what to do depending on your situation. We'll still need to check your identity before progressing your application.

To show us you're younger than 65 when you apply, live in Australia, and that you're an Australian citizen or permanent resident, you can give us either of the following:

- consent to access and use your Centrelink record
- copies of documents or other evidence that we ask for if you apply in person or over the phone.

In most cases, we can just use your identity documents.

Who can give us evidence of your impairments?

We need evidence of your impairments, to help us work out if you're eligible. To provide this, ask your treating professional. For children younger than 6 with developmental delay, an early childhood partner can provide evidence of developmental delay. Your treating professional or early childhood partner can contact us if they need to discuss what evidence to provide.

Your treating professional might be your doctor, specialist, or allied health service provider. You should use a professional who:

- has worked with you for a long time, usually for at least 6 months
- is the most appropriate type of professional to give evidence about your impairment
- is qualified and registered in their area of practice with the Australian Health Practitioner Regulation Agency or relevant professional authority.

If your treating professional doesn't meet these requirements, we may not be able to confirm the information in your application and may need to request further information.

When we check if you're eligible for the NDIS, we mainly consider the information you give us when you apply.

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Learn more about who can give us evidence of your disability or impairment on the following pages:

- Providing evidence of your disability
- Providing evidence of disability for children
- Information for GPs and health professionals.

You can also learn more about how we use, collect and store your personal information.

What if you're in a remote or very remote area?

We understand it might be hard to get your treating professional to provide evidence of your impairments in a remote or very remote area. If it's hard to get your treating professional to do this, let us know.

You might not need to give us as much evidence about your impairment as people in big cities, depending on what services are available in your area. We use a technical definition for remote and very remote. You will need to live in an area that's classified as MM6 or MM7 on the Modified Monash Model to be considered remote or very remote.

How do we check your application?

Before we can accept your application, we make sure it's been made by the right person. That is, the application is from you, or someone who can apply for you.

We then check all the answers we need have been provided, and that it is the correct information.[51]

If you don't have all the answers at the meeting, we'll help you work out what to do. You can also let us know if there is a mistake. We can work with you to help complete the application properly. We can't decide if you're eligible until we have a complete application.

We'll also let you know if we need more information and, if so, what you need to give us.

Once you have completed your application with all the right information, we'll check whether you're eligible. That is, we'll check that:

- you meet the age and residence requirements
- you meet the requirements for disability, early intervention, or both.

Learn more in the Applying to the NDIS factsheet.

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Who can help you apply?

You can ask someone to help you apply if you want to. They can help you:

- make your decision to apply to the NDIS
- gather the information we need.

You can choose who helps you. For example, you could ask for help from:

- a family member
- a friend
- a carer
- a partner
- a support worker or service provider
- staff in a residential aged care facility
- your treating health professional
- hospital staff.

With your permission, we can share information with these people during your application. For example, they could call us to check how your application is progressing. You can let us know if you would like us to share information.

Can someone else apply for you?

If someone else has legal authority to make decisions for you, they can apply to the NDIS on your behalf.

If you're younger than 18, the people with parental responsibility for you will apply for you.[52] This is often your parents or legal guardian. In some situations, we can decide someone else has parental responsibility.[53] Learn more about child representatives.

If you're an adult, these people may be able to apply to the NDIS on your behalf:

- a person you give consent to act as your authorised representative – this means you give them permission to apply for you
- your guardian
- a person with power of attorney who can make personal and health decisions for you
- a person with advance care health directive.

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If you're an adult and want someone else to apply for you, you can tell us in person, or over the phone.

When do we contact you to help you apply?

Sometimes, we'll reach out to you to help you apply. This might be if you live in a:

- group home or supported accommodation
- large residential facility
- residential aged care facility – also read our page on younger people in residential aged care
- rural or remote area.

How do we decide if you're eligible?

Once we have your application, we review all the information we have in your application.

This will help us decide if you're eligible for the NDIS. As part of the process, we will also need to check your identity.

You are eligible for the NDIS if you meet the requirements for:

- age
- residence
- disability, early intervention, or both.

It's likely children younger than 6 with developmental delay won't meet the disability requirements. So, they may only be eligible under the early intervention requirements.

If you don't meet either the disability requirements or the early intervention requirements, you won't be eligible for the NDIS. But an early childhood partner or local area coordinator can help you connect with other government and community supports.

When will we decide if you're eligible?

Once we have your application, we have **21 days** to decide one of the following:[54]

- you're eligible for the NDIS
- you're not eligible for the NDIS
- we need more information.

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We can make a decision quicker in urgent circumstances. Let us know if your situation is urgent, for example, if you're about to leave a hospital or custodial setting. Learn more about our timeframes for urgent decisions.

How do we consider your evidence of disability?

When we're deciding if you're eligible, we may look at things like:

- how old your evidence is
- who provided your evidence.

If we get more than one type of evidence from you, we might consider some evidence over others. We call this weighing evidence.

What if we need more information to decide if you're eligible?

When we decide if you're eligible, we look at:

- the information in your NDIS application
- any other information we have.

We need enough information in your application to show us you're eligible for the NDIS by meeting the requirements for disability, early intervention, or both.

Sometimes we might need to ask you for more information. For example, we may not have enough information about your functional capacity.

We'll ask you for more information if we need it to make sure we have the full picture.[55]

We might ask you for more information if:

- your application doesn't have all the information we need
- we need to answer a particular question.

We only ask for more information if we need it to decide if you're eligible.[56] If we need more information, we'll let you know:

- what you need to do
- what information we need
- when you need to give us the information.

If we ask for more information, you'll have at least **90 days** to give it to us. We can't decide if you're eligible until we have this. You can ask for more time if you need it. We can give you more time if we think it's reasonable for your situation.[57]

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If we can't contact you within **90 days**, or you don't give us the information within the timeframe, we'll withdraw your application. This means we'll stop processing your application.

If you don't get the information to us in time, you can apply again.

What happens after we get your information?

Once you give us the information we need, we then have **14 days** to decide if:[58]

- you're eligible for the NDIS
- you're not eligible for the NDIS
- we need more information – for example, if the information you gave us isn't what we need.

What happens if we don't decide on time?

If we don't meet our decision-making timeframes, we have to treat this as if we decided you're not eligible.[59]

If this happens, we'll automatically review this decision that you're not eligible.[60] We'll send you a letter to explain this. You don't need to do anything.

We'll then make sure your application is reviewed by a staff member who wasn't involved in the original application. We'll contact you to let you know the outcome.

Learn more about reviewing our decisions.

What happens after we decide?

What happens if you're eligible?

On the day we decide you're eligible for the NDIS, you become a NDIS participant.[61]

The time that you remain eligible for the NDIS depends on your individual circumstances and NDIS support needs.

You'll need to continue to be eligible for the NDIS. This means you'll need to continue to live in Australia and be an Australian citizen or permanent resident. You'll also need to continue to meet requirements for disability, early intervention, or both. Learn more about whether you will always be eligible and leaving the NDIS.

We'll send you a letter to let you know:

- you are eligible

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- if you met the requirements for disability, early intervention, or both
- the next steps.

Your letter will also confirm the date you became eligible for the NDIS.[62]

How will we create your first plan?

After you receive the letter confirming you're eligible, we'll contact you to organise your first planning conversation. We'll contact you within **21 days**.

We'll then work together to create your plan. If you received help to make community connections, we can build on the information and goals we talked about and include these supports in your plan. Learn more about community connections and early connections.

You'll receive a plan that sets out your NDIS supports. NDIS supports are the services, items and equipment that can be funded by the NDIS.

Your plan will include NDIS supports for the impairments that meet the disability or early intervention requirements.

For example, you may have many impairments, but only one meets our eligibility criteria. Or you might get another impairment after we decide you're eligible. If so, we only fund NDIS supports for impairments that meet the requirements for disability, early intervention, or both.

If you're aged 7 or older, we must approve your first plan within **56 days** after you become a participant.

For children younger than 7, we'll approve their first plan within **90 days** after they become a participant.

For more information, check out creating your plan.

Will you always be eligible for the NDIS?

There are many reasons for leaving the NDIS.

Some people decide they don't want to be a participant anymore.

You'll also leave the NDIS if you're no longer eligible.

When we reassess your plan, we check that all your details are correct and up to date. We also look at any new information we have received.

If you're eligible under the **early intervention requirements**, your support needs are more likely to change. We'll check at each plan reassessment and at other times, whether you still meet the early intervention requirements.

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For example, during a plan reassessment it may show you no longer meet the early intervention requirements because you have built your skills and capacity and will no longer benefit from NDIS supports.

If you're eligible under the disability requirements, your disability is permanent. We don't expect your disability to change, and it's likely you'll need NDIS supports for your lifetime. We will only ask you for more information about your eligibility if there is evidence that you may no longer meet the disability requirements.

You can find out more about the eligibility requirements, and how we check these, at Am I eligible. Children with developmental delay will usually leave the NDIS after they turn 6.

Over time, you might develop your skills and independence and not need NDIS supports anymore.

If you met the requirements for early intervention and not disability, you usually won't be eligible after the early intervention supports, which are NDIS supports have benefitted you. For example, if you needed early intervention supports to achieve your goal to improve your functional capacity, and your functional capacity improves, you may no longer meet the early intervention requirements anymore.

If you're no longer eligible, we'll help you transition from the NDIS and make sure you are connected with other services in your community, if you need them. We'll also keep your information, so you can apply again if your situation changes.

Learn more about leaving the NDIS.

What happens if you're not eligible?

If you're not eligible, you can't become an NDIS participant.

We'll try and contact you by phone, or your preferred contact method,[63] to explain why you're not eligible. We'll give you reasons for our decision, and answer any questions you might have.

We'll also send you a letter with our decision, including the reasons you're not eligible and what to do next. Your letter will confirm the date we made the decision.

Even if you're not eligible for the NDIS, your early childhood partner or local area coordinator can help you explore and access government and community supports. When we work with children under 9 and their families, we call this early connections. When we work with people aged 9–64, we call this community connections.

Your early childhood partner or local area coordinator will use the information you shared to suggest supports in your community. They will work with you to see how these supports may

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help you with what is important to you. We also have a list of other government and community supports you can get, even if you're not eligible for the NDIS.

What if you don't agree with our decision?

If you don't agree with our decision that you're not eligible, you should contact us. We can help explain our decision and what your options or next steps might be.

You can also ask for an internal review.[64] Another staff member, who wasn't involved in the original decision, will then check if we made the right decision. You need to ask for an internal review within **3 months** after receiving the decision.[65] Learn more about reviewing our decisions.

But you can't ask for an internal review if:

- you withdraw your application because you don't want to apply anymore
- a decision has not been made and we ask you for more information
- we withdraw your application because you didn't give us information on time
- it's been more than 3 months since you received our decision that you're not eligible.

If you don't agree with the internal review decision, you can ask the Administrative Appeals Tribunal to review it. We call this an external review. You can't ask for an external review until after we make the internal review decision.

You can contact us to discuss any concerns you may have about the process. You can also make a complaint if you're not happy with any part of the process.

Can you apply again?

Yes. If we decide you're not eligible, or you're no longer eligible, you can apply again, unless you have requested a review of that decision and are waiting for a decision to be made on the outcome of your review. This includes when you apply for the NDIS or leave the NDIS after your status as a participant has been revoked. Learn more about leaving the NDIS.[66]

You'll follow the same process to apply as you did the first time. Remember, you need to be younger than 65 on the day you make your new application. And children with developmental delay will need to be younger than 6 on the day they apply.

If you've asked for an internal review of the decision, you can't apply to the NDIS again until we've completed that review.[67] You can ask us to stop our internal review at any time.[68]

Also, if your review is with the Administrative Appeals Tribunal after an internal review, you can't apply again until it has made a decision.[69] You can also ask the Tribunal at any time to withdraw your application. Learn more on the Administrative Appeals Tribunal website.

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Applying to the NDIS – Appendices

What's on this page?

- List A: Conditions that are likely to meet the disability requirements
- List B: Conditions that are likely to result in a permanent impairment
- List C: What if you're receiving disability support in Western Australia?
- List D: Permanent impairment/Early intervention, under 7 years. No further assessment required
- When do we make priority eligibility decisions?
- How do we weigh evidence of disability?

List A: Conditions that are likely to meet the disability requirements

1. **Intellectual disability** diagnosed and assessed as moderate, severe or profound in accordance with current DSM criteria.
2. **Autism** diagnosed by a specialist multi-disciplinary team, paediatrician, 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).
3. **Cerebral palsy** diagnosed and assessed as severe (e.g. assessed as Level 3, 4 or 5 on the Gross Motor Function Classification System - GMFCS).
4. **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):

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- 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:

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- Werdnig-Hoffmann disease (SMA Type 1- Infantile form)
- Dubowitz disease (SMA Type II – Intermediate form)
- X-linked spinal muscular atrophy

5. **Spinal cord injury** or **brain injury** resulting in paraplegia, quadriplegia or tetraplegia.
6. **Hemiplegia** where there is severe or total loss of strength and movement in the affected limbs of the body.
7. **Permanent blindness** in both eyes, diagnosed and assessed by an ophthalmologist as follows:
   - Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
   - Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
   - A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points. (An optometrist report is not sufficient for NDIS purposes.)
8. **Permanent bilateral hearing loss** > 90 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz).
9. **Deafblindness** confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.
10. **Amputation** or congenital absence of 2 limbs – for example, 2 legs, 2 arms, or a leg and an arm (not a leg and a hand, or an arm and a foot).

List B: Conditions that are likely to result in a permanent impairment

Conditions primarily resulting in intellectual or learning impairment

- Intellectual disability
- Pervasive developmental disorders not meeting severity criteria in List A or List C, such as autism
- Asperger syndrome
- Atypical autism

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- Childhood autism.

Chromosomal abnormalities resulting in permanent impairment and not specified on List A

- Aicardi-Goutières syndrome
- CHARGE syndrome
- Cockayne syndrome Types I and Type II/Cerebro-oculo-faciao-skeletal (COFS) syndrome /Pena Shokeir syndrome Type II/Weber-Cockayne syndrome/Neill-Dingwall syndrome)
- Cohen syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome /22q11.2 deletion syndrome/Velocardiofacial syndrome/ Shprintzen syndrome/Conotruncal anomaly face syndrome
- Down syndrome/Trisomy 21
- Fragile X syndrome
- Kabuki syndrome
- Menkes disease
- Prader-Willi syndrome
- Seckel syndrome /microcephalic primordial dwarfism/Harper's syndrome/Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Spinal muscular atrophy Types III and IV
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Turner syndrome
- Williams syndrome
- Wolf-Hirschhorn syndrome.

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Conditions primarily resulting in Neurological impairment

- Alzheimer's dementia
- Creutzfeldt-Jakob disease
- HIV dementia
- Huntington's disease
- Multi-infarct dementia
- Parkinson's disease
- Post-polio syndrome
- Vascular dementia.

Systemic atrophies primarily affecting the central nervous system

- Abetalipoproteinaemia
- Adult-onset spinal muscular atrophy/late-onset SMA type III)
- Fazio-Londe disease/Progressive bulbar palsy of childhood
- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11Huntington's disease/Huntington's chorea
- Louis-Bar syndrome/Ataxia-telangiectasia
- Motor neuron disease/Motor neurone disease/ Lou Gehrig's disease /Amyotrophic lateral sclerosis
- Primary lateral sclerosis
- Progressive bulbar palsy
- Spinal muscular atrophy – all types
- Spinocerebellar Ataxia – all types, including Machado-Joseph disease.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome /Pantothenate kinase-associated neurodegeneration (PKAN)/neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Parkinson's disease

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- Shy-Drager syndrome /Multiple System Atrophy /Striatonigral degeneration (MSA-P)/ Sporadic olivopontocerebellar atrophy (MSA-C)
- Steele-Richardson-Olszewski syndrome/Progressive supranuclear ophthalmoplegia
- Stiff-man syndrome /Stiff-person syndrome.

Other degenerative diseases of the nervous system

- Alzheimer's disease
- Alpers disease/Grey-matter degeneration/Alpers syndrome/progressive sclerosing poliodystrophy/progressive infantile poliodystrophy
- Lewy body dementia
- Pick's disease.

Demyelinating diseases of the central nervous system

- Adrenoleukodystrophy
- Multiple sclerosis
- Schilder's disease /Diffuse myelinoclastic sclerosis – non-remitting.

Episodic and paroxysmal disorders

- Brain stem stroke syndrome
- Cerebellar stroke syndrome
- Motor and sensory lacunar syndromes
- Lennox syndrome /Lennox-Gastaut syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Adult Refsum disease
- Charcot-Marie-Tooth disease/Hereditary motor and sensory neuropathy/ peroneal muscular atrophy
- Dejerine-Sottas disease /Dejerine-Sottas syndrome/Dejerine-Sottas neuropathy/progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

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Other disorders of the nervous system

- Hydrocephalus
- Multiple system atrophy.

Conditions resulting in Physical impairment

- Amputation
- Congenital absence of limb or part thereof
- Epidermolysis bullosa
- Harlequin type icthyosis
- Juvenile arthritis / Stills Disease (excluding monocyclic/self-limited Adult Onset Stills disease)
- Rheumatoid arthritis.

Diseases of myoneural junction and muscle

- Andersen-Tawil syndrome/ Periodic paralysis /myoplegia paroxysmalis familiaris
- Becker muscular dystrophy
- Congenital muscular dystrophy
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Limb-girdle muscular dystrophy
- Mitochondrial myopathy
- Myotonic dystrophy /dystrophia myotonica
- Myotonic muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita
- Thomsens disease /Congenital myotonia/ Becker myotonia).

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Cerebral palsy and other paralytic syndromes not meeting severity criteria on List A

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in Sensory and/or Speech impairment

Disorders of the choroid and retina where permanent blindness diagnostic and severity criteria on List A are not met

- Behr's syndrome
- Kearns-Sayre syndrome
- Optic atrophy
- Retinitis pigmentosa
- Retinoschisis (degenerative and hereditary types/juvenile retinoschisis)
- Stargardt disease
- Usher syndrome.

Disorders resulting in hearing loss

- Cortical deafness
- Pendred syndrome
- Sensorineural hearing loss
- Stickler syndrome
- Usher syndrome
- Waardenburg syndrome.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia

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- Addison-Schilder disease /Adrenoleukodystrophy
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis /cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Glycine encephalopathy /non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucolipidosis II /I-cell disease
- Mucolipidosis III /pseudo-Hurler polydystrophy
- Mucolipidosis IV
- Neuronal ceroid lipofuscinosis (NCL)/ Adult type (Kuf's or Parry's disease)/ Juvenile (Batten disease)/ Late infantile (Jansky-Bielschowsky)
- Niemann-Pick disease
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Scheie syndrome /MPS 1-H
- Hurler-Scheie syndrome /MPS 1 H-S

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- Hunter syndrome /MPS II
- Morquio syndrome /MPS IVA
- Maroteaux-Lamy syndrome /MPS VI
- Sly syndrome /MPS VII.

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment but with variable severity

- Arnold-Chiari Types 2 and 3/Chiari malformation
- Microcephaly
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Spina bifida
- VATER syndrome /VACTERL association.

List C: What if you're receiving disability support in Western Australia?

Please note: the transition of people formerly in Western Australian government disability programs is now complete and List C is no longer in operation.

If you were a participant in a WA defined program and are in the process of applying to the NDIS before 3 October 2024, please contact 1800 800 110 or enquiries@ndis.gov.au to discuss whether List C arrangements still apply.

We have an agreement with the Western Australian government to bring Western Australians onto the NDIS. If you're receiving disability supports in Western Australia, you might already meet most of the eligibility criteria. We'll send you a letter with all the details on how to apply.

The Western Australian government will let us know if you're on a program for faster access to the NDIS. This is called a defined program.

If you're on one of these programs, you need to show us that you:

- are younger than 65 on the day you apply
- live in Australia permanently
- are an Australian citizen or permanent resident.

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We'll let you know what evidence you need to give us when you apply.

If you show us you meet the above requirements, we'll decide you're eligible under the **disability requirements**.

Which Western Australian defined programs are eligible for the NDIS?

- WA state-administered National Disability Insurance Scheme
- Supported Community Living
- Community Residential
- Day Options
- Disability Professional Services
- Emergency Accommodation
- Respite
- LAC Coordination
- Recreation.

List D: Permanent impairment/Early intervention, under 7 years. No further assessment required.

Synonyms for conditions are also shown (e.g. condition / synonym / synonym).

Conditions primarily resulting in Intellectual/ learning impairment

Chromosomal abnormalities resulting in permanent impairment

- Global Developmental Delay
- Aicardi syndrome
- Aicardi-Goutières syndrome
- Angelman syndrome
- CHARGE syndrome
- Cockayne syndrome/ Types I and Type II / Cerebro-oculo-faciao-skeletal (COFS) syndrome/ Pena Shokeir syndrome Type II / Weber-Cockayne syndrome/ Neill-Dingwall syndrome
- Coffin-Lowry syndrome

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- Cohen syndrome
- Cornelia de Lange syndrome
- Cri du Chat syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome/ 22q11.2 deletion syndrome/ Velocardiofacial syndrome/ Shprintzen syndrome/ Conotruncal anomaly face syndrome
- Down syndrome/ Trisomy 21
- Edwards syndrome/ Trisomy 18
- Fragile X syndrome
- Kabuki syndrome
- Lesch-Nyhan syndrome/ Nyhan's syndrome/ Kelley-Seegmiller syndrome/ Juvenile gout
- Leigh syndrome/ Leigh's disease/ subacute necrotizing encephalomyelopathy
- Menkes disease
- Patau syndrome/ Trisomy 13
- Prader-Willi syndrome
- Rett syndrome
- Seckel syndrome/ microcephalic primordial dwarfism/ Harper's syndrome/ Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Williams syndrome
- Wolf-Hirschhorn syndrome.

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Conditions primarily resulting in Neurological impairment

Systemic atrophies primarily affecting the central nervous system

- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11
- Louis-Bar syndrome/ Ataxia-telangiectasia
- Niemann-Pick disease (Types A and C)
- Progressive bulbar palsy of childhood/ Fazio-Londe disease.

The following spinal muscular atrophies

- Spinal muscular atrophy Type I/ Werdnig Hoffmann disease/ infantile SMA
- Spinal muscular atrophy Type II/ Dubowitz disease
- Spinal muscular atrophy Type III Kugelberg-Welander disease/ juvenile SMA
- Spinal muscular atrophy lower extremity dominant/ SMA-LED
- X-linked spinal muscular atrophy.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome / Pantothenate kinase-associated neurodegeneration (PKAN)/ neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Alpers disease/ Alpers syndrome/ Grey-matter degeneration/ Progressive sclerosing poliodystrophy/ Progressive infantile poliodystrophy
- Demyelinating diseases of the central nervous system
- Adrenoleukodystrophy / X-linked childhood cerebral form
- Alexander disease
- Canavan disease
- Krabbe disease/ Globoid cell leukodystrophy
- Pelizaeus-Merzbacher disease.

Episodic and paroxysmal disorders

- Lennox-Gastaut syndrome/ Lennox syndrome

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- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Dejerine-Sottas disease/ Dejerine-Sottas syndrome/ Dejerine-Sottas neuropathy/ progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Conditions primarily resulting in physical impairment

- Amputation
- Diamond-Blackfan anaemia
- Epidermolysis bullosa
- Harlequin type icthyosis
- Hay Wells syndrome/ ankyloblepharon/ ectodermal dysplasia/ clefting [AEC] syndrome
- Joint or limb deformities resulting in impaired mobility
- Juvenile arthritis/ Stills Disease
- Osteogenesis imperfecta
- Sjogren Larsson syndrome.

Diseases of myoneural junction and muscle

- Congenital muscular dystrophy
- Congenital myotonia / Thomsens disease/ Becker myotonia
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Emery-Dreifuss muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita.

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Cerebral palsy and other paralytic syndromes

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in sensory and/or speech impairment

- Permanent blindness in both eyes, diagnosed and assessed by an ophthalmologist as follows either:
  - Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes
  - Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less)
  - A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points.

  (An optometrist report is not sufficient for NDIS purposes.)
- Deafblindness confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease/ Adrenoleukodystrophy /
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis/ cerebral cholesterosis

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- Congenital cytomegalovirus infection
- Congenital hypothyroidism
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Galactosaemia with long term learning disabilities and neurological impairment
- Glycine encephalopathy/ non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucolipidosis II / I-cell disease
- Mucolipidosis III / pseudo-Hurler polydystrophy
- Mucolipidosis IV
- Neuronal ceroid lipofuscinosis
- Niemann-Pick disease
- Phenylketonuria
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Hurler syndrome/MPS1-H
- Scheie syndrome/ MPS 1-S
- Hurler-Scheie syndrome/ MPS 1 H-S
- Hunter syndrome/ MPS II

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- San Fillipo syndrome/ MPS III
- Morquio syndrome/ MPS IVA
- Maroteaux-Lamy syndrome/ MPS VI
- Sly syndrome/ MPS VII.

The following lysosomal storage disorders

- 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).

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment

- Chiari malformation/Arnold-Chiari malformation
- Congenital absence of limb(s)
- Congenital hydrocephalus
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Microcephaly
- Spina bifida
- VATER syndrome (VACTERL association).

When do we make priority eligibility decisions?

If you're in one of the following situations, we'll decide if you're eligible within **2 to 5 business days**.

- Child younger than 7 years with a hearing impairment, either:
  - Identified as Hearing Australia or Early Childhood Partner Priority
  - Identified as 'newly diagnosed'.

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- A child is identified as having a developmental delay and is turning 6 years old within 30 days of a valid NDIS application.
- **Immediate risk** to self, others, community or agency where appropriate disability or informal supports are not in place.
- **Unexpected, significant deterioration** of disability-related functional capacity where appropriate disability or informal supports are not in place.
- **Rapid deterioration** in functional capacity of a person with one of the following permanent disabilities:
  - Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)
  - Brain Cancer
  - Motor Neurone Disease (MND)
  - Progressive Bulbar Palsy (PBP)
  - Primary Lateral Sclerosis (PLS)
  - Progressive Muscular Atrophy (PMA).
- A **terminal illness** and disability
- **Imminent risk** (within 1–14 days) of breakdown of either:
  - Accommodation – risk of homelessness
  - Caring arrangements, including informal supports, due to death, serious illness or injury of informal supports, or significant and unexpected deterioration of disability-related functional capacity.
- Appropriate disability supports are not in place and are re-entering the community after a long-term residence or hospital stay (specific release date not required):
  - A person with a **newly acquired, significant disability**, such as spinal cord injury, being discharged from hospital
  - A **younger person living in residential aged care**
  - A person being **discharged from an inpatient mental health facility**
  - A person due to be **released from correctional facility**.

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How do we weigh evidence of disability?

We understand that you may have evidence of your disability from different health professionals at different times. When we're deciding if you're eligible for the NDIS, we look at:

- how old your evidence is
- who provided your evidence.

We weigh evidence based on what we consider best practice, or highest quality. We consider this evidence most strongly when we make a decision.

What type of evidence should you provide?

We need evidence to help us consider if you meet the disability or early intervention requirements.

For the disability requirements, we need evidence to confirm your permanent impairment and evidence about how this impacts your functional capacity.

For the early intervention requirements, we need evidence to confirm your permanent impairment and evidence that confirms you need early intervention.

It's important to understand the type of evidence that you are providing us. You may have evidence from a doctor or specialist confirming your **permanent impairment** or you may have evidence from an allied health professional or other medical professional that tells us about **impacts to your functional capacity** (your ability to do daily life activities). These are different types of evidence which will often be provided by different health professionals based on their qualifications.

How old should your evidence be?

How old should your evidence be to confirm your permanent impairment?

We need evidence from your doctor or specialist to confirm your permanent impairment. You can give us evidence confirming this **from any age**. However, evidence about how your impairment impacts your functional capacity should be from the last 12 months.

How old should your evidence be to confirm your functional capacity?

Generally, we need evidence about how your impairment impacts your functional capacity from **the last 12 months**. This is because your functional capacity may change over time, even if your impairment doesn't. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

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If you give us more than one type of evidence, we might weigh the newer evidence over the older evidence. If you give us older evidence, we will generally give this less weighting when we make our decision. In these cases, we will generally ask for more information. If this is not provided, we may decide you are not eligible for the NDIS.

How old should your evidence be to confirm you need early intervention?

We need evidence from your doctor or specialist to confirm your permanent impairment and that you need early intervention.

Generally, we need evidence about that confirms you need early intervention from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

Who should provide evidence?

We generally prefer evidence that comes from a treating professional who:

- is the most **appropriately qualified** person to provide evidence of your primary disability
- has treated you for a significant period of time (at least six months)
- is registered to practise in Australia or New Zealand
- provides disability evidence (such as a medical report) that is original, genuine and specific to you.

Depending on your situation, you might get your evidence of **permanent impairment** from a different treating professional than your **evidence of functional capacity**.

If you need help to get your evidence together, your local area coordinator or early childhood partner can help you.

Who should provide evidence of your permanent impairment?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Examples of common doctors or specialists include:

- General Practitioner (GP)
- Paediatrician
- Orthopaedic surgeon
- Neurologist

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- Psychiatrist.

Who should provide evidence of your functional capacity?

We generally prefer evidence from a doctor, specialist, allied health or other medical professional for confirm how your permanent impairment impacts your functional capacity.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist.

Who should provide evidence that you need for early intervention?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Whereas a doctor, specialist, allied health or other medical professional can give us evidence to confirm you need early intervention.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist.

Health professionals registered to practise in Australia and New Zealand

We strongly prefer evidence of your disability to come from a registered Australian or New Zealand health professional. Most Australian health professionals are registered with the Australian Health Practitioner Regulation Agency (AHPRA).

We will still consider evidence from non-Australian or New Zealand health professionals, or unregistered health professionals. However, this evidence will be given less weight.

If we cannot confirm the registration of your health professional, we will ask you (and your health professional) for more information in the first instance. If we still cannot confirm their registration, we will likely decide that you are not eligible for the NDIS.

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Reference list

[1] NDIS Act s 24(1)(e).
[2] NDIS Act ss 22-23.
[3] NDIS Act s 24.
[4] NDIS Act s 25.
[5] NDIS Act s 28(1).
[6] NDIS Act s 22.
[7] NDIS Act s 23(1)(b)(i).
[8] NDIS Act s 23(1)(b)(ii).
[9] NDIS Act s 23(1)(b)(iii).
[10] NDIS Act s 23(1)(a).
[11] NDIS Act s 23(2).
[12] NDIS Act s 23(2)(f).
[13] NDIS Act s 23(2)(a).
[14] NDIS Act s 23(2)(b).
[15] NDIS Act s 23(2)(c).
[16] NDIS Act s 23(2)(d).
[17] NDIS Act s 23(2)(e).
[18] NDIS Act s 24.
[19] NDIS Act ss 24(1)(a); 25(1)(a).
[20] NDIS Act ss 24(1)(a); 25(1)(a)(ii).
[21] NDIS Act ss 24(3)
[22] NDIS (Becoming a Participant) Rules rr 5.4, 6.4.
[23] NDIS (Becoming a Participant) Rules rr 5.6, 6.6.
[24] NDIS (Becoming a Participant) Rules rr 5.5, 6.5.
[25] NDIS Act s 25(3). NDIS (Becoming a Participant) Rules r 6.8.
[26] NDIS Act s 24(1)(d).
[27] NDIS Act s 24(1)(e).
[28] NDIS Act s24(3)
[29] NDIS Act s 24(2).
[30] NDIS Act ss 25(1)(a)(i)-(ii).
[31] NDIS Act s 25(1)(a)(i).
[32] NDIS Act ss 25(1)(a)(i)-(ii).
[33] NDIS Act s 25(1)(a)(ii).
[34] NDIS Act s 25(1)(b).
[35] NDIS Act s 25(1)(c).
[36] NDIS (Becoming a Participant) Rules r 6.9.
[37] NDIS Act s 25(1)(d)
[38] NDIS Act s 25.
[39] NDIS Act ss 9 (definition of 'developmental delay'), 21(1)(c), 25(1)(a)(iii).
[40] NDIS Act s 23(1)(a).
[41] NDIS Act s 23(1)(b).
[42] NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
[43] NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
[44] NDIS Act s 9 (definition of 'developmental delay' para (a)).
[45] NDIS Act s 9 (definition of 'developmental delay' para (b)).
[46] NDIS Act s 9 (definition of 'developmental delay' para (c)).
[47] NDIS Act s 25(1)(d); NDIS (Becoming a Participant) Rules rr 6.1, 8.4.
[48] NDIS Act s 19(1)(a).
[49] NDIS Act s 19(1)(b).
[50] NDIS Act s 19(1)(c).

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[51] NDIS Act s 197(1).
[52] NDIS Act s 74(1)(a).
[53] NDIS Act s 74(1)(b).
[54] NDIS Act s 20.
[55] NDIS Act s 26(2)(d).
[56] NDIS Act s 26.
[57] NDIS Act s 26(3)
[58] NDIS Act s 26(2).
[59] NDIS Act s 21(3).
[60] NDIS Act s 100(5)(b).
[61] NDIS Act s 28(1).
[62] NDIS Act s 28(2).
[63] NDIS Act s 7(2).
[64] NDIS Act s 100(2).
[65] NDIS Act s 100(2)
[66] NDIS Act s 19(2).
[67] NDIS Act s 19(2)(c).
[68] NDIS Act s 102.
[69] NDIS Act s 19(2)(d).

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Applying to the NDIS

Quick summary: If you want to become an NDIS participant you'll need to apply to the NDIS. There are some requirements you need to meet to be eligible for the NDIS.

First, you need to be younger than 65 when you apply, be an Australian citizen or permanent resident, and live in Australia. Then, you'll need to meet the requirements for disability, early intervention, or both.

You may be eligible under the disability requirements if you have one or more impairments that are or are likely to be permanent. And this substantially impacts your ability to do daily life activities. Your impairment must also affect your social life, or your ability to work and study. And, you must be likely to need NDIS supports for your lifetime.[1] NDIS Supports are the services, items and equipment that can be funded by the NDIS.

Or you may be eligible under the early intervention requirements if you have one or more impairments that are likely to be permanent or you have developmental delay and supports are likely to benefit you by reducing your need for supports in the future. We will also consider if these supports are NDIS supports.

Or you may be eligible under both the disability and early intervention requirements.

If you think you might be eligible, we can help you apply to the NDIS. We'll talk to you about your needs, current situation and what is important to you. We'll look at all the information you give us to decide if you're eligible. If you're eligible for the NDIS, you'll become a participant, and we'll work with you to start creating your plan. If you're not eligible, an early childhood partner or local area coordinator can help you explore and access government and community services. When we work with children younger than 9 and their families, we call this early connections. When we work with people aged 9–64, we call this community connections.

What's on this page?

- What do we mean by applying to the NDIS?
- Do you meet the age requirements?
- Do you meet the residence requirements?
- Do you meet the disability requirements?
- Do you need early intervention?

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- What about children younger than 6 with developmental delay?
- How do you apply to the NDIS?
- How do we decide if you're eligible?
- What happens after we decide?

What do we mean by applying to the NDIS?

Applying to the NDIS means doing things to find out if you can become a participant and start getting supports under the NDIS. There is a process to follow when you apply to the NDIS. After you apply, we'll look at all the information you provide and decide if you're eligible.

If we decide you're eligible, you'll become a participant in the NDIS. We'll then work with you to create your first plan, which will include funding for any reasonable and necessary supports.

If you're not eligible, there are other services available to you, such as other government and community services. We can help you connect to these other services.

For children younger than 9, we encourage families to talk to an early childhood partner before applying to the NDIS. They can help families connect to the right supports and let families know if the NDIS is right for their child. Learn more about our early childhood approach and early connections.

Are you eligible for the NDIS?

To be eligible for the NDIS, you first need to meet the age requirements and residence requirements. This means you need to be younger than 65 when you apply, live in Australia, and be an Australian citizen or permanent resident.[2]

You will need to meet the requirements for disability[3], early intervention[4], or both.

When we say impairment in this guideline, we mean a loss of, or damage to your body's function. Under the law for the NDIS, we check if you're eligible based on your impairments, not your type of disability or diagnosis.

Disability requirements

To meet the disability requirements, we must have evidence of **all** of the following:

- You have a disability attributable to one or more impairments. This means your disability and impairments are linked.

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- Your impairment is likely to be permanent.
- Your impairment means you have a substantially reduced functional capacity to do one or more daily life activities. These activities include moving around, communicating, socialising, learning, undertaking self-care, or self-management tasks.
- Your impairment affects your ability to work, study or take part in social life.
- You'll likely need NDIS supports for your lifetime.

Early intervention requirements

To meet the early intervention requirements, we must have evidence of **all** of the following:

- You have an impairment that's likely to be permanent, or that you are a child younger than 6 with developmental delay.
- Early intervention will benefit you by reducing your need for supports in the future.
- Early intervention will benefit you by either reducing the impact your impairment has on your functional capacity or support your informal supports to build their skills to help you. Or the early intervention will prevent the deterioration of your functional capacity or improve it.
- The early intervention supports you need are NDIS supports.

We'll use information in your application to decide if you're eligible for the NDIS.

If you're eligible, you become a NDIS participant.[5] The length of time you'll be a participant will depend on your situation and NDIS support needs. Learn more about leaving the NDIS.

This guideline has detailed information on how we decide if you're eligible for the NDIS. For general information about who's eligible, read Am I eligible and Applying to the NDIS factsheet. Check out our website for information about children younger than 9.

We also have information on psychosocial disability. If you have a psychosocial disability, this webpage has information on whether the NDIS is right for you, and what information we need if you apply.

A psychosocial disability isn't a mental health condition or diagnosis. A psychosocial disability means you have reduced capacity to undertake tasks and activities of daily living due to your mental health.

Do you meet the age requirements?

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To be eligible for the NDIS, you must first meet the age requirements. This means you are younger than 65 on the day you apply.

How old are you?

You must be younger than 65 on the day you make your NDIS application.[6]

This means your application needs to be complete, in the format we ask for, and received by the NDIA before you turn 65. Learn more about how to complete your NDIS application.

If you're turning 65 soon and want to apply, contact us so we can help you apply on time.

Do you meet the residence requirements?

Then you must meet the residence requirements. This means:

- You are an Australian citizen or permanent resident.
- You live in Australia.

Are you an Australian citizen or permanent resident?

You must be an Australian citizen,[7] or have one of two visa types that means you can live here:

- A permanent visa[8]
- A protected special category visa[9] – this is only for some citizens of New Zealand.

Do you live in Australia?

You must live in Australia.[10] This means Australia is your home and you spend most of your time here.

To help us decide, you need to give us evidence to show us you live here. If you give us consent to use your Centrelink record, that usually gives us enough evidence to decide if you live in Australia.

If you don't give us consent, you need to give us enough information to help us decide that you live in Australia. You'll need to answer these questions:

- Where do you live?
- Where is your family?
- Do you work in Australia?
- Do you own property in Australia?

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- How much time do you spend outside Australia?

Some of these questions might not apply to you, but we must consider them when we decide whether you live in Australia.[11]

We may also ask you other questions to determine whether you live in Australia.[12] For example, your family might be deployed overseas in the Defence Force, meaning you need to leave Australia for a while. In these situations, we'll ask you for more information about why you're leaving and can't return.

If you apply, we look at your whole situation when we decide if there's enough evidence to show that you live here. This will be a simple decision for us in most situations. But sometimes we may need to look at the questions below.

Where do you live?

We consider where you live, and your living situation.[13] We'll look at whether you have more permanent accommodation in Australia than any other country.

For example, you might own a home or have a formal rental agreement in Australia. This is a good sign to us that you live in Australia.

Where is your family?

We also consider where your immediate family lives.[14]

We look at where you spend most of your time with them, face-to-face. We don't consider how you connect with your family on the phone or internet.

Do you work in Australia?

If you work, we look at where you normally work or make money.[15] If you work or make money in Australia, that's a good sign you live here. If you don't work or are unemployed, we'll consider the other questions to determine whether you live in Australia.

Do you own property in Australia?

We consider what assets or property you own in Australia.[16] We also see if you have an Australian bank account.

If you own assets or property here, it doesn't always mean you live in Australia. Your assets or property will need to show you have an ongoing connection to Australia. You don't live in Australia just because you own assets or property here.

How much time do you spend outside Australia?

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We consider how often you go overseas, and how long you're outside Australia when you travel.[17] We also consider why you travel overseas, such as for work, holiday or to live with family.

This is usually the most important point to help us decide if you live in Australia. You need to show us that you have a long-term and meaningful connection to living in Australia.

You don't need to stay in Australia all the time. You can still work overseas or go on holiday.

You will need to show a stronger connection to Australia than other countries if you spend a lot of time overseas.

If we decide you're eligible and create your plan, there may be times you can't use your NDIS funding overseas. This is usually after you're overseas for more than 6 weeks unless we give you more time. Learn more about when you can't use your plan.

Do you meet the disability requirements?

You meet the disability requirements if we have evidence of all of the following:[18]

- Your disability is caused by an impairment.
- Your impairment is likely to be permanent.
- Your permanent impairment substantially reduces your functional capacity to undertake one or more of the following activities: moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks.
- Your permanent impairment affects your ability to work, study or take part in social life.
- You'll likely need NDIS support for your lifetime.

If you give us evidence you have been diagnosed with one or more conditions on List A, we'll likely decide you meet the disability requirements.

If you meet the disability requirements, it's likely you'll need NDIS supports for your lifetime. This means you won't have to prove your disability every time we reassess your plan.

If at any time your NDIS support needs or situation changes, we may need to check your NDIS eligibility. We will talk with you if this happens.

Learn more about how we check if you are still eligible for the NDIS.

Is your disability related to an impairment?

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When we consider your disability, we think about whether any reduction or loss in your ability to do things, across all life domains, is because of an impairment.

An impairment is a loss of or damage to your body's function.

We will look at:

- your body's functions
- your body structure
- how you think and learn.

To meet the disability requirements, we must have evidence your disability is attributable by at least one of the impairments below:[19]

- **intellectual** – how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – how your body functions
- **sensory** – how you see or hear
- **physical** – the ability to move parts of your body.

You may also be eligible for the NDIS if you have a psychosocial disability.[20] This means you have reduced capacity to do daily life activities and tasks due to your mental health.

It doesn't matter what caused your impairment, for example if you've had it from birth, or acquired it from an injury, accident or health condition.

It also doesn't matter if you have one impairment, or more than one impairment.

Is your impairment likely to be permanent?

To meet the disability requirements, we need to know that your impairment is permanent, or likely to be permanent. Permanent under the law for the NDIS means enduring. This means we need to know whether your impairments are enduring so that you require NDIS supports on an ongoing basis.

We will focus on your impairments, and not on the cause of your impairments, or your diagnoses.

You might have some periods in your life where there is a smaller impact on your daily life, because your impairment may be episodic or fluctuate in intensity[21]. Your impairment can

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still be permanent due to the overall impact on your life, and the likelihood that you will be impacted across your lifetime.

Even when your condition or diagnosis is permanent, we'll check if your impairment is permanent too. For example, you may not be eligible if your impairment is temporary, or if there are known, available and appropriate evidence-based clinical, medical or other remaining treatments options that are likely to remedy the impairment.

Generally, we'll consider whether your impairment is likely to be permanent if all available and appropriate treatment options are pursued.

If you give us evidence you have been diagnosed with a condition on List B, we'll likely decide your disability is from an impairment that's likely to be permanent.

Is there any medical treatment for your impairment?

We don't fund supports to treat your impairment. The Australian health system provides health services to treat illnesses or health conditions.

Your impairment will likely be permanent if your treating professional tells us there are no further treatments that could remedy it.

Your treating professional will tell us or be asked to certify if there are medical, clinical or other treatments that are likely to remedy your impairment. We need to understand whether there are treatments that are:[22]

- **known** – the treatment can be identified by an Australian medical practitioner as a suitable treatment for your impairment
- **available to you** – we need to take account of whether there are genuine barriers that prevent you from accessing treatment including, but not limited to, the nature of your impairment and your ability to access treatment
- **appropriate for you and your impairment** – we need to consider whether the treatment could remedy your impairment and is suitable and safe for you to undergo. Your ability to undergo treatment will be assessed according to your capabilities, your health and other personal circumstances, including your living arrangements
- **evidence-based** – there's proof the treatment is likely to be effective.

When we look at what treatments are available to you, we think about whether the treatment is suitable for your personal situation. The word treatment should be understood in a broadest sense and may include changes to your diet and lifestyle.

If you're still undergoing or have recently had treatment, we may not be sure you have a permanent impairment if that treatment could remedy the impairment.[23]

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In some situations, it may be clear your impairment is likely to be permanent while you're still undergoing treatment or rehabilitation. For example, you may still need treatment and rehabilitation for a spinal cord injury, but it's clear you are likely to have a permanent impairment.

You might still have a permanent impairment, even if its effects may change over time.[24]

For degenerative impairments, or those that get worse over time, we consider them permanent if treatment isn't likely to remedy the impairment. That is, the treatment won't cure the impairment or come close to removing its effects.

Does your impairment substantially reduce your functional capacity?

Your permanent impairment needs **to substantially reduce your functional capacity or ability** to undertake activities in one of the following areas:

- **Communicating** – how you speak, write, or use sign language and gestures, to express yourself compared to other people your age. We also look at how well you understand people, and how others understand you.
- **Socialising** – how you make and keep friends, or interact with the community, or how a young child plays with other children. We also look at your behaviour, and how you cope with feelings and emotions in social situations.
- **Learning** – how you learn, understand and remember new things, and practise and use new skills.
- **Mobility**, or **moving around** – how easily you move around your home and community, and how you get in and out of bed or a chair. We consider how you get out and about and use your arms or legs.
- **Self-care** – personal care, hygiene, grooming, eating and drinking, and health. We consider how you get dressed, shower or bathe, eat or go to the toilet.
- **Self-management (if older than 6)** – how you organise your life. We consider how you plan, make decisions, and look after yourself. This might include day-to-day tasks at home, how you solve problems, or manage your money. We consider your mental or cognitive ability to manage your life, not your physical ability to do these tasks.

Your impairment substantially reduces your functional capacity if you usually need disability-specific supports to participate in or complete the above tasks.[25]

These disability-specific supports include:

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- a high level of support from other people, such as physical assistance, guidance, supervision or prompting.
- assistive technology, equipment or home modifications that are prescribed by your doctor, allied health professional or other medical professional.

To help us decide if you're eligible, we need to know your capacity and where you need more help. We get this information from you when you apply to the NDIS.

If you have more than one permanent impairment, we will consider them together, to see if they substantially reduce your functional capacity.

We consider how you're involved in different areas of life like home, school, work and the community, and how you carry out tasks and actions. We also consider any other factors that may impact your day-to-day life.

Your needs might go up and down each day or each month. Progressive Multiple Sclerosis (MS) can be a good example of this. We consider your ability over time, taking into account your ups and downs.

How does a child's impairment affect their daily life?

To help us decide if a child's ability is substantially reduced, we compare their abilities with other children of the same age.

If a child's ability is much less than most other children the same age, they may meet the disability requirements. For example, if they:

- need assistive technology, equipment or home modifications to participate in daily activities – except for common items like glasses
- usually need more assistance to join activities, or they can't join in.

Sometimes when a child's impairment doesn't substantially reduce their ability right now, but might in the future, we will look at the early intervention requirements. Similarly, if a child's impairment currently substantially reduces their ability, but may not after receiving supports, we will look at the early intervention requirements. Early intervention can be for children of any age, however there are different requirements for children younger than 6 with developmental delay to meet the early intervention requirements.

Learn more about the early intervention requirements.

What if you have a hearing impairment?

Some hearing impairments may lead to a substantially reduced functional capacity.

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We'll generally decide you have a substantially reduced functional capacity if your hearing loss is at least 65 decibels in your better ear. This is based on a pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz.

We may also decide you have a substantially reduced functional capacity if your hearing loss is less than 65 decibels in your better ear. We may decide this if either:

- you also have another permanent impairment, such as a vision or cognitive impairment
- you give us evidence your speech detection and speech discrimination outcomes are significantly poorer than expected.

Does your impairment affect your social, work or study life?

Then, we look at how your impairments affect your ability to work, study or take part in social life.[26] This means your permanent impairments affect how you can find and keep a job, contribute to your community, or join social activities. We get this information from you when you apply to the NDIS.

We look at your ability to do things like:

- find and keep a job, or start your own business
- study
- spend and save money
- play sport
- go to the movies
- volunteer
- travel.

It doesn't matter how much your ability to work, study or socialise is affected by your impairment. It only needs to affect your social or work life in some way for you to meet the criteria.

Will you likely need NDIS supports for your lifetime?

You must be likely to need NDIS supports for your lifetime.[27] NDIS Supports are the services, items and equipment that can be funded by the NDIS.

NDIS supports are investments that help you build or maintain your functional capacity and independence, and help you work, study or take part in social life.

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Even if your needs go up and down over time, or happen episodically[28], we may still consider it's likely you'll need NDIS supports for your lifetime.[29]

We consider your overall situation to answer this question.

When we decide if you'll likely need NDIS supports for your lifetime, we consider:

- your life circumstances
- the nature of your long-term support needs
- whether your needs could be best met by the NDIS, or by other government and community services.

For example, you may have an impairment that is caused by a chronic health condition. Many chronic health conditions are most effectively managed or remedied through medical management through the health system. If this is the case, we may decide that you don't need NDIS supports for your lifetime.

Learn more about reasonable and necessary supports and NDIS supports.

Do you need early intervention?

Early intervention is usually early access to support, to help reduce the functional impacts of your impairment.

Early intervention can be for both children or adults and may only be needed for a short time. You won't need these supports for your lifetime, so your treating professional or your early childhood partner will tell us how early intervention support could benefit you or your child.

You will meet the early intervention requirements if you meet all of the following:

- You have an impairment that's likely to be permanent.
- Early intervention supports will likely benefit you, for example if it means you'll need less disability support in the future and your functional capacity will improve.
- The early intervention supports you need are NDIS supports.

There are different requirements for children younger than 6 with developmental delay to meet the early intervention requirements.

If we have evidence a child younger than 7 has been diagnosed with a condition on List D, we'll decide they meet the early intervention requirements.

You may also meet the early intervention requirements if you're aged between 0 and 25 with a hearing impairment.

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We also need to understand how NDIS supports benefit you, like building your skills and increasing your capacity, so that you may no longer need NDIS supports. If you meet the early intervention requirements, your support needs are more likely to change and you may only need NDIS supports for a short time. We'll regularly check your eligibility when we reassess your plan, and at other times too.

If you no longer meet the early intervention requirements, we'll check if you meet the disability requirements. Learn more about leaving the NDIS.

Do you have an impairment that's likely to be permanent?

To meet the early intervention requirements, there must be enough evidence that you have at least one of the impairments below and your impairment is likely to be permanent.[30]

An impairment is a loss of or damage to your body's function.

We will look at:

- your body's functions
- your body structure
- how you think and learn.

An impairment could be:[31]

- **intellectual** – how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – as how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – how your body functions
- **sensory** – how you see or hear
- **physical** – the ability to move parts of your body.

We also need evidence at least one of your impairments will be permanent, or likely to be permanent.[32]

When we decide if your impairment is likely to be permanent, we consider the same things as in the disability requirements.

You may also be eligible for the NDIS if you have a psychosocial disability.[33] This means you have reduced capacity to do daily life activities and tasks due to your mental health. Your psychosocial disability might vary at different times in how much it impacts your daily life.

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Even if it fluctuates and you have some periods where there is a smaller impact on your daily life, you might have this impairment for your lifetime.

If you give us evidence you have been diagnosed with a condition on List B, we'll decide you have an impairment that's likely to be permanent.

How will early intervention benefit you?

We need to decide that getting early intervention supports means you'll likely need fewer supports in the future.[34]

We need to know that early intervention supports will help you with at least one of the following:[35]

- addressing the impact of your impairment on your ability to move around, communicate, socialise, learn, look after yourself and organise your life
- preventing your functional capacity from getting worse
- improving your functional capacity
- supporting your informal supports, which includes building their skills to help you.

To help us decide if the early intervention will help you in these ways, we look at:[36]

- how your impairment might change over time
- how long you've had your impairment
- if there's been a significant change to your impairment
- if your needs are likely to change soon, such as if you're finishing school.

Will the early intervention supports you need be NDIS supports?

The early intervention support that you would likely benefit from must be NDIS supports.[37] NDIS supports are the services, items and equipment that can be funded by the NDIS.

Learn more about reasonable and necessary supports and NDIS supports.

What about people aged between 0 and 25 with a hearing impairment?

If you're aged between 0 and 25 with a hearing impairment, you may meet the early intervention requirements. We'll decide you meet the early intervention requirements if you give us evidence of all of the following:

- You're aged between 0 and 25.

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- You have auditory neuropathy or hearing loss of at least 25 decibels in either ear at 2 or more adjacent frequencies – see below.

We need evidence of your auditory neuropathy or hearing loss from a specialist audiological assessment. The assessment might include electrophysiological testing when required. The evidence must show your hearing loss is likely to be permanent.

If you're aged 26 or older with hearing loss, we'll check if you're eligible in the same way we consider all other impairments. You may be eligible under the disability requirements.

What about children younger than 6 with developmental delay?

Children younger than 6 with a developmental delay may be eligible for the NDIS under the early intervention requirements.[38]

Developmental delay is a term used to describe a delay in a child's development. It means that a child finds it much harder to do everyday things that other children their age can do, for example, dress themselves, talk or walk. A child with developmental delay needs lots of extra help to do everyday things compared to children of the same age.

First, we need to know the child:

- is younger than 6 on the day we decide whether they're eligible[39]
- lives in Australia[40]
- is an Australian citizen or permanent resident.[41]

Then, we need to know the child has a developmental delay.[42]

Finally, we need to know the child's supports will be NDIS supports. NDIS supports are the services, items and equipment that can be funded by the NDIS.

An early childhood partner can also provide supports to children who aren't eligible for the NDIS.

Learn more about the early childhood approach and early connections.

Does the child have a developmental delay?

When we decide if a child has developmental delay, we use the definition in the law for the NDIS.[43]

We need to know the delay:

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- is due to mental or physical impairments
- substantially reduces the child's functional capacity compared with other children the same age.
- means the child needs specialist services from more than one professional working as a team to support the child and for longer than 12 months.

Is the delay due to mental or physical impairments?

First, we need to know the developmental delay is due to a mental or physical impairment, or a combination of mental or physical impairments.[44]

An impairment is a loss or significant change in at least one of:

- the child's body functions
- the child's body structure
- how the child thinks and learns.

Families, early childhood partners and other professionals can understand the child's body function by:

- observing their activities during play and daily tasks
- comparing their activities to other children of the same age.

For some very young children, problems in body function can't be easily measured. If so, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's judgment or informed clinical opinion.

Does the delay substantially reduce the child's functional capacity?

We need to know the delay substantially reduces the child's functional capacity compared to other children their age.[45]

This means the child has a significantly lower ability to do everyday activities, when compared to children of the same age. Or the child does things in a significantly different way to other children their age because of their reduced capacity.

The child would also need much more support to do the activity, compared to other children the same age.

The substantial reduction in functional capacity must be in at least one of the following areas of major life activity:

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- **Self-care** – how children take care of themselves, shower, bathe, dress, eat, drink, toilet, groom, and sleep.
- **Receptive and expressive language** – this involves skills such as gesture, sign language, listening, giving and receiving information, communicating wants and needs through facial expressions, vocalisations or speech, and interaction with others.

A substantial reduction in functional capacity for either receptive language or expressive language will meet the criteria – it doesn't need to be both.

- **Cognitive development** – learning and applying knowledge. This includes areas such as:
  - understanding and remembering information
  - attention
  - learning new things
  - practising and using new skills
  - planning and making decisions
  - problem solving
  - developing pretend play skills
  - developing play interests
  - emotional and sensory regulation
  - developing emotional intelligence
  - social awareness
  - safety awareness.
- **Motor development** – this includes participation in everyday activities like moving around the home and community and manipulating objects.

We need evidence from a health, allied health or early childhood professional, who uses multiple sources of information about the child's ability to do everyday activities.

This will include information that parents or carers report about their child. It will also include a mix of standardised assessments of developmental and functional capacity, both in everyday activities and natural settings.

It should also include observations in everyday play, learning, activities or routines to better understand how the child participates in these everyday activities.

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For very young children where functional capacity can't be measured, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's informed clinical opinion.

Does the child need specialist services from more than one type of professional and for longer than 12 months?

We need to know that the child needs a mix of specialist care, treatment or other services, due to their developmental delay. The child must also need these services for an extended duration – that is, longer than 12 months.[46]

We need to know the child needs all of the following:

- **A service response that involves more than one professional working as a team to support the child**. This means the child needs support for multiple activities, and across multiple natural settings such as the home, community and early childhood centres. The child must need more support than what's expected for a child the same age.
- **A team that works collaboratively, by communicating and sharing information, knowledge and skills**. The support must be individually planned and coordinated. The team will build the capacity of the child's family and other important people in the child's life, such as carers, educators and professionals, about the child's individual needs. This support should be embedded in everyday play, learning, activities and routines.
- **More support than an individual discipline providing a unilateral response to a single problem**. This means the child needs support from more than one professional supporting one area of delay. This is known as interdisciplinary care. For example, a child is unlikely to be eligible if a speech pathologist alone can help their language delay, without needing support or consultation from other professionals.
- **Supports for an extended duration**. This means a health, allied health or early childhood professional who knows the child determines they need support for more than 12 months. A child will likely meet this criteria if there is clear evidence that they'll need early intervention support for more than 12 months.

We need evidence from an early childhood professional, such as an early childhood teacher, educator or allied health professional who knows the child. They need to recommend that the child needs support for multiple activities and across multiple natural settings, from a team working together.

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Some children in remote areas might not have access to a team of professionals. If so, they may still be eligible if the one professional needs to provide the supports to the child across multiple activities and across multiple natural settings.

We also need evidence from an early childhood professional, such as an early childhood teacher, educator, or allied health professional, that the child needs support for more than 12 months. The professional should consider multiple sources of information, including:

- parent or carer reports
- a mix of standardised and culturally appropriate developmental or functional assessments in everyday activities and natural settings
- observations in everyday play, learning, activities, and routines.

How do we work out if the child meets the criteria for developmental delay?

We'll need a range of information about the child, observed in everyday activities and settings they usually participate in. This should include parent or carer reports and standardised assessments of developmental and or functional capacity.

Early childhood partners are early childhood professionals who give us evidence of developmental delay to help us decide if the child is eligible. An early childhood partner will meet with children and families to better understand the child's day to day life, and any concerns about their development.

Early childhood partners will observe a child in familiar places like home and childcare and may complete assessments using screening tools. This information helps us decide if a child meets the early intervention requirements for developmental delay.

Families and carers can also provide copies of existing reports, assessments or letters about the developmental delay.

We may also ask for evidence from a variety of sources, including mainstream services. For example, we may also ask for evidence from your doctor, child health nurse, or other health professional.

Learn more about providing evidence of developmental delay.

What if there are no early childhood partners in your area?

If there are no early childhood partners in the child's area, a mainstream, community, or health service can give us a report for evidence of developmental delay.

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If you're in one of these areas, learn more about what evidence we need for developmental delay.

Will the child's early intervention supports be NDIS supports?

To meet the early intervention requirements, the supports must be NDIS supports.[47] NDIS supports are the services, items and equipment that can be funded by the NDIS.

Learn more about reasonable and necessary supports and NDIS supports.

What happens if a child with developmental delay is eligible?

If we decide a child with developmental delay is eligible for the NDIS, they'll become a participant. But they're usually no longer eligible after they turn 6.

This is because they will no longer meet the early intervention requirements under developmental delay. To remain an NDIS participant after they turn 6, the child will need to have an impairment that's likely to be permanent and meet the requirements for disability, early intervention, or both.

We'll talk to families or carers before a child turns 6 and explain what information we need to decide if the child is still eligible. Learn more about leaving the NDIS.

Example

Hunter is 5 years old and became a participant under the early intervention requirements for developmental delay.

We give him a new 12-month NDIS plan in August. We also talk to Hunter's family about Hunter leaving the NDIS after he is 6 years old.

Hunter's family will be able to use his NDIS funding for the full 12 months, until August the next year. By then, he'll be aged 6 years.

At the end of the 12 months, we'll talk to Hunter's family about his progress and what outcomes have been achieved. We'll listen to understand if he built capacity to work towards his goals. If there's evidence that Hunter does not have an impairment that is likely to be permanent and he no longer meets the requirements for disability, early intervention, or both, we'll decide Hunter is no longer eligible. He will be supported to leave the NDIS. We'll help his family continue to stay connected to government and community services.

Learn more about leaving the NDIS and mainstream and community supports.

What if a child doesn't meet our criteria for developmental delay?

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Early childhood partners provide supports to children younger than 6 who don't meet our criteria for developmental delay.

A child may have developmental concerns. This means a child younger than 6 is developing slower compared to other children their age, but the delay doesn't meet our definition for developmental delay.

For example, a child's functional capacity may be substantially reduced in one or more areas. But it's unclear if the child needs support from a team of professionals for more than 12 months.

An early childhood partner can provide **early supports** to children younger than 6 with developmental concerns. They can also help the child's family connect to other government and community supports.

Learn more about early connections.

How do you apply to the NDIS?

Applying to the NDIS is how you let us know you want to become an NDIS participant.

If you're aged 9 and older, there are a few ways you can apply:[48]

- Your local area coordinator can help you apply. They can help you through the application process and be your point of contact. Find your nearest location.
- Sometimes you may not have a local area coordinator in your area. You can contact us on 1800 800 110 to discuss other options available to you.

For children younger than 9, we encourage families to talk to an early childhood partner before applying to the NDIS. They can provide supports to children before they apply, and let families know if the NDIS is right for their child.

When you apply, you or your authorised representative will need to:

- give us the information and any documents we need to confirm your identity. Learn more about evidence of identity and privacy.
- give us the information and any documents we need to decide if you're eligible[49]
- sign or certify the NDIS application[50]
- talk to you about your needs and current situation.

When we talk to you, we'll listen to understand what is important to you. We'll also ask questions to make sure we know all the ways we can help.

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We can use this information to help you make community connections if you want us to. Learn more about community connections and early connections.

Other people can help you apply if you want them to. Sometimes they can apply on your behalf. Learn more about who can help you apply.

Learn more about how to apply to the NDIS and in the Applying to the NDIS factsheet.

What information do we need in your application?

The Evidence of Identity factsheet shows what information we need to confirm your identity. When you apply for the NDIS, you'll need to give us copies of these documents. If you can't do this, let us know so we can work out what to do depending on your situation. We'll still need to check your identity before progressing your application.

To show us you're younger than 65 when you apply, live in Australia, and that you're an Australian citizen or permanent resident, you can give us either of the following:

- consent to access and use your Centrelink record
- copies of documents or other evidence that we ask for if you apply in person or over the phone.

In most cases, we can just use your identity documents.

Who can give us evidence of your impairments?

We need evidence of your impairments, to help us work out if you're eligible. To provide this, ask your treating professional. For children younger than 6 with developmental delay, an early childhood partner can provide evidence of developmental delay. Your treating professional or early childhood partner can contact us if they need to discuss what evidence to provide.

Your treating professional might be your doctor, specialist, or allied health service provider. You should use a professional who:

- has worked with you for a long time, usually for at least 6 months
- is the most appropriate type of professional to give evidence about your impairment
- is qualified and registered in their area of practice with the Australian Health Practitioner Regulation Agency or relevant professional authority.

If your treating professional doesn't meet these requirements, we may not be able to confirm the information in your application and may need to request further information.

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When we check if you're eligible for the NDIS, we mainly consider the information you give us when you apply.

Learn more about who can give us evidence of your disability or impairment on the following pages:

- Providing evidence of your disability
- Providing evidence of disability for children
- Information for GPs and health professionals.

You can also learn more about how we use, collect and store your personal information.

What if you're in a remote or very remote area?

We understand it might be hard to get your treating professional to provide evidence of your impairments in a remote or very remote area. If it's hard to get your treating professional to do this, let us know.

You might not need to give us as much evidence about your impairment as people in big cities, depending on what services are available in your area. We use a technical definition for remote and very remote. You will need to live in an area that's classified as MM6 or MM7 on the Modified Monash Model to be considered remote or very remote.

How do we check your application?

Before we can accept your application, we make sure it's been made by the right person. That is, the application is from you, or someone who can apply for you.

We then check all the answers we need have been provided, and that it is the correct information.[51]

If you don't have all the answers at the meeting, we'll help you work out what to do. You can also let us know if there is a mistake. We can work with you to help complete the application properly. We can't decide if you're eligible until we have a complete application.

We'll also let you know if we need more information and, if so, what you need to give us.

Once you have completed your application with all the right information, we'll check whether you're eligible. That is, we'll check that:

- you meet the age and residence requirements
- you meet the requirements for disability, early intervention, or both.

Learn more in the Applying to the NDIS factsheet.

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Who can help you apply?

You can ask someone to help you apply if you want to. They can help you:

- make your decision to apply to the NDIS
- gather the information we need.

You can choose who helps you. For example, you could ask for help from:

- a family member
- a friend
- a carer
- a partner
- a support worker or service provider
- staff in a residential aged care facility
- your treating health professional
- hospital staff.

With your permission, we can share information with these people during your application. For example, they could call us to check how your application is progressing. You can let us know if you would like us to share information.

Can someone else apply for you?

If someone else has legal authority to make decisions for you, they can apply to the NDIS on your behalf.

If you're younger than 18, the people with parental responsibility for you will apply for you.[52] This is often your parents or legal guardian. In some situations, we can decide someone else has parental responsibility.[53] Learn more about child representatives.

If you're an adult, these people may be able to apply to the NDIS on your behalf:

- a person you give consent to act as your authorised representative – this means you give them permission to apply for you
- your guardian
- a person with power of attorney who can make personal and health decisions for you
- a person with advance care health directive.

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If you're an adult and want someone else to apply for you, you can tell us in person, or over the phone.

When do we contact you to help you apply?

Sometimes, we'll reach out to you to help you apply. This might be if you live in a:

- group home or supported accommodation
- large residential facility
- residential aged care facility – also read our page on younger people in residential aged care
- rural or remote area.

How do we decide if you're eligible?

Once we have your application, we review all the information we have in your application.

This will help us decide if you're eligible for the NDIS. As part of the process, we will also need to check your identity.

You are eligible for the NDIS if you meet the requirements for:

- age
- residence
- disability, early intervention, or both.

It's likely children younger than 6 with developmental delay won't meet the disability requirements. So, they may only be eligible under the early intervention requirements.

If you don't meet either the disability requirements or the early intervention requirements, you won't be eligible for the NDIS. But an early childhood partner or local area coordinator can help you connect with other government and community supports.

When will we decide if you're eligible?

Once we have your application, we have **21 days** to decide one of the following:[54]

- you're eligible for the NDIS
- you're not eligible for the NDIS
- we need more information.

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We can make a decision quicker in urgent circumstances. Let us know if your situation is urgent, for example, if you're about to leave a hospital or custodial setting. Learn more about our timeframes for urgent decisions.

How do we consider your evidence of disability?

When we're deciding if you're eligible, we may look at things like:

- how old your evidence is
- who provided your evidence.

If we get more than one type of evidence from you, we might consider some evidence over others. We call this weighing evidence.

What if we need more information to decide if you're eligible?

When we decide if you're eligible, we look at:

- the information in your NDIS application
- any other information we have.

We need enough information in your application to show us you're eligible for the NDIS by meeting the requirements for disability, early intervention, or both.

Sometimes we might need to ask you for more information. For example, we may not have enough information about your functional capacity.

We'll ask you for more information if we need it to make sure we have the full picture.[55]

We might ask you for more information if:

- your application doesn't have all the information we need
- we need to answer a particular question.

We only ask for more information if we need it to decide if you're eligible.[56] If we need more information, we'll let you know:

- what you need to do
- what information we need
- when you need to give us the information.

If we ask for more information, you'll have at least **90 days** to give it to us. We can't decide if you're eligible until we have this. You can ask for more time if you need it. We can give you more time if we think it's reasonable for your situation.[57]

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If we can't contact you within **90 days**, or you don't give us the information within the timeframe, we'll withdraw your application. This means we'll stop processing your application.

If you don't get the information to us in time, you can apply again.

What happens after we get your information?

Once you give us the information we need, we then have **14 days** to decide if:[58]

- you're eligible for the NDIS
- you're not eligible for the NDIS
- we need more information – for example, if the information you gave us isn't what we need.

What happens if we don't decide on time?

If we don't meet our decision-making timeframes, we have to treat this as if we decided you're not eligible.[59]

If this happens, we'll automatically review this decision that you're not eligible.[60] We'll send you a letter to explain this. You don't need to do anything.

We'll then make sure your application is reviewed by a staff member who wasn't involved in the original application. We'll contact you to let you know the outcome.

Learn more about reviewing our decisions.

What happens after we decide?

What happens if you're eligible?

On the day we decide you're eligible for the NDIS, you become a NDIS participant.[61]

The time that you remain eligible for the NDIS depends on your individual circumstances and NDIS support needs.

You'll need to continue to be eligible for the NDIS. This means you'll need to continue to live in Australia and be an Australian citizen or permanent resident. You'll also need to continue to meet requirements for disability, early intervention, or both. Learn more about whether you will always be eligible and leaving the NDIS.

We'll send you a letter to let you know:

- you are eligible

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- if you met the requirements for disability, early intervention, or both
- the next steps.

Your letter will also confirm the date you became eligible for the NDIS.[62]

How will we create your first plan?

After you receive the letter confirming you're eligible, we'll contact you to organise your first planning conversation. We'll contact you within **21 days**.

We'll then work together to create your plan. If you received help to make community connections, we can build on the information and goals we talked about and include these supports in your plan. Learn more about community connections and early connections.

You'll receive a plan that sets out your NDIS supports. NDIS supports are the services, items and equipment that can be funded by the NDIS.

Your plan will include NDIS supports for the impairments that meet the disability or early intervention requirements.

For example, you may have many impairments, but only one meets our eligibility criteria. Or you might get another impairment after we decide you're eligible. If so, we only fund NDIS supports for impairments that meet the requirements for disability, early intervention, or both.

If you're aged 7 or older, we must approve your first plan within **56 days** after you become a participant.

For children younger than 7, we'll approve their first plan within **90 days** after they become a participant.

For more information, check out creating your plan.

Will you always be eligible for the NDIS?

There are many reasons for leaving the NDIS.

Some people decide they don't want to be a participant anymore.

You'll also leave the NDIS if you're no longer eligible.

When we reassess your plan, we check that all your details are correct and up to date. We also look at any new information we have received.

If you're eligible under the **early intervention requirements**, your support needs are more likely to change. We'll check at each plan reassessment and at other times, whether you still meet the early intervention requirements.

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For example, during a plan reassessment it may show you no longer meet the early intervention requirements because you have built your skills and capacity and will no longer benefit from NDIS supports.

If you're eligible under the disability requirements, your disability is permanent. We don't expect your disability to change, and it's likely you'll need NDIS supports for your lifetime. We will only ask you for more information about your eligibility if there is evidence that you may no longer meet the disability requirements.

You can find out more about the eligibility requirements, and how we check these, at Am I eligible. Children with developmental delay will usually leave the NDIS after they turn 6.

Over time, you might develop your skills and independence and not need NDIS supports anymore.

If you met the requirements for early intervention and not disability, you usually won't be eligible after the early intervention supports, which are NDIS supports have benefitted you. For example, if you needed early intervention supports to achieve your goal to improve your functional capacity, and your functional capacity improves, you may no longer meet the early intervention requirements anymore.

If you're no longer eligible, we'll help you transition from the NDIS and make sure you are connected with other services in your community, if you need them. We'll also keep your information, so you can apply again if your situation changes.

Learn more about leaving the NDIS.

What happens if you're not eligible?

If you're not eligible, you can't become an NDIS participant.

We'll try and contact you by phone, or your preferred contact method,[63] to explain why you're not eligible. We'll give you reasons for our decision, and answer any questions you might have.

We'll also send you a letter with our decision, including the reasons you're not eligible and what to do next. Your letter will confirm the date we made the decision.

Even if you're not eligible for the NDIS, your early childhood partner or local area coordinator can help you explore and access government and community supports. When we work with children under 9 and their families, we call this early connections. When we work with people aged 9–64, we call this community connections.

Your early childhood partner or local area coordinator will use the information you shared to suggest supports in your community. They will work with you to see how these supports may

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help you with what is important to you. We also have a list of other government and community supports you can get, even if you're not eligible for the NDIS.

What if you don't agree with our decision?

If you don't agree with our decision that you're not eligible, you should contact us. We can help explain our decision and what your options or next steps might be.

You can also ask for an internal review.[64] Another staff member, who wasn't involved in the original decision, will then check if we made the right decision. You need to ask for an internal review within **3 months** after receiving the decision.[65] Learn more about reviewing our decisions.

But you can't ask for an internal review if:

- you withdraw your application because you don't want to apply anymore
- a decision has not been made and we ask you for more information
- we withdraw your application because you didn't give us information on time
- it's been more than 3 months since you received our decision that you're not eligible.

If you don't agree with the internal review decision, you can ask the Administrative Review Tribunal to review it. We call this an external review. You can't ask for an external review until after we make the internal review decision.

You can contact us to discuss any concerns you may have about the process. You can also make a complaint if you're not happy with any part of the process.

Can you apply again?

Yes. If we decide you're not eligible, or you're no longer eligible, you can apply again, unless you have requested a review of that decision and are waiting for a decision to be made on the outcome of your review. This includes when you apply for the NDIS or leave the NDIS after your status as a participant has been revoked. Learn more about leaving the NDIS.[66]

You'll follow the same process to apply as you did the first time. Remember, you need to be younger than 65 on the day you make your new application. And children with developmental delay will need to be younger than 6 on the day they apply.

If you've asked for an internal review of the decision, you can't apply to the NDIS again until we've completed that review.[67] You can ask us to stop our internal review at any time.[68]

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Also, if your review is with the Administrative Review Tribunal after an internal review, you can't apply again until it has made a decision.[69] You can also ask the Tribunal at any time to withdraw your application. Learn more on the Administrative Review Tribunal website.

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Applying to the NDIS – Appendices

What's on this page?

- List A: Conditions that are likely to meet the disability requirements
- List B: Conditions that are likely to result in a permanent impairment
- List C: What if you're receiving disability support in Western Australia?
- List D: Permanent impairment/Early intervention, under 7 years. No further assessment required
- When do we make priority eligibility decisions?
- How do we weigh evidence of disability?

List A: Conditions that are likely to meet the disability requirements

1. **Intellectual disability** diagnosed and assessed as moderate, severe or profound in accordance with current DSM criteria.
2. **Autism** diagnosed by a specialist multi-disciplinary team, paediatrician, 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).
3. **Cerebral palsy** diagnosed and assessed as severe (e.g. assessed as Level 3, 4 or 5 on the Gross Motor Function Classification System - GMFCS).
4. **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)

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- 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

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- 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

5. **Spinal cord injury** or **brain injury** resulting in paraplegia, quadriplegia or tetraplegia.
6. **Hemiplegia** where there is severe or total loss of strength and movement in the affected limbs of the body.
7. **Permanent blindness** in both eyes, diagnosed and assessed by an ophthalmologist as follows:
   - Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
   - Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
   - A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points. (An optometrist report is not sufficient for NDIS purposes.)
8. **Permanent bilateral hearing loss** > 90 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz).
9. **Deafblindness** confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.
10. **Amputation** or congenital absence of 2 limbs – for example, 2 legs, 2 arms, or a leg and an arm (not a leg and a hand, or an arm and a foot).

List B: Conditions that are likely to result in a permanent impairment

Conditions primarily resulting in intellectual or learning impairment

- Intellectual disability
- Pervasive developmental disorders not meeting severity criteria in List A or List C, such as autism

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- Asperger syndrome
- Atypical autism
- Childhood autism.

Chromosomal abnormalities resulting in permanent impairment and not specified on List A

- Aicardi-Goutières syndrome
- CHARGE syndrome
- Cockayne syndrome Types I and Type II/Cerebro-oculo-faciao-skeletal (COFS) syndrome /Pena Shokeir syndrome Type II/Weber-Cockayne syndrome/Neill-Dingwall syndrome)
- Cohen syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome /22q11.2 deletion syndrome/Velocardiofacial syndrome/ Shprintzen syndrome/Conotruncal anomaly face syndrome
- Down syndrome/Trisomy 21
- Fragile X syndrome
- Kabuki syndrome
- Menkes disease
- Prader-Willi syndrome
- Seckel syndrome /microcephalic primordial dwarfism/Harper's syndrome/Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Spinal muscular atrophy Types III and IV
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Turner syndrome

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- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in Neurological impairment

- Alzheimer's dementia
- Creutzfeldt-Jakob disease
- HIV dementia
- Huntington's disease
- Multi-infarct dementia
- Parkinson's disease
- Post-polio syndrome
- Vascular dementia.

Systemic atrophies primarily affecting the central nervous system

- Abetalipoproteinaemia
- Adult-onset spinal muscular atrophy/late-onset SMA type III)
- Fazio-Londe disease/Progressive bulbar palsy of childhood
- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11Huntington's disease/Huntington's chorea
- Louis-Bar syndrome/Ataxia-telangiectasia
- Motor neuron disease/Motor neurone disease/ Lou Gehrig's disease /Amyotrophic lateral sclerosis
- Primary lateral sclerosis
- Progressive bulbar palsy
- Spinal muscular atrophy – all types
- Spinocerebellar Ataxia – all types, including Machado-Joseph disease.

Extrapyramidal and movement disorders

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- Hallervorden-Spatz syndrome /Pantothenate kinase-associated neurodegeneration (PKAN)/neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Parkinson's disease
- Shy-Drager syndrome /Multiple System Atrophy /Striatonigral degeneration (MSA-P)/ Sporadic olivopontocerebellar atrophy (MSA-C)
- Steele-Richardson-Olszewski syndrome/Progressive supranuclear ophthalmoplegia
- Stiff-man syndrome /Stiff-person syndrome.

Other degenerative diseases of the nervous system

- Alzheimer's disease
- Alpers disease/Grey-matter degeneration/Alpers syndrome/progressive sclerosing poliodystrophy/progressive infantile poliodystrophy
- Lewy body dementia
- Pick's disease.

Demyelinating diseases of the central nervous system

- Adrenoleukodystrophy
- Multiple sclerosis
- Schilder's disease /Diffuse myelinoclastic sclerosis – non-remitting.

Episodic and paroxysmal disorders

- Brain stem stroke syndrome
- Cerebellar stroke syndrome
- Motor and sensory lacunar syndromes
- Lennox syndrome /Lennox-Gastaut syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Adult Refsum disease
- Charcot-Marie-Tooth disease/Hereditary motor and sensory neuropathy/ peroneal muscular atrophy

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- Dejerine-Sottas disease /Dejerine-Sottas syndrome/Dejerine-Sottas neuropathy/progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Other disorders of the nervous system

- Hydrocephalus
- Multiple system atrophy.

Conditions resulting in Physical impairment

- Amputation
- Congenital absence of limb or part thereof
- Epidermolysis bullosa
- Harlequin type icthyosis
- Juvenile arthritis / Stills Disease (excluding monocyclic/self-limited Adult Onset Stills disease)
- Rheumatoid arthritis.

Diseases of myoneural junction and muscle

- Andersen-Tawil syndrome/ Periodic paralysis /myoplegia paroxysmalis familiaris
- Becker muscular dystrophy
- Congenital muscular dystrophy
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Limb-girdle muscular dystrophy
- Mitochondrial myopathy
- Myotonic dystrophy /dystrophia myotonica
- Myotonic muscular dystrophy
- Myotubular myopathy

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- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita
- Thomsens disease /Congenital myotonia/ Becker myotonia).

Cerebral palsy and other paralytic syndromes not meeting severity criteria on List A

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in Sensory and/or Speech impairment

Disorders of the choroid and retina where permanent blindness diagnostic and severity criteria on List A are not met

- Behr's syndrome
- Kearns-Sayre syndrome
- Optic atrophy
- Retinitis pigmentosa
- Retinoschisis (degenerative and hereditary types/juvenile retinoschisis)
- Stargardt disease
- Usher syndrome.

Disorders resulting in hearing loss

- Cortical deafness
- Pendred syndrome
- Sensorineural hearing loss
- Stickler syndrome
- Usher syndrome

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- Waardenburg syndrome.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease /Adrenoleukodystrophy
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis /cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Glycine encephalopathy /non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucolipidosis II /I-cell disease
- Mucolipidosis III /pseudo-Hurler polydystrophy
- Mucolipidosis IV
- Neuronal ceroid lipofuscinosis (NCL)/ Adult type (Kuf's or Parry's disease)/ Juvenile (Batten disease)/ Late infantile (Jansky-Bielschowsky)
- Niemann-Pick disease
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis

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- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Scheie syndrome /MPS 1-H
- Hurler-Scheie syndrome /MPS 1 H-S
- Hunter syndrome /MPS II
- Morquio syndrome /MPS IVA
- Maroteaux-Lamy syndrome /MPS VI
- Sly syndrome /MPS VII.

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment but with variable severity

- Arnold-Chiari Types 2 and 3/Chiari malformation
- Microcephaly
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Spina bifida
- VATER syndrome /VACTERL association.

List C: What if you're receiving disability support in Western Australia?

Please note: the transition of people formerly in Western Australian government disability programs is now complete and List C is no longer in operation.

If you were a participant in a WA defined program and are in the process of applying to the NDIS before 3 October 2024, please contact 1800 800 110 or enquiries@ndis.gov.au to discuss whether List C arrangements still apply.

We have an agreement with the Western Australian government to bring Western Australians onto the NDIS. If you're receiving disability supports in Western Australia, you might already meet most of the eligibility criteria. We'll send you a letter with all the details on how to apply.

The Western Australian government will let us know if you're on a program for faster access to the NDIS. This is called a defined program.

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If you're on one of these programs, you need to show us that you:

- are younger than 65 on the day you apply
- live in Australia permanently
- are an Australian citizen or permanent resident.

We'll let you know what evidence you need to give us when you apply.

If you show us you meet the above requirements, we'll decide you're eligible under the **disability requirements**.

Which Western Australian defined programs are eligible for the NDIS?

- WA state-administered National Disability Insurance Scheme
- Supported Community Living
- Community Residential
- Day Options
- Disability Professional Services
- Emergency Accommodation
- Respite
- LAC Coordination
- Recreation.

List D: Permanent impairment/Early intervention, under 7 years. No further assessment required.

Synonyms for conditions are also shown (e.g. condition / synonym / synonym).

Conditions primarily resulting in Intellectual/ learning impairment

Chromosomal abnormalities resulting in permanent impairment

- Global Developmental Delay
- Aicardi syndrome
- Aicardi-Goutières syndrome
- Angelman syndrome

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- CHARGE syndrome
- Cockayne syndrome/ Types I and Type II / Cerebro-oculo-faciao-skeletal (COFS) syndrome/ Pena Shokeir syndrome Type II / Weber-Cockayne syndrome/ Neill-Dingwall syndrome
- Coffin-Lowry syndrome
- Cohen syndrome
- Cornelia de Lange syndrome
- Cri du Chat syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome/ 22q11.2 deletion syndrome/ Velocardiofacial syndrome/ Shprintzen syndrome/ Conotruncal anomaly face syndrome
- Down syndrome/ Trisomy 21
- Edwards syndrome/ Trisomy 18
- Fragile X syndrome
- Kabuki syndrome
- Lesch-Nyhan syndrome/ Nyhan's syndrome/ Kelley-Seegmiller syndrome/ Juvenile gout
- Leigh syndrome/ Leigh's disease/ subacute necrotizing encephalomyelopathy
- Menkes disease
- Patau syndrome/ Trisomy 13
- Prader-Willi syndrome
- Rett syndrome
- Seckel syndrome/ microcephalic primordial dwarfism/ Harper's syndrome/ Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Sturge-Weber syndrome
- Trisomy 9

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- Tuberous sclerosis
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in Neurological impairment

Systemic atrophies primarily affecting the central nervous system

- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11
- Louis-Bar syndrome/ Ataxia-telangiectasia
- Niemann-Pick disease (Types A and C)
- Progressive bulbar palsy of childhood/ Fazio-Londe disease.

The following spinal muscular atrophies

- Spinal muscular atrophy Type I/ Werdnig Hoffmann disease/ infantile SMA
- Spinal muscular atrophy Type II/ Dubowitz disease
- Spinal muscular atrophy Type III Kugelberg-Welander disease/ juvenile SMA
- Spinal muscular atrophy lower extremity dominant/ SMA-LED
- X-linked spinal muscular atrophy.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome / Pantothenate kinase-associated neurodegeneration (PKAN)/ neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Alpers disease/ Alpers syndrome/ Grey-matter degeneration/ Progressive sclerosing poliodystrophy/ Progressive infantile poliodystrophy
- Demyelinating diseases of the central nervous system
- Adrenoleukodystrophy / X-linked childhood cerebral form
- Alexander disease
- Canavan disease
- Krabbe disease/ Globoid cell leukodystrophy

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- Pelizaeus-Merzbacher disease.

Episodic and paroxysmal disorders

- Lennox-Gastaut syndrome/ Lennox syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Dejerine-Sottas disease/ Dejerine-Sottas syndrome/ Dejerine-Sottas neuropathy/ progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Conditions primarily resulting in physical impairment

- Amputation
- Diamond-Blackfan anaemia
- Epidermolysis bullosa
- Harlequin type icthyosis
- Hay Wells syndrome/ ankyloblepharon/ ectodermal dysplasia/ clefting [AEC] syndrome
- Joint or limb deformities resulting in impaired mobility
- Juvenile arthritis/ Stills Disease
- Osteogenesis imperfecta
- Sjogren Larsson syndrome.

Diseases of myoneural junction and muscle

- Congenital muscular dystrophy
- Congenital myotonia / Thomsens disease/ Becker myotonia
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Emery-Dreifuss muscular dystrophy
- Facioscapulohumeral muscular dystrophy

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- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita.

Cerebral palsy and other paralytic syndromes

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in sensory and/or speech impairment

- Permanent blindness in both eyes, diagnosed and assessed by an ophthalmologist as follows either:
  - Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes
  - Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less)
  - A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points.

  (An optometrist report is not sufficient for NDIS purposes.)
- Deafblindness confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease/ Adrenoleukodystrophy /

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- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis/ cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital hypothyroidism
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Galactosaemia with long term learning disabilities and neurological impairment
- Glycine encephalopathy/ non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucolipidosis II / I-cell disease
- Mucolipidosis III / pseudo-Hurler polydystrophy
- Mucolipidosis IV
- Neuronal ceroid lipofuscinosis
- Niemann-Pick disease
- Phenylketonuria
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

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- Hurler syndrome/MPS1-H
- Scheie syndrome/ MPS 1-S
- Hurler-Scheie syndrome/ MPS 1 H-S
- Hunter syndrome/ MPS II
- San Fillipo syndrome/ MPS III
- Morquio syndrome/ MPS IVA
- Maroteaux-Lamy syndrome/ MPS VI
- Sly syndrome/ MPS VII.

The following lysosomal storage disorders

- 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).

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment

- Chiari malformation/Arnold-Chiari malformation
- Congenital absence of limb(s)
- Congenital hydrocephalus
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Microcephaly
- Spina bifida
- VATER syndrome (VACTERL association).

When do we make priority eligibility decisions?

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If you're in one of the following situations, we'll decide if you're eligible within **2 to 5 business days**.

- Child younger than 7 years with a hearing impairment, either:
  - Identified as Hearing Australia or Early Childhood Partner Priority
  - Identified as 'newly diagnosed'.
- A child is identified as having a developmental delay and is turning 6 years old within 30 days of a valid NDIS application.
- **Immediate risk** to self, others, community or agency where appropriate disability or informal supports are not in place.
- **Unexpected, significant deterioration** of disability-related functional capacity where appropriate disability or informal supports are not in place.
- **Rapid deterioration** in functional capacity of a person with one of the following permanent disabilities:
  - Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)
  - Brain Cancer
  - Motor Neurone Disease (MND)
  - Progressive Bulbar Palsy (PBP)
  - Primary Lateral Sclerosis (PLS)
  - Progressive Muscular Atrophy (PMA).
- A **terminal illness** and disability
- **Imminent risk** (within 1–14 days) of breakdown of either:
  - Accommodation – risk of homelessness
  - Caring arrangements, including informal supports, due to death, serious illness or injury of informal supports, or significant and unexpected deterioration of disability-related functional capacity.
- Appropriate disability supports are not in place and are re-entering the community after a long-term residence or hospital stay (specific release date not required):
  - A person with a **newly acquired, significant disability**, such as spinal cord injury, being discharged from hospital
  - A **younger person living in residential aged care**

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- A person being **discharged from an inpatient mental health facility**
- A person due to be **released from correctional facility**.

How do we weigh evidence of disability?

We understand that you may have evidence of your disability from different health professionals at different times. When we're deciding if you're eligible for the NDIS, we look at:

- how old your evidence is
- who provided your evidence.

We weigh evidence based on what we consider best practice, or highest quality. We consider this evidence most strongly when we make a decision.

What type of evidence should you provide?

We need evidence to help us consider if you meet the disability or early intervention requirements.

For the disability requirements, we need evidence to confirm your permanent impairment and evidence about how this impacts your functional capacity.

For the early intervention requirements, we need evidence to confirm your permanent impairment and evidence that confirms you need early intervention.

It's important to understand the type of evidence that you are providing us. You may have evidence from a doctor or specialist confirming your **permanent impairment** or you may have evidence from an allied health professional or other medical professional that tells us about **impacts to your functional capacity** (your ability to do daily life activities). These are different types of evidence which will often be provided by different health professionals based on their qualifications.

How old should your evidence be?

How old should your evidence be to confirm your permanent impairment?

We need evidence from your doctor or specialist to confirm your permanent impairment. You can give us evidence confirming this **from any age**. However, evidence about how your impairment impacts your functional capacity should be from the last 12 months.

How old should your evidence be to confirm your functional capacity?

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Generally, we need evidence about how your impairment impacts your functional capacity from **the last 12 months**. This is because your functional capacity may change over time, even if your impairment doesn't. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

If you give us more than one type of evidence, we might weigh the newer evidence over the older evidence. If you give us older evidence, we will generally give this less weighting when we make our decision. In these cases, we will generally ask for more information. If this is not provided, we may decide you are not eligible for the NDIS.

How old should your evidence be to confirm you need early intervention?

We need evidence from your doctor or specialist to confirm your permanent impairment and that you need early intervention.

Generally, we need evidence about that confirms you need early intervention from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

Who should provide evidence?

We generally prefer evidence that comes from a treating professional who:

- is the most **appropriately qualified** person to provide evidence of your primary disability
- has treated you for a significant period of time (at least six months)
- is registered to practise in Australia or New Zealand
- provides disability evidence (such as a medical report) that is original, genuine and specific to you.

Depending on your situation, you might get your evidence of **permanent impairment** from a different treating professional than your **evidence of functional capacity**.

If you need help to get your evidence together, your local area coordinator or early childhood partner can help you.

Who should provide evidence of your permanent impairment?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Examples of common doctors or specialists include:

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- General Practitioner (GP)
- Paediatrician
- Orthopaedic surgeon
- Neurologist
- Psychiatrist.

Who should provide evidence of your functional capacity?

We generally prefer evidence from a doctor, specialist, allied health or other medical professional for confirm how your permanent impairment impacts your functional capacity.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist.

Who should provide evidence that you need for early intervention?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Whereas a doctor, specialist, allied health or other medical professional can give us evidence to confirm you need early intervention.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist.

Health professionals registered to practise in Australia and New Zealand

We strongly prefer evidence of your disability to come from a registered Australian or New Zealand health professional. Most Australian health professionals are registered with the Australian Health Practitioner Regulation Agency (AHPRA).

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We will still consider evidence from non-Australian or New Zealand health professionals, or unregistered health professionals. However, this evidence will be given less weight.

If we cannot confirm the registration of your health professional, we will ask you (and your health professional) for more information in the first instance. If we still cannot confirm their registration, we will likely decide that you are not eligible for the NDIS.

Reference list

[1] NDIS Act s 24(1)(e).
[2] NDIS Act ss 22-23.
[3] NDIS Act s 24.
[4] NDIS Act s 25.
[5] NDIS Act s 28(1).
[6] NDIS Act s 22.
[7] NDIS Act s 23(1)(b)(i).
[8] NDIS Act s 23(1)(b)(ii).
[9] NDIS Act s 23(1)(b)(iii).
[10] NDIS Act s 23(1)(a).
[11] NDIS Act s 23(2).
[12] NDIS Act s 23(2)(f).
[13] NDIS Act s 23(2)(a).
[14] NDIS Act s 23(2)(b).
[15] NDIS Act s 23(2)(c).
[16] NDIS Act s 23(2)(d).
[17] NDIS Act s 23(2)(e).
[18] NDIS Act s 24.
[19] NDIS Act ss 24(1)(a); 25(1)(a).
[20] NDIS Act ss 24(1)(a); 25(1)(a)(ii).
[21] NDIS Act ss 24(3)
[22] NDIS (Becoming a Participant) Rules rr 5.4, 6.4.
[23] NDIS (Becoming a Participant) Rules rr 5.6, 6.6.
[24] NDIS (Becoming a Participant) Rules rr 5.5, 6.5.
[25] NDIS Act s 25(3). NDIS (Becoming a Participant) Rules r 6.8.
[26] NDIS Act s 24(1)(d).
[27] NDIS Act s 24(1)(e).
[28] NDIS Act s24(3)
[29] NDIS Act s 24(2).
[30] NDIS Act ss 25(1)(a)(i)-(ii).
[31] NDIS Act s 25(1)(a)(i).
[32] NDIS Act ss 25(1)(a)(i)-(ii).
[33] NDIS Act s 25(1)(a)(ii).
[34] NDIS Act s 25(1)(b).
[35] NDIS Act s 25(1)(c).
[36] NDIS (Becoming a Participant) Rules r 6.9.
[37] NDIS Act s 25(1)(d)
[38] NDIS Act s 25.
[39] NDIS Act ss 9 (definition of 'developmental delay'), 21(1)(c), 25(1)(a)(iii).
[40] NDIS Act s 23(1)(a).

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[41] NDIS Act s 23(1)(b).
[42] NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
[43] NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
[44] NDIS Act s 9 (definition of 'developmental delay' para (a)).
[45] NDIS Act s 9 (definition of 'developmental delay' para (b)).
[46] NDIS Act s 9 (definition of 'developmental delay' para (c)).
[47] NDIS Act s 25(1)(d); NDIS (Becoming a Participant) Rules rr 6.1, 8.4.
[48] NDIS Act s 19(1)(a).
[49] NDIS Act s 19(1)(b).
[50] NDIS Act s 19(1)(c).
[51] NDIS Act s 197(1).
[52] NDIS Act s 74(1)(a).
[53] NDIS Act s 74(1)(b).
[54] NDIS Act s 20.
[55] NDIS Act s 26(2)(d).
[56] NDIS Act s 26.
[57] NDIS Act s 26(3)
[58] NDIS Act s 26(2).
[59] NDIS Act s 21(3).
[60] NDIS Act s 100(5)(b).
[61] NDIS Act s 28(1).
[62] NDIS Act s 28(2).
[63] NDIS Act s 7(2).
[64] NDIS Act s 100(2).
[65] NDIS Act s 100(2)
[66] NDIS Act s 19(2).
[67] NDIS Act s 19(2)(c).
[68] NDIS Act s 102.
[69] NDIS Act s 19(2)(d).

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Applying to the NDIS

Quick summary: If you want to become an NDIS participant you'll need to apply to the NDIS. There are some requirements you need to meet to be eligible for the NDIS.

First, you need to be younger than 65 when you apply, be an Australian citizen or permanent resident, and live in Australia. Then, you'll need to meet the requirements for disability, early intervention, or both.

You may be eligible under the disability requirements if you have one or more impairments that are or are likely to be permanent. And this substantially impacts your ability to do daily life activities. Your impairment must also affect your social life, or your ability to work and study. And, you must be likely to need NDIS supports for your lifetime.[1] NDIS supports are the services, items and equipment that can be funded by the NDIS.

Or you may be eligible under the early intervention requirements if you have one or more impairments that are likely to be permanent, or you have developmental delay and supports are likely to benefit you by reducing your need for supports in the future. We will also consider if these supports are NDIS supports.

Or you may be eligible under both the disability and early intervention requirements.

If you think you might be eligible, we can help you apply to the NDIS. We'll talk to you about your needs, current situation and what's important to you. We'll look at all the information you give us to decide if you're eligible. If you're eligible for the NDIS, you'll become a participant, and we'll work with you to start creating your plan. If you're not eligible, an early childhood partner or local area coordinator can help you explore and access government and community services. When we work with children younger than 9 and their families, we call this early connections. When we work with people aged 9–64, we call this community connections.

What's on this page?

- What do we mean by applying to the NDIS?
- Do you meet the age requirements?
- Do you meet the residence requirements?
- Do you meet the disability requirements?
- Do you need early intervention?
- What about children younger than 6 with developmental delay?

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- How do you apply to the NDIS?
- How do we decide if you're eligible?
- What happens after we decide?

What do we mean by applying to the NDIS?

Applying to the NDIS means doing things to find out if you can become a participant and start getting supports under the NDIS. There's a process to follow when you apply to the NDIS. As part of this process, we will need to confirm your identity. Learn more about how to apply to the NDIS.

After you apply, we'll look at all the information you give us and decide if you're eligible.

If we decide you're eligible, you'll become a participant in the NDIS. We'll then work with you to create your first plan, which will include funding for any reasonable and necessary supports.

If you're not eligible, there are other services available to you, such as other government and community services. We can help you connect to these other services.

For children younger than 9, we encourage families to talk to an early childhood partner before applying to the NDIS. They can help families connect to the right supports and let families know if the NDIS is right for their child. Learn more about our early childhood approach and early connections.

Are you eligible for the NDIS?

To be eligible for the NDIS, you first need to meet the age requirements and residence requirements. This means you need to be younger than 65 when you apply, live in Australia, and be an Australian citizen or permanent resident.[2]

You'll need to meet the requirements for disability[3], early intervention[4], or both.

When we say impairment in this guideline, we mean a loss of, or damage to your body's function. Under the law for the NDIS, we check if you're eligible based on your impairments, not your type of disability or diagnosis.

Disability requirements

To meet the disability requirements, we must have evidence of **all** of the following:

- You have a disability attributable to one or more impairments. This means your disability and impairments are linked.
- Your impairment is likely to be permanent.

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- Your impairment means you have a substantially reduced functional capacity to do one or more daily life activities. These activities include moving around, communicating, socialising, learning, undertaking self-care, or self-management tasks.
- Your impairment affects your ability to work, study or take part in social life.
- You'll likely need NDIS supports for your lifetime.

Early intervention requirements

To meet the early intervention requirements, we must have evidence of **all** the following:

- You have an impairment that's likely to be permanent, or that you are a child younger than 6 with developmental delay.
- Early intervention will benefit you by reducing your need for supports in the future.
- Early intervention will benefit you by either reducing the impact your impairment has on your functional capacity or support your informal supports to build their skills to help you. Or the early intervention will prevent the deterioration of your functional capacity or improve it.
- The early intervention supports you need are NDIS supports.

We'll use information in your application to decide if you're eligible for the NDIS.

If you're eligible, you become a NDIS participant.[5] The length of time you'll be a participant will depend on your situation and NDIS support needs. Learn more about leaving the NDIS.

This guideline has detailed information on how we decide if you're eligible for the NDIS. For general information about who's eligible, read Am I eligible and Applying to the NDIS factsheet. Check out our website for information about children younger than 9.

We also have information on psychosocial disability. If you have a psychosocial disability, this webpage has information on whether the NDIS is right for you, and what information we need if you apply.

A psychosocial disability isn't a mental health condition or diagnosis. A psychosocial disability means you have reduced capacity to undertake tasks and activities of daily living due to your mental health.

Do you meet the age requirements?

To be eligible for the NDIS, you must first meet the age requirements. This means you are younger than 65 on the day you apply.

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How old are you?

You must be younger than 65 on the day you make your NDIS application.[6]

This means your application needs to be complete, in the format we ask for, and received by the NDIA before you turn 65. Learn more about how to complete your NDIS application.

If you're turning 65 soon and want to apply, contact us so we can help you apply on time.

Do you meet the residence requirements?

Then you must meet the residence requirements. This means:

- You are an Australian citizen or permanent resident.
- You live in Australia.

Are you an Australian citizen or permanent resident?

You must be an Australian citizen,[7] or have one of two visa types that means you can live here:

- A permanent visa[8]
- A protected special category visa[9] – this is only for some citizens of New Zealand.

Do you live in Australia?

You must live in Australia.[10] This means Australia is your home and you spend most of your time here.

To help us decide, you need to give us evidence to show us you live here. If you give us consent to use your Centrelink record, that usually gives us enough evidence to decide if you live in Australia.

If you don't give us consent, you need to give us enough information to help us decide that you live in Australia. You'll need to answer these questions:

- Where do you live?
- Where is your family?
- Do you work in Australia?
- Do you own property in Australia?
- How much time do you spend outside Australia?

Some of these questions might not apply to you, but we must think about them when we decide whether you live in Australia.[11]

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We may also ask you other questions to determine whether you live in Australia.[12] For example, your family might be deployed overseas in the Defence Force, meaning you need to leave Australia for a while. In these situations, we'll ask you for more information about why you're leaving and can't return.

If you apply, we look at your whole situation when we decide if there's enough evidence to show that you live here. This will be a simple decision for us in most situations. But sometimes we may need to look at the questions below.

Where do you live?

We think about where you live, and your living situation.[13] We'll look at whether you have more permanent accommodation in Australia than any other country.

For example, you might own a home or have a formal rental agreement in Australia. This is a good sign to us that you live in Australia.

Where is your family?

We also think about where your immediate family lives.[14]

We look at where you spend most of your time with them, face-to-face. We don't look at how you connect with your family on the phone or internet.

Do you work in Australia?

If you work, we look at where you normally work or make money.[15] If you work or make money in Australia, that's a good sign you live here. If you don't work or are unemployed, we'll consider the other questions to determine whether you live in Australia.

Do you own property in Australia?

We look at what assets or property you own in Australia.[16] We also see if you have an Australian bank account.

If you own assets or property here, it doesn't always mean you live in Australia. Your assets or property will need to show you have an ongoing connection to Australia. You don't live in Australia just because you own assets or property here.

How much time do you spend outside Australia?

We look at how often you go overseas, and how long you're outside Australia when you travel.[17] We also look at why you travel overseas, such as for work, holiday or to live with family.

This is usually the most important point to help us decide if you live in Australia. You need to show us that you have a long-term and meaningful connection to living in Australia.

You don't need to stay in Australia all the time. You can still work overseas or go on holiday.

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You'll need to show a stronger connection to Australia than other countries if you spend a lot of time overseas.

If we decide you're eligible and create your plan, there may be times you can't use your NDIS funding overseas. This is usually after you're overseas for more than 6 weeks unless we give you more time. Learn more about when you can't use your plan.

Do you meet the disability requirements?

You meet the disability requirements if we have evidence of all the following:[18]

- Your disability is caused by an impairment.
- Your impairment is likely to be permanent.
- Your permanent impairment substantially reduces your functional capacity to undertake one or more of the following activities: moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks.
- Your permanent impairment affects your ability to work, study or take part in social life.
- You'll likely need NDIS support for your lifetime.

If you give us evidence you have been diagnosed with one or more conditions on List A, we'll likely decide you meet the disability requirements.

If you meet the disability requirements, it's likely you'll need NDIS supports for your lifetime. This means you won't have to prove your disability every time we reassess your plan.

If at any time your NDIS support needs or situation changes, we may need to check your NDIS eligibility. We will talk with you if this happens.

Learn more about how we check if you are still eligible for the NDIS.

Is your disability related to an impairment?

When we think about your disability, we look at whether any reduction or loss in your ability to do things, across all life domains, is because of an impairment.

An impairment is a loss of or damage to your body's function.

We'll look at:

- your body's functions
- your body structure
- how you think and learn.

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To meet the disability requirements, we must have evidence your disability is linked to at least one of the impairments below:[19]

- **intellectual** – how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – how your body's nervous system functions,
- **sensory** – how you see or hear
- **physical** – the ability to move parts of your body

You may also be eligible for the NDIS if you have a psychosocial disability.[20] This means you have reduced capacity to do daily life activities and tasks due to your mental health.

For more detail about the impairments listed above go to Notice of impairments. It doesn't matter what caused your impairment. For example, if you've had it from birth or acquired it from an injury, accident or health condition.

It also doesn't matter if you have one impairment, or more than one impairment.

Is your impairment likely to be permanent?

To meet the disability requirements, we need to know that your impairment is permanent, or likely to be permanent. Permanent under the law for the NDIS means enduring. This means we need to know whether your impairments are enduring so that you require NDIS supports on an ongoing basis.

We will focus on your impairments, and not on the cause of your impairments, or your diagnoses.

You might have some periods in your life where there is a smaller impact on your daily life, because your impairment may be episodic or fluctuate in intensity[21]. Your impairment can still be permanent due to the overall impact on your life, and the likelihood that you will be impacted across your lifetime.

Even when your condition or diagnosis is permanent, we'll check if your impairment is permanent too. For example, you may not be eligible if your impairment is temporary, or if there are known, available and appropriate evidence-based clinical, medical or other remaining treatments options that are likely to remedy the impairment.

Generally, we'll consider whether your impairment is likely to be permanent if all available and appropriate treatment options are pursued.

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If you give us evidence you have been diagnosed with a condition on List B, we'll likely decide your disability is from an impairment that's likely to be permanent.

Is there any medical treatment for your impairment?

We don't fund supports to treat your impairment. The Australian health system provides health services to treat illnesses or health conditions.

Your impairment will likely be permanent if your treating professional tells us there are no further treatments that could remedy it.

Your treating professional will tell us or be asked to certify if there are medical, clinical or other treatments that are likely to remedy your impairment. We need to understand whether there are treatments that are:[22]

- **known** – the treatment can be identified by an Australian medical practitioner as a suitable treatment for your impairment
- **available to you** – we need to take account of whether there are genuine barriers that prevent you from accessing treatment including, but not limited to, the nature of your impairment and your ability to access treatment
- **appropriate for you and your impairment** – we need to consider whether the treatment could remedy your impairment and is suitable and safe for you to undergo. Your ability to undergo treatment will be assessed according to your capabilities, your health and other personal circumstances, including your living arrangements
- **evidence-based** – there's proof the treatment is likely to be effective.

When we look at what treatments are available to you, we think about whether the treatment is suitable for your personal situation. The word treatment should be understood in a broadest sense and may include changes to your diet and lifestyle.

If you're still undergoing or have recently had treatment, we may not be sure you have a permanent impairment if that treatment could remedy the impairment.[23]

In some situations, it may be clear your impairment is likely to be permanent while you're still undergoing treatment or rehabilitation. For example, you may still need treatment and rehabilitation for a spinal cord injury, but it's clear you are likely to have a permanent impairment.

You might still have a permanent impairment, even if its effects may change over time.[24]

For degenerative impairments, or those that get worse over time, we consider them permanent if treatment isn't likely to remedy the impairment. That is, the treatment won't cure the impairment or come close to removing its effects.

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Does your impairment substantially reduce your functional capacity?

Your permanent impairment needs **to substantially reduce your functional capacity or ability** to undertake activities in one of the following areas:

- **Communicating** – how you speak, write, or use sign language and gestures, to express yourself compared to other people your age. We also look at how well you understand people, and how others understand you.
- **Socialising** – how you make and keep friends, or interact with the community, or how a young child plays with other children. We also look at your behaviour, and how you cope with feelings and emotions in social situations.
- **Learning** – how you learn, understand and remember new things, and practise and use new skills.
- **Mobility**, or **moving around** – how easily you move around your home and community, and how you get in and out of bed or a chair. We consider how you get out and about and use your arms or legs.
- **Self-care** – personal care, hygiene, grooming, eating and drinking, and health. We consider how you get dressed, shower or bathe, eat or go to the toilet.
- **Self-management (if older than 6)** – how you organise your life. We consider how you plan, make decisions, and look after yourself. This might include day-to-day tasks at home, how you solve problems, or manage your money. We consider your mental or cognitive ability to manage your life, not your physical ability to do these tasks.

Your impairment substantially reduces your functional capacity if you usually need disability-specific supports to participate in or complete the above tasks.[25]

These disability-specific supports include:

- a high level of support from other people, such as physical assistance, guidance, supervision or prompting.
- assistive technology, equipment or home modifications that are prescribed by your doctor, allied health professional or other medical professional.

To help us decide if you're eligible, we need to know your capacity and where you need more help. We get this information from you when you apply to the NDIS.

If you have more than one permanent impairment, we will consider them together, to see if they substantially reduce your functional capacity.

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We consider how you're involved in different areas of life like home, school, work and the community, and how you carry out tasks and actions. We also consider any other factors that may impact your day-to-day life.

Your needs might go up and down each day or each month. Progressive Multiple Sclerosis (MS) can be a good example of this. We consider your ability over time, taking into account your ups and downs.

How does a child's impairment affect their daily life?

To help us decide if a child's ability is substantially reduced, we compare their abilities with other children of the same age.

If a child's ability is much less than most other children the same age, they may meet the disability requirements. For example, if they:

- need assistive technology, equipment or home modifications to participate in daily activities – except for common items like glasses
- usually need more assistance to join activities, or they can't join in.

Sometimes when a child's impairment doesn't substantially reduce their ability right now, but might in the future, we will look at the early intervention requirements. Similarly, if a child's impairment currently substantially reduces their ability, but may not after receiving supports, we will look at the early intervention requirements. Early intervention can be for children of any age, however there are different requirements for children younger than 6 with developmental delay to meet the early intervention requirements.

Learn more about the early intervention requirements.

What if you have a hearing impairment?

Some hearing impairments may lead to a substantially reduced functional capacity.

We'll generally decide you have a substantially reduced functional capacity if your hearing loss is at least 65 decibels in your better ear. This is based on a pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz.

We may also decide you have a substantially reduced functional capacity if your hearing loss is less than 65 decibels in your better ear. We may decide this if either:

- you also have another permanent impairment, such as a vision or cognitive impairment
- you give us evidence your speech detection and speech discrimination outcomes are significantly poorer than expected.

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Does your impairment affect your social, work or study life?

Then, we look at how your impairments affect your ability to work, study or take part in social life.[26] This means your permanent impairments affect how you can find and keep a job, contribute to your community, or join social activities. We get this information from you when you apply to the NDIS.

We look at your ability to do things like:

- find and keep a job, or start your own business
- study
- spend and save money
- play sport
- go to the movies
- volunteer
- travel.

It doesn't matter how much your ability to work, study or socialise is affected by your impairment. It only needs to affect your social or work life in some way for you to meet the criteria.

Will you likely need NDIS supports for your lifetime?

You must be likely to need NDIS supports for your lifetime.[27] NDIS Supports are the services, items and equipment that can be funded by the NDIS.

NDIS supports are investments that help you build or maintain your functional capacity and independence, and help you work, study or take part in social life.

Even if your needs go up and down over time, or happen episodically[28], we may still consider it's likely you'll need NDIS supports for your lifetime.[29]

We consider your overall situation to answer this question.

When we decide if you'll likely need NDIS supports for your lifetime, we consider:

- your life circumstances
- the nature of your long-term support needs
- whether your needs could be best met by the NDIS, or by other government and community services.

For example, you may have an impairment that is caused by a chronic health condition. Many chronic health conditions are most effectively managed or remedied through medical

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management through the health system. If this is the case, we may decide that you don't need NDIS supports for your lifetime.

Learn more about reasonable and necessary supports and NDIS supports.

Do you need early intervention?

Early intervention is usually early access to support, to help reduce the functional impacts of your impairment.

Early intervention can be for both children or adults and may only be needed for a short time. You won't need these supports for your lifetime, so your treating professional or your early childhood partner will tell us how early intervention support could benefit you or your child.

You will meet the early intervention requirements if you meet all the following:

- You have an impairment that's likely to be permanent.
- Early intervention supports will likely benefit you, for example if it means you'll need less disability support in the future and your functional capacity will improve.
- The early intervention supports you need are NDIS supports.

There are different requirements for children younger than 6 with developmental delay to meet the early intervention requirements.

If we have evidence a child younger than 7 has been diagnosed with a condition on List D, we'll decide they meet the early intervention requirements.

You may also meet the early intervention requirements if you're aged between 0 and 25 with a hearing impairment.

We also need to understand how NDIS supports benefit you, like building your skills and increasing your capacity, so that you may no longer need NDIS supports. If you meet the early intervention requirements, your support needs are more likely to change, and you may only need NDIS supports for a short time. We'll regularly check your eligibility when we reassess your plan, and at other times too.

If you no longer meet the early intervention requirements, we'll check if you meet the disability requirements. Learn more about leaving the NDIS.

Do you have an impairment that's likely to be permanent?

To meet the early intervention requirements, there must be enough evidence that you have at least one of the impairments below and your impairment is likely to be permanent.[30]

An impairment is a loss of or damage to your body's function.

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We will look at:

- your body's functions
- your body structure
- how you think and learn.

An impairment could be:[31]

- **intellectual**
- **cognitive**
- **neurological**
- **sensory**
- **physical**
- **psychosocial disability**

We also need evidence at least one of your impairments will be permanent, or likely to be permanent.[32]

When we decide if your impairment is likely to be permanent, we consider the same things as in the disability requirements.

You may also be eligible for the NDIS if you have a psychosocial disability.[33] This means you have reduced capacity to do daily life activities and tasks due to your mental health. Your psychosocial disability might vary at different times in how much it impacts your daily life. Even if it fluctuates and you have some periods where there is a smaller impact on your daily life, you might have this impairment for your lifetime.

If you give us evidence you have been diagnosed with a condition on List B, we'll decide you have an impairment that's likely to be permanent.

How will early intervention benefit you?

We need to decide that getting early intervention supports means you'll likely need fewer supports in the future.[34]

We need to know that early intervention supports will help you with at least one of the following:[35]

- addressing the impact of your impairment on your ability to move around, communicate, socialise, learn, look after yourself and organise your life
- preventing your functional capacity from getting worse
- improving your functional capacity

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- supporting your informal supports, which includes building their skills to help you.

To help us decide if the early intervention will help you in these ways, we look at:[36]

- how your impairment might change over time
- how long you've had your impairment
- if there's been a significant change to your impairment
- if your needs are likely to change soon, such as if you're finishing school.

Will the early intervention supports you need be NDIS supports?

The early intervention support that you would likely benefit from must be NDIS supports.[37] NDIS supports are the services, items and equipment that can be funded by the NDIS.

Learn more about reasonable and necessary supports and NDIS supports.

What about people aged between 0 and 25 with a hearing impairment?

If you're aged between 0 and 25 with a hearing impairment, you may meet the early intervention requirements. We'll decide you meet the early intervention requirements if you give us evidence of all of the following:

- You're aged between 0 and 25.
- You have auditory neuropathy or hearing loss of at least 25 decibels in either ear at 2 or more adjacent frequencies – see below.

We need evidence of your auditory neuropathy or hearing loss from a specialist audiological assessment. The assessment might include electrophysiological testing when required. The evidence must show your hearing loss is likely to be permanent.

If you're aged 26 or older with hearing loss, we'll check if you're eligible in the same way we consider all other impairments. You may be eligible under the disability requirements.

What about children younger than 6 with developmental delay?

Children younger than 6 with a developmental delay may be eligible for the NDIS under the early intervention requirements.[38]

Developmental delay is a term used to describe a delay in a child's development. It means that a child finds it much harder to do everyday things that other children their age can do, for example, dress themselves, talk or walk. A child with developmental delay needs lots of extra help to do everyday things compared to children of the same age.

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First, we need to know the child:

- is younger than 6 on the day we decide whether they're eligible[39]
- lives in Australia[40]
- is an Australian citizen or permanent resident.[41]

Then, we need to know the child has a developmental delay.[42]

Finally, we need to know the child's supports will be NDIS supports. NDIS supports are the services, items and equipment that can be funded by the NDIS.

An early childhood partner can also provide supports to children who aren't eligible for the NDIS.

Learn more about the early childhood approach and early connections.

Does the child have a developmental delay?

When we decide if a child has developmental delay, we use the definition in the law for the NDIS.[43]

We need to know the delay:

- is due to mental or physical impairments
- substantially reduces the child's functional capacity compared with other children the same age.
- means the child needs specialist services from more than one professional working as a team to support the child and for longer than 12 months.

Is the delay due to mental or physical impairments?

First, we need to know the developmental delay is due to a mental or physical impairment, or a combination of mental or physical impairments.[44]

An impairment is a loss or significant change in at least one of:

- the child's body functions
- the child's body structure
- how the child thinks and learns.

Families, early childhood partners and other professionals can understand the child's body function by:

- observing their activities during play and daily tasks
- comparing their activities to other children of the same age.

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For some very young children, problems in body function can't be easily measured. If so, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's judgment or informed clinical opinion.

Does the delay substantially reduce the child's functional capacity?

We need to know the delay substantially reduces the child's functional capacity compared to other children their age.[45]

This means the child has a significantly lower ability to do everyday activities, when compared to children of the same age. Or the child does things in a significantly different way to other children their age because of their reduced capacity.

The child would also need much more support to do the activity, compared to other children the same age.

The substantial reduction in functional capacity must be in at least one of the following areas of major life activity:

- **Self-care** – how children take care of themselves, shower, bathe, dress, eat, drink, toilet, groom, and sleep.
- **Receptive and expressive language** – this involves skills such as gesture, sign language, listening, giving and receiving information, communicating wants and needs through facial expressions, vocalisations or speech, and interaction with others.

  A substantial reduction in functional capacity for either receptive language or expressive language will meet the criteria – it doesn't need to be both.
- **Cognitive development** – learning and applying knowledge. This includes areas such as:
  - understanding and remembering information
  - attention
  - learning new things
  - practising and using new skills
  - planning and making decisions
  - problem solving
  - developing pretend play skills
  - developing play interests

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- emotional and sensory regulation
- developing emotional intelligence
- social awareness
- safety awareness.

- **Motor development** – this includes participation in everyday activities like moving around the home and community and manipulating objects.

We need evidence from a health, allied health or early childhood professional, who uses multiple sources of information about the child's ability to do everyday activities.

This will include information that parents or carers report about their child. It will also include a mix of standardised assessments of developmental and functional capacity, both in everyday activities and natural settings.

It should also include observations in everyday play, learning, activities or routines to better understand how the child participates in these everyday activities.

For very young children where functional capacity can't be measured, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's informed clinical opinion.

Does the child need specialist services from more than one type of professional and for longer than 12 months?

We need to know that the child needs a mix of specialist care, treatment or other services, due to their developmental delay. The child must also need these services for an extended duration – that is, longer than 12 months.[46]

We need to know the child needs all of the following:

- **A service response that involves more than one professional working as a team to support the child**. This means the child needs support for multiple activities, and across multiple natural settings such as the home, community and early childhood centres. The child must need more support than what's expected for a child the same age.

- **A team that works collaboratively, by communicating and sharing information, knowledge and skills**. The support must be individually planned and coordinated. The team will build the capacity of the child's family and other important people in the child's life, such as carers, educators and professionals, about the child's individual needs. This support should be embedded in everyday play, learning, activities and routines.

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- **More support than an individual discipline providing a unilateral response to a single problem**. This means the child needs support from more than one professional supporting one area of delay. This is known as interdisciplinary care. For example, a child is unlikely to be eligible if a speech pathologist alone can help their language delay, without needing support or consultation from other professionals.
- **Supports for an extended duration**. This means a health, allied health or early childhood professional who knows the child determines they need support for more than 12 months. A child will likely meet this criteria if there is clear evidence that they'll need early intervention support for more than 12 months.

We need evidence from an early childhood professional, such as an early childhood teacher, educator or allied health professional who knows the child. They need to recommend that the child needs support for multiple activities and across multiple natural settings, from a team working together.

Some children in remote areas might not have access to a team of professionals. If so, they may still be eligible if the one professional needs to provide the supports to the child across multiple activities and across multiple natural settings.

We also need evidence from an early childhood professional, such as an early childhood teacher, educator, or allied health professional, that the child needs support for more than 12 months. The professional should consider multiple sources of information, including:

- parent or carer reports
- a mix of standardised and culturally appropriate developmental or functional assessments in everyday activities and natural settings
- observations in everyday play, learning, activities, and routines.

How do we work out if the child meets the criteria for developmental delay?

We'll need a range of information about the child, observed in everyday activities and settings they usually participate in. This should include parent or carer reports and standardised assessments of developmental and or functional capacity.

Early childhood partners are early childhood professionals who give us evidence of developmental delay to help us decide if the child is eligible. An early childhood partner will meet with children and families to better understand the child's day to day life, and any concerns about their development.

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Early childhood partners will observe a child in familiar places like home and childcare and may complete assessments using screening tools. This information helps us decide if a child meets the early intervention requirements for developmental delay.

Families and carers can also provide copies of existing reports, assessments or letters about the developmental delay.

We may also ask for evidence from a variety of sources, including mainstream services. For example, we may also ask for evidence from your doctor, child health nurse, or other health professional.

Learn more about providing evidence of developmental delay.

What if there are no early childhood partners in your area?

If there are no early childhood partners in the child's area, a mainstream, community, or health service can give us a report for evidence of developmental delay.

If you're in one of these areas, learn more about what evidence we need for developmental delay.

Will the child's early intervention supports be NDIS supports?

To meet the early intervention requirements, the supports must be NDIS supports.[47] NDIS supports are the services, items and equipment that can be funded by the NDIS.

Learn more about reasonable and necessary supports and NDIS supports.

What happens if a child with developmental delay is eligible?

If we decide a child with developmental delay is eligible for the NDIS, they'll become a participant. But they're usually no longer eligible after they turn 6.

This is because they will no longer meet the early intervention requirements under developmental delay. To remain an NDIS participant after they turn 6, the child will need to have an impairment that's likely to be permanent and meet the requirements for disability, early intervention, or both.

We'll talk to families or carers before a child turns 6 and explain what information we need to decide if the child is still eligible. Learn more about leaving the NDIS.

Example

Hunter is 5 years old and became a participant under the early intervention requirements for developmental delay.

We give Hunter a new 12-month NDIS plan in August. We also talk to Hunter's family about him leaving the NDIS after he is 6 years old.

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Hunter's family will be able to use his NDIS funding for the full 12 months until August the next year. By then, he'll be aged 6 years.

At the end of the 12 months, we'll talk to Hunter's family about his progress and what outcomes have been achieved. We'll listen to understand if he built capacity to work towards his goals. If there's evidence that Hunter does not have an impairment that is likely to be permanent and he no longer meets the requirements for disability, early intervention, or both, we'll decide Hunter is no longer eligible. He will be supported to leave the NDIS. We'll help his family continue to stay connected to government and community services.

Learn more about leaving the NDIS and mainstream and community supports.

What if a child doesn't meet our criteria for developmental delay?

Early childhood partners offer supports to children younger than 6 who don't meet our criteria for developmental delay.

A child may have developmental concerns. This means a child younger than 6 is developing slower compared to other children their age, but the delay doesn't meet our definition for developmental delay.

For example, a child's functional capacity may be substantially reduced in one or more areas. But it's unclear if the child needs support from a team of professionals for more than 12 months.

An early childhood partner can offer **early supports** to children younger than 6 with developmental concerns. They can also help the child's family connect to other government and community supports.

Learn more about early connections.

How do you apply to the NDIS?

Applying to the NDIS is how you let us know you want to become an NDIS participant.

If you're aged 9 and older, there are a few ways you can apply:[48]

- Your local area coordinator can help you apply. They can help you through the application process and be your point of contact. Find your nearest location.
- Sometimes you may not have a local area coordinator in your area. You can contact us on 1800 800 110 to discuss other options available to you.

For children younger than 9, we encourage families to talk to an early childhood partner before applying to the NDIS. They can offer supports to children before they apply, and let families know if the NDIS is right for their child.

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When you apply, you or your authorised representative will need to:

- give us the information and any documents we need to confirm your identity. Learn more about evidence of identity and privacy.
- give us the information and any documents we need to decide if you're eligible[49]
- sign or certify the NDIS application[50]
- talk to you about your needs and current situation.

When we talk to you, we'll listen to understand what is important to you. We'll also ask questions to make sure we know all the ways we can help.

We can use this information to help you make community connections if you want us to. Learn more about community connections and early connections.

Other people can help you apply if you want them to. Sometimes they can apply on your behalf. Learn more about who can help you apply.

Learn more about how to apply to the NDIS and in the Applying to the NDIS factsheet.

What information do we need in your application?

The Evidence of Identity factsheet shows what information we need to confirm your identity. When you apply for the NDIS, you'll need to give us copies of these documents. If you can't do this, let us know so we can work out what to do depending on your situation. We'll still need to check your identity before progressing your application.

To show us you're younger than 65 when you apply, live in Australia, and that you're an Australian citizen or permanent resident, you can give us either of the following:

- consent to access and use your Centrelink record
- copies of documents or other evidence that we ask for if you apply in person or over the phone.

In most cases, we can just use your identity documents.

Who can give us evidence of your impairments?

We need evidence of your impairments, to help us work out if you're eligible. To get information about this, ask your treating professional. For children younger than 6 with developmental delay, an early childhood partner can give evidence of developmental delay. Your treating professional or early childhood partner can contact us if they need to discuss what evidence to provide.

Your treating professional might be your doctor, specialist, or allied health service provider. You should use a professional who:

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- has worked with you for a long time, usually for at least 6 months
- is the most appropriate type of professional to give evidence about your impairment
- is qualified and registered in their area of practice with the Australian Health Practitioner Regulation Agency or relevant professional authority.

If your treating professional doesn't meet these requirements, we may not be able to confirm the information in your application and may need to request further information.

When we check if you're eligible for the NDIS, we mainly think about the information you give us when you apply.

Learn more about who can give us evidence of your disability or impairment on the following pages:

- Providing evidence of your disability
- Providing evidence of disability for children
- Information for GPs and health professionals.

You can also learn more about how we use, collect and store your personal information.

What if you're in a remote or very remote area?

We understand it might be hard to get your treating professional to give evidence of your impairments in a remote or very remote area. If it's hard to get your treating professional to do this, let us know.

You might not need to give us as much evidence about your impairment as people in big cities, depending on what services are available in your area. We use a technical definition for remote and very remote. You'll need to live in an area that's classified as MM6 or MM7 on the Modified Monash Model to be considered remote or very remote.

How do we check your application?

Before we can accept your application, we make sure it's been made by the right person. That is, the application is from you, or someone who can apply for you.

We then check all the answers we need have been provided, and that it is the correct information.[51]

If you don't have all the answers at the meeting, we'll help you work out what to do. You can also let us know if there is a mistake. We can work with you to help complete the application properly. We can't decide if you're eligible until we have a complete application.

We'll also let you know if we need more information and, if so, what you need to give us.

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Once you have completed your application with all the right information, we'll check whether you're eligible. That is, we'll check that:

- you meet the age and residence requirements
- you meet the requirements for disability, early intervention, or both.

Learn more in the Applying to the NDIS factsheet.

Who can help you apply?

You can ask someone to help you apply if you want to. They can help you:

- make your decision to apply to the NDIS
- gather the information we need.

You can choose who helps you. For example, you could ask for help from:

- a family member
- a friend
- a carer
- a partner
- a support worker or service provider
- staff in a residential aged care facility
- your treating health professional
- hospital staff.

With your permission, we can share information with these people during your application. For example, they could call us to check how your application is progressing. You can let us know if you would like us to share information.

Can someone else apply for you?

If someone else has legal authority to make decisions for you, they can apply to the NDIS on your behalf.

If you're younger than 18, the people with parental responsibility for you will apply for you.[52] This is often your parents or legal guardian. In some situations, we can decide someone else has parental responsibility.[53] Learn more about child representatives.

If you're an adult, these people may be able to apply to the NDIS on your behalf:

- a person you give consent to act as your authorised representative – this means you give them permission to apply for you

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- your guardian
- a person with power of attorney who can make personal and health decisions for you
- a person with advance care health directive.

If you're an adult and want someone else to apply for you, you can tell us in person, or over the phone.

When do we contact you to help you apply?

Sometimes, we'll reach out to you to help you apply. This might be if you live in a:

- group home or supported accommodation
- large residential facility
- residential aged care facility – also read our page on younger people in residential aged care
- rural or remote area.

How do we decide if you're eligible?

Once we have your application, we review all the information we have in your application.

This will help us decide if you're eligible for the NDIS. As part of the process, we will also need to check your identity.

You are eligible for the NDIS if you meet the requirements for:

- age
- residence
- disability, early intervention, or both.

It's likely children younger than 6 with developmental delay won't meet the disability requirements. So, they may only be eligible under the early intervention requirements.

If you don't meet either the disability requirements or the early intervention requirements, you won't be eligible for the NDIS. But an early childhood partner or local area coordinator can help you connect with other government and community supports.

When will we decide if you're eligible?

Once we have your application, we have **21 days** to decide one of the following:[54]

- you're eligible for the NDIS

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- you're not eligible for the NDIS
- we need more information.

We can make a decision quicker in urgent circumstances. Let us know if your situation is urgent, for example, if you're about to leave a hospital or custodial setting. Learn more about our timeframes for urgent decisions.

How do we consider your evidence of disability or developmental delay?

When we're deciding if you're eligible, we may look at things like:

- how old your evidence is
- who provided your evidence.

If we get more than one type of evidence from you, we might consider some evidence over others. We call this weighing evidence.

What if we need more information to decide if you're eligible?

When we decide if you're eligible, we look at:

- the information in your NDIS application
- any other information we have.

We need enough information in your application to show us you're eligible for the NDIS by meeting the requirements for disability, early intervention, or both.

Sometimes we might need to ask you for more information. For example, we may not have enough information about your functional capacity.

We'll ask you for more information if we need it to make sure we have the full picture.[55]

We might ask you for more information if:

- your application doesn't have all the information we need
- we need to answer a particular question.

We only ask for more information if we need it to decide if you're eligible.[56] If we need more information, we'll let you know:

- what you need to do
- what information we need
- when you need to give us the information.

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If we ask for more information, you'll have at least **90 days** to give it to us. We can't decide if you're eligible until we have this. You can ask for more time if you need it. We can give you more time if we think it's reasonable for your situation.[57]

If we can't contact you within **90 days**, or you don't give us the information within the timeframe, we'll withdraw your application. This means we'll stop processing your application.

If you don't get the information to us in time, you can apply again.

What happens after we get your information?

Once you give us the information we need, we then have **14 days** to decide if:[58]

- you're eligible for the NDIS
- you're not eligible for the NDIS
- we need more information – for example, if the information you gave us isn't what we need.

What happens if we don't decide on time?

If we don't meet our decision-making timeframes, we have to treat this as if we decided you're not eligible.[59]

If this happens, we'll automatically review this decision that you're not eligible.[60] We'll send you a letter to explain this. You don't need to do anything.

We'll then make sure your application is reviewed by a staff member who wasn't involved in the original application. We'll contact you to let you know the outcome.

Learn more about reviewing our decisions.

What happens after we decide?

What happens if you're eligible?

On the day we decide you're eligible for the NDIS, you become a NDIS participant.[61]

The time that you remain eligible for the NDIS depends on your individual circumstances and NDIS support needs.

You'll need to continue to be eligible for the NDIS. This means you'll need to continue to live in Australia and be an Australian citizen or permanent resident. You'll also need to continue to meet requirements for disability, early intervention, or both. Learn more about whether you will always be eligible and leaving the NDIS.

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We'll send you a letter to let you know:

- you are eligible
- if you met the requirements for disability, early intervention, or both
- the next steps.

Your letter will also confirm the date you became eligible for the NDIS.[62]

If you applied on or after 1 January 2025, your letter will include a Notice of impairments which gives you more information about your eligibility for the NDIS. [63] If you applied before 1 January 2025, you won't get a Notice of impairments, even if you become eligible for the NDIS after 1 January 2025.

Learn more about the Notice of impairments.

What is a Notice of impairments?

The Notice of impairments (notice) tells you the categories of impairments you have met access for.[64] The categories of impairments relate to the impairments for which you met the requirements for early intervention, disability or both.

You can contact us if you have any questions about your Notice of impairments.

When a child younger than 6 with developmental delay becomes a NDIS participant, we'll also send a Notice of impairments.[65] This notice will state that the child has developmental delay, it will not include the categories of impairments listed below.

What are the categories of impairments?

The categories of impairments are:

- **intellectual impairments** – such as how you speak and listen, read and write, solve problems, and process and remember information. An intellectual impairment may become apparent at an early age or during a child's early development.
- **cognitive impairments** – such as how you might think, learn new things, use judgment to make decisions, and pay attention. There are some similarities with intellectual impairments, but cognitive impairments may appear at a later stage in life or after a sudden event or injury.
- **neurological impairments** – such as how your body's nervous system may function. Neurological impairments can happen when there is a change in the function of the nervous system, such as in the brain or spinal cord. Damage to these parts of the body may affect the way the nervous system processes information.
- **sensory impairments** – such as how you see and hear. Sensory impairments usually relate to hearing or vision loss but may include all senses.

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- **physical impairments** – such as the ability to move or control parts of your body. Physical impairments may affect your stamina, or how quickly your body gets tired.
- **impairments relating to a psychosocial disability –** this means you have reduced capacity to do daily life activities and tasks due to your mental health.

Can I apply to change my Notice of impairments?

You can apply for a change to your Notice of impairments. We call this varying the Notice of impairments.[66]

If you think we have made a mistake, or you would like to vary the Notice of impairments, you should contact us. You may want to apply to add a category of impairments, or to remove an existing category of impairments. To do this you'll need to give us new evidence. Learn more about giving us the evidence we need. We will look at the new evidence you gave us to decide if we need to add or remove the categories of impairments in your notice.

We will send you a letter telling you if we decide to vary or not vary your Notice of impairments. If we vary your Notice of impairments, you will get a new Notice of impairments. This new notice replaces any previous Notice of impairments you have received.[67]

Your Notice of impairments, whether we vary it or not doesn't change your eligibility to be a NDIS participant.

If you don't agree with our decision to vary or not to vary the Notice of impairments, you can ask for a review of the decision. Learn more about Reviewing our decisions.

Example

Oscar recently became a participant of the NDIS. Oscar gets a letter telling him that his NDIS application was successful, and he's now a participant. This letter includes a Notice of impairments.

Oscar is 25 years old and is eligible for the NDIS under the age, residency and disability requirements. Oscar has a permanent impairment relating to his spinal cord injury.

Oscar's Notice of impairments tells him the categories that relate to his permanent impairments. These categories of impairments are physical and neurological.

At Oscar's first planning conversation, they discuss the NDIS supports that relate to Oscar's physical and neurological impairments. Oscar understands that he can apply to vary his Notice of impairments at any time if he wants.

How will we create your first plan?

After you receive the letter confirming you're eligible, we'll contact you to organise your first planning conversation. We'll contact you within **21 days**.

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We'll then work together to create your plan. If you received help to make community connections, we can build on the information and goals we talked about and include these supports in your plan. Learn more about community connections and early connections.

You'll receive a plan that sets out your NDIS supports. NDIS supports are the services, items and equipment that can be funded by the NDIS.

Your plan will include NDIS supports for the impairments that meet the requirements for disability, early intervention or both.

For example, you may have many impairments, but only one meets our eligibility criteria. Or you might get another impairment after we decide you're eligible. If so, we only fund NDIS supports for impairments that meet the requirements for disability, early intervention, or both.

If you're aged 7 or older, we must approve your first plan within **56 days** after you become a participant.

For children younger than 7, we'll approve their first plan within **90 days** after they become a participant.

For more information, check out creating your plan.

Will you always be eligible for the NDIS?

There are many reasons for leaving the NDIS.

Some people decide they don't want to be a participant anymore.

You'll also leave the NDIS if you're no longer eligible.

When we reassess your plan, we check that all your details are correct and up to date. We also look at any new information we have received.

If you're eligible under the **early intervention requirements**, your support needs are more likely to change. We'll check at each plan reassessment and at other times, whether you still meet the early intervention requirements.

For example, during a plan reassessment it may show you no longer meet the early intervention requirements because you have built your skills and capacity and will no longer benefit from NDIS supports.

If you're eligible under the disability requirements, your disability is permanent. We don't expect your disability to change, and it's likely you'll need NDIS supports for your lifetime. We will only ask you for more information about your eligibility if there is evidence that you may no longer meet the disability requirements.

You can find out more about the eligibility requirements, and how we check these, at Am I eligible. Children with developmental delay will usually leave the NDIS after they turn 6.

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Over time, you might develop your skills and independence and not need NDIS supports anymore.

If you met the requirements for early intervention and not disability, you usually won't be eligible after the early intervention supports, which are NDIS supports have benefitted you. For example, if you needed early intervention supports to achieve your goal to improve your functional capacity, and your functional capacity improves, you may no longer meet the early intervention requirements anymore.

If you're no longer eligible, we'll help you transition from the NDIS and make sure you are connected with other services in your community, if you need them. We'll also keep your information, so you can apply again if your situation changes.

Learn more about leaving the NDIS.

What happens if you're not eligible?

If you're not eligible, you can't become an NDIS participant.

We'll try and contact you by phone, or your preferred contact method,[68] to explain why you're not eligible. We'll give you reasons for our decision and answer any questions you might have.

We'll also send you a letter with our decision, including the reasons you're not eligible and what to do next. Your letter will confirm the date we made the decision.

Even if you're not eligible for the NDIS, your early childhood partner or local area coordinator can help you explore and access government and community supports. When we work with children younger than 9 and their families, we call this early connections. When we work with people aged 9–64, we call this community connections.

Your early childhood partner or local area coordinator will use the information you shared to suggest supports in your community. They will work with you to see how these supports may help you with what is important to you. We also have a list of other government and community supports you can get, even if you're not eligible for the NDIS.

What if you don't agree with our decision?

If you don't agree with our decision that you're not eligible, you should contact us. We can help explain our decision and what your options or next steps might be.

You can also ask for an internal review.[69] Another staff member, who wasn't involved in the original decision, will then check if we made the right decision. You need to ask for an internal review within **3 months** after receiving the decision.[70] Learn more about reviewing our decisions.

But you can't ask for an internal review if:

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- you withdraw your application because you don't want to apply anymore
- a decision has not been made and we ask you for more information
- we withdraw your application because you didn't give us information on time
- it's been more than 3 months since you received our decision that you're not eligible.

If you don't agree with the internal review decision, you can ask the Administrative Review Tribunal to review it. We call this an external review. You can't ask for an external review until after we make the internal review decision.

You can contact us to discuss any concerns you may have about the process. You can also make a complaint if you're not happy with any part of the process.

Can you apply again?

Yes. If we decide you're not eligible, or you're no longer eligible, you can apply again, unless you have requested a review of that decision and are waiting for a decision to be made on the outcome of your review. This includes when you apply for the NDIS or leave the NDIS after your status as a participant has been revoked. Learn more about leaving the NDIS.[71]

You'll follow the same process to apply as you did the first time. Remember, you need to be younger than 65 on the day you make your new application. And children with developmental delay will need to be younger than 6 on the day they apply.

If you've asked for an internal review of the decision, you can't apply to the NDIS again until we've completed that review.[72] You can ask us to stop our internal review at any time.[73]

Also, if your review is with the Administrative Review Tribunal after an internal review, you can't apply again until it has made a decision.[74] You can also ask the Tribunal at any time to withdraw your application. Learn more on the Administrative Review Tribunal website.

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Applying to the NDIS – Appendices

What's on this page?

- List A: Conditions that are likely to meet the disability requirements
- List B: Conditions that are likely to result in a permanent impairment
- List C: What if you're receiving disability support in Western Australia?
- List D: Permanent impairment/Early intervention, under 7 years. No further assessment required
- When do we make priority eligibility decisions?
- How do we weigh evidence of disability?

List A: Conditions that are likely to meet the disability requirements

1. **Intellectual disability** diagnosed and assessed as moderate, severe or profound in accordance with current DSM criteria.
2. **Autism** diagnosed by a specialist multi-disciplinary team, paediatrician, 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).
3. **Cerebral palsy** diagnosed and assessed as severe (e.g. assessed as Level 3, 4 or 5 on the Gross Motor Function Classification System - GMFCS).
4. **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):

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  - 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)

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- Dubowitz disease (SMA Type II – Intermediate form)
- X-linked spinal muscular atrophy

5. **Spinal cord injury** or **brain injury** resulting in paraplegia, quadriplegia or tetraplegia.
6. **Hemiplegia** where there is severe or total loss of strength and movement in the affected limbs of the body.
7. **Permanent blindness** in both eyes, diagnosed and assessed by an ophthalmologist as follows:
   - Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
   - Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
   - A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points. (An optometrist report is not sufficient for NDIS purposes.)
8. **Permanent bilateral hearing loss** > 90 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz).
9. **Deafblindness** confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.
10. **Amputation** or congenital absence of 2 limbs – for example, 2 legs, 2 arms, or a leg and an arm (not a leg and a hand, or an arm and a foot).

List B: Conditions that are likely to result in a permanent impairment

Conditions primarily resulting in intellectual or learning impairment

- Intellectual disability
- Pervasive developmental disorders not meeting severity criteria in List A or List C, such as autism
- Asperger syndrome
- Atypical autism
- Childhood autism.

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Chromosomal abnormalities resulting in permanent impairment and not specified on List A

- Aicardi-Goutières syndrome
- CHARGE syndrome
- Cockayne syndrome Types I and Type II/Cerebro-oculo-faciao-skeletal (COFS) syndrome /Pena Shokeir syndrome Type II/Weber-Cockayne syndrome/Neill-Dingwall syndrome)
- Cohen syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome /22q11.2 deletion syndrome/Velocardiofacial syndrome/ Shprintzen syndrome/Conotruncal anomaly face syndrome
- Down syndrome/Trisomy 21
- Fragile X syndrome
- Kabuki syndrome
- Menkes disease
- Prader-Willi syndrome
- Seckel syndrome /microcephalic primordial dwarfism/Harper's syndrome/Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Spinal muscular atrophy Types III and IV
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Turner syndrome
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in Neurological impairment

- Alzheimer's dementia

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- Creutzfeldt-Jakob disease
- HIV dementia
- Huntington's disease
- Multi-infarct dementia
- Parkinson's disease
- Post-polio syndrome
- Vascular dementia.

Systemic atrophies primarily affecting the central nervous system

- Abetalipoproteinaemia
- Adult-onset spinal muscular atrophy/late-onset SMA type III)
- Fazio-Londe disease/Progressive bulbar palsy of childhood
- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11Huntington's disease/Huntington's chorea
- Louis-Bar syndrome/Ataxia-telangiectasia
- Motor neuron disease/Motor neurone disease/ Lou Gehrig's disease /Amyotrophic lateral sclerosis
- Primary lateral sclerosis
- Progressive bulbar palsy
- Spinal muscular atrophy – all types
- Spinocerebellar Ataxia – all types, including Machado-Joseph disease.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome /Pantothenate kinase-associated neurodegeneration (PKAN)/neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Parkinson's disease
- Shy-Drager syndrome /Multiple System Atrophy /Striatonigral degeneration (MSA-P)/ Sporadic olivopontocerebellar atrophy (MSA-C)

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- Steele-Richardson-Olszewski syndrome/Progressive supranuclear ophthalmoplegia
- Stiff-man syndrome /Stiff-person syndrome.

Other degenerative diseases of the nervous system

- Alzheimer's disease
- Alpers disease/Grey-matter degeneration/Alpers syndrome/progressive sclerosing poliodystrophy/progressive infantile poliodystrophy
- Lewy body dementia
- Pick's disease.

Demyelinating diseases of the central nervous system

- Adrenoleukodystrophy
- Multiple sclerosis
- Schilder's disease /Diffuse myelinoclastic sclerosis – non-remitting.

Episodic and paroxysmal disorders

- Brain stem stroke syndrome
- Cerebellar stroke syndrome
- Motor and sensory lacunar syndromes
- Lennox syndrome /Lennox-Gastaut syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Adult Refsum disease
- Charcot-Marie-Tooth disease/Hereditary motor and sensory neuropathy/ peroneal muscular atrophy
- Dejerine-Sottas disease /Dejerine-Sottas syndrome/Dejerine-Sottas neuropathy/progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Other disorders of the nervous system

- Hydrocephalus

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- Multiple system atrophy.

Conditions resulting in Physical impairment

- Amputation
- Congenital absence of limb or part thereof
- Epidermolysis bullosa
- Harlequin type icthyosis
- Juvenile arthritis / Stills Disease (excluding monocyclic/self-limited Adult Onset Stills disease)
- Rheumatoid arthritis.

Diseases of myoneural junction and muscle

- Andersen-Tawil syndrome/ Periodic paralysis /myoplegia paroxysmalis familiaris
- Becker muscular dystrophy
- Congenital muscular dystrophy
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Limb-girdle muscular dystrophy
- Mitochondrial myopathy
- Myotonic dystrophy /dystrophia myotonica
- Myotonic muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita
- Thomsens disease /Congenital myotonia/ Becker myotonia).

Cerebral palsy and other paralytic syndromes not meeting severity criteria on List A

- Cerebral palsy
- Diplegia
- Hemiplegia

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- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in Sensory and/or Speech impairment

Disorders of the choroid and retina where permanent blindness diagnostic and severity criteria on List A are not met

- Behr's syndrome
- Kearns-Sayre syndrome
- Optic atrophy
- Retinitis pigmentosa
- Retinoschisis (degenerative and hereditary types/juvenile retinoschisis)
- Stargardt disease
- Usher syndrome.

Disorders resulting in hearing loss

- Cortical deafness
- Pendred syndrome
- Sensorineural hearing loss
- Stickler syndrome
- Usher syndrome
- Waardenburg syndrome.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease /Adrenoleukodystrophy
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis /cerebral cholesterosis

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- Congenital cytomegalovirus infection
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Glycine encephalopathy /non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucolipidosis II /I-cell disease
- Mucolipidosis III /pseudo-Hurler polydystrophy
- Mucolipidosis IV
- Neuronal ceroid lipofuscinosis (NCL)/ Adult type (Kuf's or Parry's disease)/ Juvenile (Batten disease)/ Late infantile (Jansky-Bielschowsky)
- Niemann-Pick disease
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Scheie syndrome /MPS 1-H
- Hurler-Scheie syndrome /MPS 1 H-S
- Hunter syndrome /MPS II
- Morquio syndrome /MPS IVA
- Maroteaux-Lamy syndrome /MPS VI
- Sly syndrome /MPS VII.

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment but with variable severity

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- Arnold-Chiari Types 2 and 3/Chiari malformation
- Microcephaly
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Spina bifida
- VATER syndrome /VACTERL association.

List C: What if you're receiving disability support in Western Australia?

Please note: the transition of people formerly in Western Australian government disability programs is now complete and List C is no longer in operation.

If you were a participant in a WA defined program and are in the process of applying to the NDIS before 3 October 2024, please contact 1800 800 110 or enquiries@ndis.gov.au to discuss whether List C arrangements still apply.

We have an agreement with the Western Australian government to bring Western Australians onto the NDIS. If you're receiving disability supports in Western Australia, you might already meet most of the eligibility criteria. We'll send you a letter with all the details on how to apply.

The Western Australian government will let us know if you're on a program for faster access to the NDIS. This is called a defined program.

If you're on one of these programs, you need to show us that you:

- are younger than 65 on the day you apply
- live in Australia permanently
- are an Australian citizen or permanent resident.

We'll let you know what evidence you need to give us when you apply.

If you show us you meet the above requirements, we'll decide you're eligible under the **disability requirements**.

Which Western Australian defined programs are eligible for the NDIS?

- WA state-administered National Disability Insurance Scheme
- Supported Community Living

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- Community Residential
- Day Options
- Disability Professional Services
- Emergency Accommodation
- Respite
- LAC Coordination
- Recreation.

List D: Permanent impairment/Early intervention, under 7 years. No further assessment required.

Synonyms for conditions are also shown (e.g. condition / synonym / synonym).

Conditions primarily resulting in Intellectual/ learning impairment

Chromosomal abnormalities resulting in permanent impairment

- Global Developmental Delay
- Aicardi syndrome
- Aicardi-Goutières syndrome
- Angelman syndrome
- CHARGE syndrome
- Cockayne syndrome/ Types I and Type II / Cerebro-oculo-faciao-skeletal (COFS) syndrome/ Pena Shokeir syndrome Type II / Weber-Cockayne syndrome/ Neill-Dingwall syndrome
- Coffin-Lowry syndrome
- Cohen syndrome
- Cornelia de Lange syndrome
- Cri du Chat syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome/ 22q11.2 deletion syndrome/ Velocardiofacial syndrome/ Shprintzen syndrome/ Conotruncal anomaly face syndrome
- Down syndrome/ Trisomy 21

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- Edwards syndrome/ Trisomy 18
- Fragile X syndrome
- Kabuki syndrome
- Lesch-Nyhan syndrome/ Nyhan's syndrome/ Kelley-Seegmiller syndrome/ Juvenile gout
- Leigh syndrome/ Leigh's disease/ subacute necrotizing encephalomyelopathy
- Menkes disease
- Patau syndrome/ Trisomy 13
- Prader-Willi syndrome
- Rett syndrome
- Seckel syndrome/ microcephalic primordial dwarfism/ Harper's syndrome/ Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in Neurological impairment

Systemic atrophies primarily affecting the central nervous system

- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11
- Louis-Bar syndrome/ Ataxia-telangiectasia
- Niemann-Pick disease (Types A and C)
- Progressive bulbar palsy of childhood/ Fazio-Londe disease.

The following spinal muscular atrophies

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- Spinal muscular atrophy Type I/ Werdnig Hoffmann disease/ infantile SMA
- Spinal muscular atrophy Type II/ Dubowitz disease
- Spinal muscular atrophy Type III Kugelberg-Welander disease/ juvenile SMA
- Spinal muscular atrophy lower extremity dominant/ SMA-LED
- X-linked spinal muscular atrophy.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome / Pantothenate kinase-associated neurodegeneration (PKAN)/ neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Alpers disease/ Alpers syndrome/ Grey-matter degeneration/ Progressive sclerosing poliodystrophy/ Progressive infantile poliodystrophy
- Demyelinating diseases of the central nervous system
- Adrenoleukodystrophy / X-linked childhood cerebral form
- Alexander disease
- Canavan disease
- Krabbe disease/ Globoid cell leukodystrophy
- Pelizaeus-Merzbacher disease.

Episodic and paroxysmal disorders

- Lennox-Gastaut syndrome/ Lennox syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Dejerine-Sottas disease/ Dejerine-Sottas syndrome/ Dejerine-Sottas neuropathy/ progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Conditions primarily resulting in physical impairment

- Amputation
- Diamond-Blackfan anaemia
- Epidermolysis bullosa

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- Harlequin type icthyosis
- Hay Wells syndrome/ ankyloblepharon/ ectodermal dysplasia/ clefting [AEC] syndrome
- Joint or limb deformities resulting in impaired mobility
- Juvenile arthritis/ Stills Disease
- Osteogenesis imperfecta
- Sjogren Larsson syndrome.

Diseases of myoneural junction and muscle

- Congenital muscular dystrophy
- Congenital myotonia / Thomsens disease/ Becker myotonia
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Emery-Dreifuss muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita.

Cerebral palsy and other paralytic syndromes

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in sensory and/or speech impairment

- Permanent blindness in both eyes, diagnosed and assessed by an ophthalmologist as follows either:

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- Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes
- Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less)
- A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points.

(An optometrist report is not sufficient for NDIS purposes.)

- Deafblindness confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease/ Adrenoleukodystrophy /
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis/ cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital hypothyroidism
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Galactosaemia with long term learning disabilities and neurological impairment
- Glycine encephalopathy/ non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis

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- Menkes disease
- Mucolipidosis II / I-cell disease
- Mucolipidosis III / pseudo-Hurler polydystrophy
- Mucolipidosis IV
- Neuronal ceroid lipofuscinosis
- Niemann-Pick disease
- Phenylketonuria
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Hurler syndrome/MPS1-H
- Scheie syndrome/ MPS 1-S
- Hurler-Scheie syndrome/ MPS 1 H-S
- Hunter syndrome/ MPS II
- San Fillipo syndrome/ MPS III
- Morquio syndrome/ MPS IVA
- Maroteaux-Lamy syndrome/ MPS VI
- Sly syndrome/ MPS VII.

The following lysosomal storage disorders

- 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).

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Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment

- Chiari malformation/Arnold-Chiari malformation
- Congenital absence of limb(s)
- Congenital hydrocephalus
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Microcephaly
- Spina bifida
- VATER syndrome (VACTERL association).

When do we make priority eligibility decisions?

If you're in one of the following situations, we'll decide if you're eligible within **2 to 5 business days**.

- Child younger than 7 years with a hearing impairment, either:
  - Identified as Hearing Australia or Early Childhood Partner Priority
  - Identified as 'newly diagnosed'.
- A child is identified as having a developmental delay and is turning 6 years old within 30 days of a valid NDIS application.
- **Immediate risk** to self, others, community or agency where appropriate disability or informal supports are not in place.
- **Unexpected, significant deterioration** of disability-related functional capacity where appropriate disability or informal supports are not in place.
- **Rapid deterioration** in functional capacity of a person with one of the following permanent disabilities:
  - Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)
  - Brain Cancer
  - Motor Neurone Disease (MND)
  - Progressive Bulbar Palsy (PBP)
  - Primary Lateral Sclerosis (PLS)

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- Progressive Muscular Atrophy (PMA).

- A **terminal illness** and disability
- **Imminent risk** (within 1–14 days) of breakdown of either:
  - Accommodation – risk of homelessness
  - Caring arrangements, including informal supports, due to death, serious illness or injury of informal supports, or significant and unexpected deterioration of disability-related functional capacity.
- Appropriate disability supports are not in place and are re-entering the community after a long-term residence or hospital stay (specific release date not required):
  - A person with a **newly acquired, significant disability**, such as spinal cord injury, being discharged from hospital
  - A **younger person living in residential aged care**
  - A person being **discharged from an inpatient mental health facility**
  - A person due to be **released from correctional facility**.

How do we weigh evidence of disability?

We understand that you may have evidence of your disability from different health professionals at different times. When we're deciding if you're eligible for the NDIS, we look at:

- how old your evidence is
- who provided your evidence.

We weigh evidence based on what we consider best practice, or highest quality. We consider this evidence most strongly when we make a decision.

What type of evidence should you provide?

We need evidence to help us consider if you meet the disability or early intervention requirements.

For the disability requirements, we need evidence to confirm your permanent impairment and evidence about how this impacts your functional capacity.

For the early intervention requirements, we need evidence to confirm your permanent impairment and evidence that confirms you need early intervention.

It's important to understand the type of evidence that you are providing us. You may have evidence from a doctor or specialist confirming your **permanent impairment** or you may

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have evidence from an allied health professional or other medical professional that tells us about **impacts to your functional capacity** (your ability to do daily life activities). These are different types of evidence which will often be provided by different health professionals based on their qualifications.

How old should your evidence be?

How old should your evidence be to confirm your permanent impairment?

We need evidence from your doctor or specialist to confirm your permanent impairment. You can give us evidence confirming this **from any age**. However, evidence about how your impairment impacts your functional capacity should be from the last 12 months.

How old should your evidence be to confirm your functional capacity?

Generally, we need evidence about how your impairment impacts your functional capacity from **the last 12 months**. This is because your functional capacity may change over time, even if your impairment doesn't. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

If you give us more than one type of evidence, we might weigh the newer evidence over the older evidence. If you give us older evidence, we will generally give this less weighting when we make our decision. In these cases, we will generally ask for more information. If this is not provided, we may decide you aren't eligible for the NDIS.

How old should your evidence be to confirm you need early intervention?

We need evidence from your doctor or specialist to confirm your permanent impairment and that you need early intervention.

Generally, we need evidence about that confirms you need early intervention from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

Who should provide evidence?

We generally prefer evidence that comes from a treating professional who:

- is the most **appropriately qualified** person to provide evidence of your primary disability
- has treated you for a significant period of time (at least six months)
- is registered to practise in Australia or New Zealand

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- provides disability evidence (such as a medical report) that is original, genuine and specific to you.

Depending on your situation, you might get your evidence of **permanent impairment** from a different treating professional than your **evidence of functional capacity**.

If you need help to get your evidence together, your local area coordinator or early childhood partner can help you.

Who should provide evidence of your permanent impairment?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Examples of common doctors or specialists include:

- General Practitioner (GP)
- Paediatrician
- Orthopaedic surgeon
- Neurologist
- Psychiatrist.

Who should provide evidence of your functional capacity?

We generally prefer evidence from a doctor, specialist, allied health or other medical professional for confirm how your permanent impairment impacts your functional capacity.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist.

Who should provide evidence that you need for early intervention?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Whereas a doctor, specialist, allied health or other medical professional can give us evidence to confirm you need early intervention.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

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- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist.

Health professionals registered to practise in Australia and New Zealand

We strongly prefer evidence of your disability to come from a registered Australian or New Zealand health professional. Most Australian health professionals are registered with the Australian Health Practitioner Regulation Agency (AHPRA).

We will still consider evidence from non-Australian or New Zealand health professionals, or unregistered health professionals. However, this evidence will be given less weight.

If we cannot confirm the registration of your health professional, we will ask you (and your health professional) for more information in the first instance. If we still cannot confirm their registration, we will likely decide that you are not eligible for the NDIS.

Reference list

[1] NDIS Act s 24(1)(e).
[2] NDIS Act ss 22-23.
[3] NDIS Act s 24.
[4] NDIS Act s 25.
[5] NDIS Act s 28(1).
[6] NDIS Act s 22.
[7] NDIS Act s 23(1)(b)(i).
[8] NDIS Act s 23(1)(b)(ii).
[9] NDIS Act s 23(1)(b)(iii).
[10] NDIS Act s 23(1)(a).
[11] NDIS Act s 23(2).
[12] NDIS Act s 23(2)(f).
[13] NDIS Act s 23(2)(a).
[14] NDIS Act s 23(2)(b).
[15] NDIS Act s 23(2)(c).
[16] NDIS Act s 23(2)(d).
[17] NDIS Act s 23(2)(e).
[18] NDIS Act s 24.
[19] NDIS Act ss 24(1)(a); 25(1)(a).
[20] NDIS Act ss 24(1)(a); 25(1)(a)(ii).
[21] NDIS Act ss 24(3)
[22] NDIS (Becoming a Participant) Rules rr 5.4, 6.4.
[23] NDIS (Becoming a Participant) Rules rr 5.6, 6.6.
[24] NDIS (Becoming a Participant) Rules rr 5.5, 6.5.
[25] NDIS Act s 25(3). NDIS (Becoming a Participant) Rules r 6.8.
[26] NDIS Act s 24(1)(d).
[27] NDIS Act s 24(1)(e).

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[28] NDIS Act s24(3)
[29] NDIS Act s 24(2).
[30] NDIS Act ss 25(1)(a)(i)-(ii).
[31] NDIS Act s 25(1)(a)(i).
[32] NDIS Act ss 25(1)(a)(i)-(ii).
[33] NDIS Act s 25(1)(a)(ii).
[34] NDIS Act s 25(1)(b).
[35] NDIS Act s 25(1)(c).
[36] NDIS (Becoming a Participant) Rules r 6.9.
[37] NDIS Act s 25(1)(d)
[38] NDIS Act s 25.
[39] NDIS Act ss 9 (definition of 'developmental delay'), 21(1)(c), 25(1)(a)(iii).
[40] NDIS Act s 23(1)(a).
[41] NDIS Act s 23(1)(b).
[42] NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
[43] NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
[44] NDIS Act s 9 (definition of 'developmental delay' para (a)).
[45] NDIS Act s 9 (definition of 'developmental delay' para (b)).
[46] NDIS Act s 9 (definition of 'developmental delay' para (c)).
[47] NDIS Act s 25(1)(d); NDIS (Becoming a Participant) Rules rr 6.1, 8.4.
[48] NDIS Act s 19(1)(a).
[49] NDIS Act s 19(1)(b).
[50] NDIS Act s 19(1)(c).
[51] NDIS Act s 197(1).
[52] NDIS Act s 74(1)(a).
[53] NDIS Act s 74(1)(b).
[54] NDIS Act s 20.
[55] NDIS Act s 26(2)(d).
[56] NDIS Act s 26.
[57] NDIS Act s 26(3)
[58] NDIS Act s 26(2).
[59] NDIS Act s 21(3).
[60] NDIS Act s 100(5)(b).
[61] NDIS Act s 28(1).
[62] NDIS Act s 28(2).
[63] NDIS Act s 32BA(1).
[64] NDIS Act s 32BA(3).
[65] NDIS Act s 32BA(2)(c).
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[71] NDIS Act s 19(2).
[72] NDIS Act s 19(2)(c).
[73] NDIS Act s 102.
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Impairment categories guide

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This article provides guidance for an access delegate to understand what impairment categories to select for a person that meets the eligibility requirements.

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1 Recent updates

14 October 2024
New guidance to:

- reflect legislation changes from 3 October 2024
- decide what impairment categories to select for a person that meets the eligibility requirements.

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2 Impairments categories guide

Impairments are a loss of or damage to a body's function. When we assess an impairment to meet access, we look at:

- the body's function
- the body's structure
- how they think and learn.

To learn more about impairment categories go to article Descriptions of impairment categories.

The following list provides you with information on:

- the condition
- the ICD 10 Code
- the **required** impairment category for access assessors to select
- **optional**
  impairment categories to select as relevant, based on evidence provided with access request.

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3 Conditions

3.1 Autism (ASD)

1. **Autism** – includes Rett and Asperger Syndrome
   ICD 10 Codes: F84.0, F84.2, F84.5
   Required impairment category: Neurological
   Optional impairment categories: Intellectual, cognitive, physical, psychosocial

3.2 Acquired brain injury

1. **Glioblastoma** **ICD 10 Code:** G71.9
   Required impairment category: Neurological
   Optional impairment categories: Cognitive, physical, psychosocial
2. **Hypoxic brain injury** **ICD 10 Code:** 93.1
   Required impairment category: Neurological
   Optional impairment categories: Physical, psychosocial
3. **Traumatic brain injury** – also called head injury and acquired brain damage
   ICD 10 Code: T90
   Required impairment category: Neurological
   Optional impairment categories: Cognitive, physical, psychosocial

3.3 Intellectual disability

1. **Mild intellectual disability** **ICD 10 Codes:** F70
   Required impairment category: Intellectual
   Optional impairment categories: Cognitive
2. **Moderate intellectual disability** **ICD 10 Codes:** F71
   Required impairment category: Intellectual
   Optional impairment categories: Cognitive, physical, psychosocial
3. **Severe intellectual disability** **ICD 10 Codes:** F72
   Required impairment category: Intellectual
   Optional impairment categories: Cognitive, physical, psychosocial
4. **Profound intellectual disability** **ICD 10 Codes:** F73
   Required impairment category: Intellectual
   Optional impairment categories: Cognitive, physical, psychosocial
5. **Unspecified intellectual disability** **ICD 10 Codes:** F79
   Required impairment category: Intellectual
   Optional impairment categories: Cognitive, sensory, physical, psychosocial
6. **Pervasive developmental disorder** **ICD 10 Codes:** F84.8
   Required impairment category: Intellectual
   Optional impairment categories: Cognitive, sensory, psychosocial
7. **Microcephaly** **ICD 10 Codes:** Q02
   Required impairment category: Intellectual
   Optional impairment categories: Cognitive, neurological, sensory, physical
8. **Other congenital brain conditions –** for example, tuberous sclerosis
   ICD 10 Codes: Q04
   Required impairment category: Intellectual
   Optional impairment categories: Cognitive, neurological, physical

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9. **Spina bifida** **ICD 10 Codes:** Q05
   Required impairment category: Physical
   Optional impairment categories: Intellectual, cognitive, sensory, neurological
10. **Foetal alcohol syndrome** **ICD 10 Codes:** Q86.0
    Required impairment category: Neurological
    Optional impairment categories: Intellectual, cognitive, sensory, physical, psychosocial
11. **Foetal alcohol spectrum disorder (FASD)** **ICD 10 Codes:** Q86.0D
    Required impairment category: Neurological
    Optional impairment categories: Intellectual, cognitive, sensory, physical, psychosocial
12. **Cornelia de Lange syndrome** **ICD 10 Codes:** Q87.1
    Required impairment category: Intellectual
    Optional impairment categories: Cognitive, neurological, sensory, physical, psychosocial
13. **Prader Willi syndrome** **ICD 10 Codes:** Q87.1
    Required impairment category: Intellectual
    Optional impairment categories: Cognitive, neurological, physical, psychosocial
14. **Coffin-Lowry syndrome** **ICD 10 Codes:** Q87.8
    Required impairment category: Intellectual
    Optional impairment categories: Cognitive, neurological, sensory, physical, psychosocial
15. **Other congenital conditions (causing intellectual disability)** **ICD 10 Codes:** Q89
    Required impairment category: Intellectual
    Optional impairment categories: Cognitive, neurological, sensory, physical, psychosocial
16. **Edwards syndrome** **ICD 10 Codes:** Q91
    Required impairment category: Intellectual
    Optional impairment categories: Cognitive, neurological, sensory, physical, psychosocial
17. **Patau syndrome** **ICD 10 Codes:** Q91
    Required impairment category: Intellectual
    Optional impairment categories: Cognitive, neurological, sensory, physical, psychosocial
18. **Cri du Chat syndrome** **ICD 10 Codes:** Q93.4
    Required impairment category: Intellectual
    Optional impairment categories: Cognitive, sensory, physical
19. **Angelman syndrome** **ICD 10 Codes:** Q93.5
    Required impairment category: Intellectual
    Optional impairment categories: Cognitive, sensory, physical
20. **Other chromosomal syndromes (including Kabuki & Williams syndromes)** **ICD 10 Codes:** Q99
    Required impairment category: Intellectual
    Optional impairment categories: Cognitive, neurological, sensory, physical, psychosocial
21. **Fragile X syndrome** **ICD 10 Codes:** Q99.2
    Required impairment category: Intellectual
    Optional impairment categories: Cognitive, neurological, sensory, physical, psychosocial

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3.4 Cerebral Palsy

1. **Cerebral palsy** **ICD 10 Codes:** G80
   Required impairment category: Physical
   Optional impairment categories: Intellectual, cognitive, neurological, sensory

3.5 Down Syndrome

1. **Down syndrome** **ICD 10 Codes:** Q90
   Required impairment category: Intellectual
   Optional impairment categories: Cognitive, physical

3.6 Hearing Impairment

1. **Hearing loss** **ICD 10 Codes:** H90
   Required impairment category: Sensory
   Optional impairment categories: Cognitive
2. **Congenital hearing condition** **ICD 10 Codes:** Q16.9
   Required impairment category: Sensory
   Optional impairment categories: Cognitive

3.7 Visual Impairment

1. **Albinism** **ICD 10 Codes:** E70.3
   Required impairment category: Sensory
   Optional impairment categories: Not applicable
2. **Visual impairment (including blindness)** **ICD 10 Codes:** H54
   Required impairment category: Sensory
   Optional impairment categories: Not applicable
3. **Congenital eye conditions** **ICD 10 Codes:** Q15.9
   Required impairment category: Sensory
   Optional impairment categories: Not applicable

3.8 Other Sensory - Speech

1. **Other sensory - speech** **ICD 10 Codes:** R47
   Required impairment category: Sensory
   Optional impairment categories: Physical

3.9 Multiple Sclerosis

1. **Multiple Sclerosis** **ICD 10 Codes:** G35
   Required impairment category: Neurological
   Optional impairment categories: Cognitive, physical, psychosocial

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3.10 Other Neurological

1. **Alzheimer's disease** **ICD 10 Codes:** F00
   Required impairment category: Cognitive
   Optional impairment categories: Neurological, physical, psychosocial
2. **Unspecified dementia** **ICD 10 Codes:** F03
   Required impairment category: Cognitive
   Optional impairment categories: Neurological, physical, psychosocial
3. **Huntington disease** **ICD 10 Codes:** G10
   Required impairment category: Physical
   Optional impairment categories: Cognitive, neurological, psychosocial
4. **Motor neurone disease** **ICD 10 Codes:** G12.2
   Required impairment category: Physical
   Optional impairment categories: Cognitive, neurological, sensory, psychosocial
5. **Parkinson's disease** **ICD 10 Codes:** G20
   Required impairment category: Neurological
   Optional impairment categories: Cognitive, physical, psychosocial
6. **Epilepsy – Mandatory TAPIB** **ICD 10 Codes:** G40
   Required impairment category: Neurological
   Optional impairment categories: Intellectual, cognitive, psychosocial
7. **Muscular dystrophy** **ICD 10 Codes:** G71.0
   Required impairment category: Physical
   Optional impairment categories: Neurological
8. **Other Neurological – List A and List C** **ICD 10 Codes:** G99
   Required impairment category: Neurological
   Optional impairment categories: Cognitive, sensory, physical

3.11 Stroke

1. **Stroke** **ICD 10 Codes:** I69
   Required impairment category: Physical
   Optional impairment categories: Cognitive, neurological, sensory, psychosocial

3.12 Other Physical

1. **Rheumatoid arthritis** **ICD 10 Codes:** M05
   Required impairment category: Physical
   Optional impairment categories: Not applicable
2. **Other arthritis – mandatory TAPIB** **ICD 10 Codes:** M12
   Required impairment category: Physical
   Optional impairment categories: Not applicable
3. **Other physical** **ICD 10 Codes:** M95
   Required impairment category: Physical
   Optional impairment categories: Psychosocial
4. **Multiple traumatic amputations** **ICD 10 Codes:** T05
   Required impairment category: Physical
   Optional impairment categories: Psychosocial
5. **Myopathy** **ICD 10 Codes:** G72.9
   Required impairment category: Physical
   Optional impairment categories: Not applicable

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3.13 Psychosocial disability

1. **Schizophrenia** **ICD 10 Codes:** F20
   Required impairment category: Psychosocial
   Optional impairment categories: Cognitive
2. **Schizoaffective disorder** **ICD 10 Codes:** F25.9
   Required impairment category: Psychosocial
   Optional impairment categories: Cognitive
3. **Bipolar affective disorder** **ICD 10 Codes:** F31
   Required impairment category: Psychosocial
   Optional impairment categories: Cognitive
4. **Major depressive illness** **ICD 10 Codes:** F32
   Required impairment category: Psychosocial
   Optional impairment categories: Cognitive
5. **Other anxiety disorders** **ICD 10 Codes:** F41
   Required impairment category: Psychosocial
   Optional impairment categories: Cognitive
6. **Obsessive-compulsive disorder** **ICD 10 Codes:** F42
   Required impairment category: Psychosocial
   Optional impairment categories: Not applicable
7. **Post traumatic stress disorder** **ICD 10 Codes:** F43
   Required impairment category: Psychosocial
   Optional impairment categories: Cognitive
8. **Borderline personality disorder** **ICD 10 Codes:** F60.3
   Required impairment category: Psychosocial
   Optional impairment categories: Not applicable
9. **Tourette syndrome** **ICD 10 Codes:** F95.2
   Required impairment category: Neurological
   Optional impairment categories: Cognitive, physical, psychosocial
10. **Other psychosocial disorders** **ICD 10 Codes:** F99
    Required impairment category: Psychosocial
    Optional impairment categories: Cognitive
11. **Anorexia** **ICD 10 Codes:** R63
    Required impairment category: Psychosocial
    Optional impairment categories: Cognitive, physical

3.14 Spinal Cord Injury

1. **Malignant neoplasm of spinal cord complete and incomplete** **ICD 10 Codes:** C72.5, C72.7
   Required impairment category: Physical
   Optional impairment categories: Neurological, sensory
2. **Spinal cord injury (complete)** **ICD 10 Codes:** T09.5
   Required impairment category: Physical
   Optional impairment categories: Neurological, sensory, psychosocial
3. **Spinal cord injury (incomplete)** **ICD 10 Codes:** T09.7
   Required impairment category: Physical
   Optional impairment categories: Neurological, sensory, psychosocial

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3.15 Other

1. **Malignant neoplasm of brain** **ICD 10 Codes:** C71
   Required impairment category: Neurological
   Optional impairment categories: Cognitive, psychosocial
2. **Metastatic cancer** **ICD 10 Codes:** C79.9
   Required impairment category: Physical
   Optional impairment categories: Cognitive
3. **Malignant neoplasm of blood or immune disease** **ICD 10 Codes:** C96
   Required impairment category: Physical
   Optional impairment categories: Cognitive
4. **Autoimmune disorders** **ICD 10 Codes:** D89.9
   Required impairment category: Physical
   Optional impairment categories: Cognitive
5. **Obesity – mandatory TAPIB** **ICD 10 Codes:** E66
   Required impairment category: Physical
   Optional impairment categories: Psychosocial
6. **Classical phenylketonuria** **ICD 10 Codes:** E70.0
   Required impairment category: Cognitive
   Optional impairment categories: Psychosocial
7. **Disorders of pyruvate metabolism and gluconeogenesis** **ICD 10 Codes:** E74.4
   Required impairment category: Intellectual
   Optional impairment categories: Neurological, physical
8. **Other metabolic disorders** **ICD 10 Codes:** E88
   Required impairment category: Intellectual
   Optional impairment categories: Neurological, physical
9. **Dementia – rapidly progressing** **ICD 10 Codes:** F03.9
   Required impairment category: Cognitive
   Optional impairment categories: Not applicable
10. **Functional neurological disorder (FND) – mandatory TAPIB** **ICD 10 Codes:** F44.4
    Required impairment category: Neurological
    Optional impairment categories: Cognitive, sensory, physical
11. **Other language disorder** **ICD 10 Codes:** F80
    Required impairment category: Cognitive
    Optional impairment categories: Not applicable
12. **Peripheral neuropathy – does NOT require TAPIB** **ICD 10 Codes:** F90.0
    Required impairment category: Neurological
    Optional impairment categories: Sensory, physical
13. **Oppositional defiant disorder (ODD)** **ICD 10 Codes:** F91.3
    Required impairment category: Cognitive
    Optional impairment categories: Psychosocial
14. **Other hereditary ataxias** **ICD 10 Codes:** G11.8
    Required impairment category: Neurological
    Optional impairment categories: Cognitive, sensory, physical
15. **Dementia – early onset** **ICD 10 Codes:** G30.0
    Required impairment category: Cognitive
    Optional impairment categories: Not applicable
16. **Plegia** **ICD 10 Codes:** G83.1
    Required impairment category: Physical
    Optional impairment categories: Neurological

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17. **Chronic pain – mandatory TAPIB** **ICD 10 Codes:** G89.4
    Required impairment category: Physical
    Optional impairment categories: Sensory, psychosocial
18. **Postural Orthostatic Tachycardia Syndrome (POTS) – mandatory TAPIB** **ICD 10 Codes:** I49.8
    Required impairment category: Neurological
    Optional impairment categories: Physical
19. **Lymphoedema – mandatory TAPIB** **ICD 10 Codes:** I89.0
    Required impairment category: Physical
    Optional impairment categories: Not applicable
20. **Chronic lung disease** **ICD 10 Codes:** J44.9
    Required impairment category: Physical
    Optional impairment categories:
21. **Chronic Obstructive Pulmonary Disease (COPD) – mandatory TAPIB** **ICD 10 Codes:** J44.9A
    Required impairment category: Physical
    Optional impairment categories: Not applicable
22. **Osteoarthritis – mandatory TAPIB** **ICD 10 Codes:** M19.9
    Required impairment category: Physical
    Optional impairment categories: Not applicable
23. **Systemic lupus erythematosus** **ICD 10 Codes:** M32
    Required impairment category: Physical
    Optional impairment categories: Not applicable
24. **Ankylosing spondylitis** **ICD 10 Codes:** M45
    Required impairment category: Physical
    Optional impairment categories: Not applicable
25. **Fibromyalgia** **ICD 10 Codes:** M79.7
    Required impairment category: Physical
    Optional impairment categories: Sensory
26. **Renal failure** **ICD 10 Codes:** N18
    Required impairment category: Physical
    Optional impairment categories:
27. **Ehlers Danlos – does NOT require TAPIB** **ICD 10 Codes:** Q79.6
    Required impairment category: Physical
    Optional impairment categories: Not applicable
28. **Dyslexia** **ICD 10 Codes:** R48
    Required impairment category: Cognitive
    Optional impairment categories: Psychosocial
29. **Childhood apraxia of speech** **ICD 10 Codes:** R48.2
    Required impairment category: Neurological
    Optional impairment categories: Cognitive
30. **Short stature** **ICD 10 Codes:** R62.5
    Required impairment category: Physical
    Optional impairment categories: Not applicable
31. **Amputation – single limb or upper/lower limb** **ICD 10 Codes:** Z89
    Required impairment category: Physical
    Optional impairment categories: Cognitive, sensory, psychosocial
32. **Amputation – multiple** **ICD 10 Codes:** Z89.1
    Required impairment category: Physical
    Optional impairment categories: Cognitive, sensory, psychosocial

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Impairment categories guide

SGP KP Publishing

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This article provides guidance for all NDIA staff and partners to understand which impairment categories to select for a person that meets the eligibility requirements.

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1 Recent updates

7 July 2025
Guidance language update. There is new language for **required impairment category** or **optional impairment categories**. This is now **Highly likely impairment category** and **commonly associated impairment categories**.

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2 Impairments categories guide

Impairments are a loss of or damage to a body's function. When we assess an impairment to meet access, we look at:

- the body's function
- the body's structure
- how they think and learn.

To learn more about impairment categories go to article Descriptions of impairment categories.

The following list provides you with information on the:

- condition
- ICD 10 Codes
- highly likely impairment category for access assessors to select
- commonly associated impairment categories to select as relevant, based on evidence provided.

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3 Conditions

3.1 Autism (ASD)

1. **Autism** – includes Rett and Asperger Syndrome

   ICD 10 Codes: F84.0, F84.2, F84.5
   Highly likely impairment category: Neurological
   Commonly associated impairment categories: Intellectual, cognitive, physical, psychosocial

3.2 Acquired brain injury

1. **Glioblastoma**
   ICD 10 Code: G71.9
   Highly likely impairment category: Neurological
   Commonly associated impairment categories: Cognitive, physical, psychosocial

2. **Hypoxic brain injury**
   ICD 10 Code: 93.1
   Highly likely impairment category: Neurological
   Commonly associated impairment categories: Physical, psychosocial

3. **Traumatic brain injury** – also called head injury and acquired brain damage

   ICD 10 Code: T90
   Highly likely impairment category: Neurological
   Commonly associated impairment categories: Cognitive, physical, psychosocial

3.3 Intellectual disability

1. **Mild intellectual disability**
   ICD 10 Code: F70
   Highly likely impairment category: Intellectual
   Commonly associated impairment categories: Cognitive

2. **Moderate intellectual disability**
   ICD 10 Code: F71
   Highly likely impairment category: Intellectual
   Commonly associated impairment categories: Cognitive, physical, psychosocial

3. **Severe intellectual disability**
   ICD 10 Code: F72
   Highly likely impairment category: Intellectual
   Commonly associated impairment categories: Cognitive, physical, psychosocial

4. **Profound intellectual disability**
   ICD 10 Code: F73
   Highly likely impairment category: Intellectual
   Commonly associated impairment categories: Cognitive, physical, psychosocial

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5. **Unspecified intellectual disability**
   ICD 10 Code: F79
   Highly likely impairment category: Intellectual
   Commonly associated impairment categories: Cognitive, sensory, physical, psychosocial

6. **Pervasive developmental disorder**
   ICD 10 Code: F84.8
   Highly likely impairment category: Intellectual
   Commonly associated impairment categories: Cognitive, sensory, psychosocial

7. **Microcephaly**
   ICD 10 Code: Q02
   Highly likely impairment category: Intellectual
   Commonly associated impairment categories: Cognitive, neurological, sensory, physical

8. **Other congenital brain conditions –** for example, tuberous sclerosis

   ICD 10 Code: Q04
   Highly likely impairment category: Intellectual
   Commonly associated impairment categories: Cognitive, neurological, physical

9. **Spina bifida**
   ICD 10 Code: Q05
   Highly likely impairment category: Physical
   Commonly associated impairment categories: Intellectual, cognitive, sensory, neurological

10. **Foetal alcohol syndrome**
    ICD 10 Code: Q86.0
    Highly likely impairment category: Neurological
    Commonly associated impairment categories: Intellectual, cognitive, sensory, physical, psychosocial

11. **Foetal alcohol spectrum disorder (FASD)**
    ICD 10 Code: Q86.0D
    Highly likely impairment category: Neurological
    Commonly associated impairment categories: Intellectual, cognitive, sensory, physical, psychosocial

12. **Cornelia de Lange syndrome**
    ICD 10 Code: Q87.1
    Highly likely impairment category: Intellectual
    Commonly associated impairment categories: Cognitive, neurological, sensory, physical, psychosocial

13. **Prader Willi syndrome**
    ICD 10 Code: Q87.1
    Highly likely impairment category: Intellectual
    Commonly associated impairment categories: Cognitive, neurological, physical, psychosocial

14. **Coffin-Lowry syndrome**
    ICD 10 Code: Q87.8

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Highly likely impairment category: Intellectual
Commonly associated impairment categories: Cognitive, neurological, sensory, physical, psychosocial

15. **Other congenital conditions (causing intellectual disability)**
ICD 10 Code: Q89
Highly likely impairment category: Intellectual
Commonly associated impairment categories: Cognitive, neurological, sensory, physical, psychosocial

16. **Edwards syndrome**
ICD 10 Code: Q91
Highly likely impairment category: Intellectual
Commonly associated impairment categories: Cognitive, neurological, sensory, physical, psychosocial

17. **Patau syndrome**
ICD 10 Code: Q91
Highly likely impairment category: Intellectual
Commonly associated impairment categories: Cognitive, neurological, sensory, physical, psychosocial

18. **Cri du Chat syndrome**
ICD 10 Code: Q93.4
Highly likely impairment category: Intellectual
Commonly associated impairment categories: Cognitive, sensory, physical

19. **Angelman syndrome**
ICD 10 Code: Q93.5
Highly likely impairment category: Intellectual
Commonly associated impairment categories: Cognitive, sensory, physical

20. **Other chromosomal syndromes (including Kabuki & Williams syndromes)**
ICD 10 Code: Q99
Highly likely impairment category: Intellectual
Commonly associated impairment categories: Cognitive, neurological, sensory, physical, psychosocial

21. **Fragile X syndrome**
ICD 10 Code: Q99.2
Highly likely impairment category: Intellectual
Commonly associated impairment categories: Cognitive, neurological, sensory, physical, psychosocial

3.4 Cerebral Palsy

1. **Cerebral palsy**
ICD 10 Code: G80
Highly likely impairment category: Physical
Commonly associated impairment categories: Intellectual, cognitive, neurological, sensory

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3.5 Down Syndrome

1. **Down syndrome**
   ICD 10 Code: Q90
   Highly likely impairment category: Intellectual
   Commonly associated impairment categories: Cognitive, physical

3.6 Hearing Impairment

1. **Hearing loss**
   ICD 10 Code: H90
   Highly likely impairment category: Sensory
   Commonly associated impairment category: Cognitive

2. **Congenital hearing condition**
   ICD 10 Code: Q16.9
   Highly likely impairment category: Sensory
   Commonly associated impairment category: Cognitive

3.7 Visual Impairment

1. **Albinism**
   ICD 10 Code: E70.3
   Highly likely impairment category: Sensory
   Commonly associated impairment category: Not applicable

2. **Visual impairment (including blindness)**
   ICD 10 Code: H54
   Highly likely impairment category: Sensory
   Commonly associated impairment category: Not applicable

3. **Congenital eye conditions**
   ICD 10 Code: Q15.9
   Highly likely impairment category: Sensory
   Commonly associated impairment category: Not applicable

3.8 Other Sensory – Speech

1. **Other sensory – speech**
   ICD 10 Code: R47
   Highly likely impairment category: Sensory
   Commonly associated impairment category: Physical

3.9 Multiple Sclerosis

1. **Multiple Sclerosis**
   ICD 10 Code: G35
   Highly likely impairment category: Neurological
   Commonly associated impairment categories: Cognitive, physical, psychosocial

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3.10 Other Neurological

1. **Alzheimer's disease**
   ICD 10 Code: F00
   Highly likely impairment category: Cognitive
   Commonly associated impairment categories: Neurological, physical, psychosocial

2. **Unspecified dementia**
   ICD 10 Code: F03
   Highly likely impairment category: Cognitive
   Commonly associated impairment categories: Neurological, physical, psychosocial

3. **Huntington disease**
   ICD 10 Code: G10
   Highly likely impairment category: Physical
   Commonly associated impairment categories: Cognitive, neurological, psychosocial

4. **Motor neurone disease**
   ICD 10 Code: G12.2
   Highly likely impairment category: Physical
   Commonly associated impairment categories: Cognitive, neurological, sensory, psychosocial

5. **Parkinson's disease**
   ICD 10 Code: G20
   Highly likely impairment category: Neurological
   Commonly associated impairment categories: Cognitive, physical, psychosocial

6. **Epilepsy – Mandatory TAPIB**
   ICD 10 Code: G40
   Highly likely impairment category: Neurological
   Commonly associated impairment categories: Intellectual, cognitive, psychosocial

7. **Muscular dystrophy**
   ICD 10 Code: G71.0
   Highly likely impairment category: Physical
   Commonly associated impairment category: Neurological

8. **Other Neurological – List A and List C**
   ICD 10 Code: G99
   Highly likely impairment category: Neurological
   Commonly associated impairment categories: Cognitive, sensory, physical

3.11 Stroke

1. **Stroke**
   ICD 10 Code: I69
   Highly likely impairment category: Physical
   Commonly associated impairment categories: Cognitive, neurological, sensory, psychosocial

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3.12 Other Physical

1. **Rheumatoid arthritis**
   ICD 10 Code: M05
   Highly likely impairment category: Physical
   Commonly associated impairment category: Not applicable

2. **Other arthritis – mandatory TAPIB**
   ICD 10 Code: M12
   Highly likely impairment category: Physical
   Commonly associated impairment category: Not applicable

3. **Other physical**
   ICD 10 Code: M95
   Highly likely impairment category: Physical
   Commonly associated impairment category: Psychosocial

4. **Multiple traumatic amputations**
   ICD 10 Code: T05
   Highly likely impairment category: Physical
   Commonly associated impairment category: Psychosocial

5. **Myopathy**
   ICD 10 Code: G72.9
   Highly likely impairment category: Physical
   Commonly associated impairment category: Not applicable

3.13 Psychosocial disability

1. **Schizophrenia**
   ICD 10 Code: F20
   Highly likely impairment category: Psychosocial
   Commonly associated impairment category: Cognitive

2. **Schizoaffective disorder**
   ICD 10 Code: F25.9
   Highly likely impairment category: Psychosocial
   Commonly associated impairment category: Cognitive

3. **Bipolar affective disorder**
   ICD 10 Code: F31
   Highly likely impairment category: Psychosocial
   Commonly associated impairment category: Cognitive

4. **Major depressive illness**
   ICD 10 Code: F32
   Highly likely impairment category: Psychosocial
   Commonly associated impairment categories: Cognitive

5. **Other anxiety disorders**
   ICD 10 Code: F41
   Highly likely impairment category: Psychosocial
   Commonly associated impairment categories: Cognitive

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6. **Obsessive-compulsive disorder**
   ICD 10 Code: F42
   Highly likely impairment category: Psychosocial
   Commonly associated impairment category: Not applicable

7. **Post traumatic stress disorder**
   ICD 10 Code: F43
   Highly likely impairment category: Psychosocial
   Commonly associated impairment category: Cognitive

8. **Borderline personality disorder**
   ICD 10 Code: F60.3
   Highly likely impairment category: Psychosocial
   Commonly associated impairment category: Not applicable

9. **Tourette syndrome**
   ICD 10 Code: F95.2
   Highly likely impairment category: Neurological
   Commonly associated impairment categories: Cognitive, physical, psychosocial

10. **Other psychosocial disorders**
    ICD 10 Code: F99
    Highly likely impairment category: Psychosocial
    Commonly associated impairment category: Cognitive

11. **Anorexia**
    ICD 10 Code: R63
    Highly likely impairment category: Psychosocial
    Commonly associated impairment categories: Cognitive, physical

3.14 Spinal Cord Injury

1. **Malignant neoplasm of spinal cord complete and incomplete**
   ICD 10 Code: C72.5, C72.7
   Highly likely impairment category: Physical
   Commonly associated impairment categories: Neurological, sensory

2. **Spinal cord injury (complete)**
   ICD 10 Code: T09.5
   Highly likely impairment category: Physical
   Commonly associated impairment categories: Neurological, sensory, psychosocial

3. **Spinal cord injury (incomplete)**
   ICD 10 Code: T09.7
   Highly likely impairment category: Physical
   Commonly associated impairment categories: Neurological, sensory, psychosocial

3.15 Other

1. **Malignant neoplasm of brain**
   ICD 10 Code: C71
   Highly likely impairment category: Neurological

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Commonly associated impairment categories: Cognitive, psychosocial

2. **Metastatic cancer**
   ICD 10 Code: C79.9
   Highly likely impairment category: Physical
   Commonly associated impairment category: Cognitive

3. **Malignant neoplasm of blood or immune disease**
   ICD 10 Code: C96
   Highly likely impairment category: Physical
   Commonly associated impairment category: Cognitive

4. **Autoimmune disorders**
   ICD 10 Code: D89.9
   Highly likely impairment category: Physical
   Commonly associated impairment category: Cognitive

5. **Obesity – mandatory TAPIB**
   ICD 10 Code: E66
   Highly likely impairment category: Physical
   Commonly associated impairment category: Psychosocial

6. **Classical phenylketonuria**
   ICD 10 Code: E70.0
   Highly likely impairment category: Cognitive
   Commonly associated impairment category: Psychosocial

7. **Disorders of pyruvate metabolism and gluconeogenesis**
   ICD 10 Code: E74.4
   Highly likely impairment category: Intellectual
   Commonly associated impairment categories: Neurological, physical

8. **Other metabolic disorders**
   ICD 10 Code: E88
   Highly likely impairment category: Intellectual
   Commonly associated impairment categories: Neurological, physical

9. **Dementia – rapidly progressing**
   ICD 10 Code: F03.9
   Highly likely impairment category: Cognitive
   Commonly associated impairment category: Not applicable

10. **Functional neurological disorder (FND) – mandatory TAPIB**
    ICD 10 Code: F44.4
    Highly likely impairment category: Neurological
    Commonly associated impairment categories: Cognitive, sensory, physical

11. **Other language disorder**
    ICD 10 Code: F80
    Highly likely impairment category: Cognitive
    Commonly associated impairment category: Not applicable

12. **Peripheral neuropathy – does NOT require TAPIB**
    ICD 10 Code: F90.0

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Highly likely impairment category: Neurological
Commonly associated impairment categories: Sensory, physical

13. **Oppositional defiant disorder (ODD)**
ICD 10 Code: F91.3
Highly likely impairment category: Cognitive
Commonly associated impairment category: Psychosocial

14. **Other hereditary ataxias**
ICD 10 Code: G11.8
Highly likely impairment category: Neurological
Commonly associated impairment categories: Cognitive, sensory, physical

15. **Dementia – early onset**
ICD 10 Code: G30.0
Highly likely impairment category: Cognitive
Commonly associated impairment category: Not applicable

16. **Plegia**
ICD 10 Code: G83.1
Highly likely impairment category: Physical
Commonly associated impairment category: Neurological

17. **Chronic pain – mandatory TAPIB**
ICD 10 Code: G89.4
Highly likely impairment category: Physical
Commonly associated impairment categories: Sensory, psychosocial

18. **Postural Orthostatic Tachycardia Syndrome (POTS) – mandatory TAPIB**
ICD 10 Code: I49.8
Highly likely impairment category: Neurological
Commonly associated impairment category: Physical

19. **Lymphoedema – mandatory TAPIB**
ICD 10 Code: I89.0
Highly likely impairment category: Physical
Commonly associated impairment category: Not applicable

20. **Chronic lung disease**
ICD 10 Code: J44.9
Highly likely impairment category: Physical
Commonly associated impairment category: Not applicable

21. **Chronic Obstructive Pulmonary Disease (COPD) – mandatory TAPIB**
ICD 10 Code: J44.9A
Highly likely impairment category: Physical
Commonly associated impairment category: Not applicable

22. **Osteoarthritis – mandatory TAPIB**
ICD 10 Code: M19.9
Highly likely impairment category: Physical
Commonly associated impairment category: Not applicable

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23. **Systemic lupus erythematosus**
    ICD 10 Code: M32
    Highly likely impairment category: Physical
    Commonly associated impairment category: Not applicable

24. **Ankylosing spondylitis**
    ICD 10 Code: M45
    Highly likely impairment category: Physical
    Commonly associated impairment category: Not applicable

25. **Fibromyalgia**
    ICD 10 Code: M79.7
    Highly likely impairment category: Physical
    Commonly associated impairment category: Sensory

26. **Renal failure**
    ICD 10 Code: N18
    Highly likely impairment category: Physical
    Commonly associated impairment category: Not applicable

27. **Ehlers Danlos – does NOT require TAPIB**
    ICD 10 Code: Q79.6
    Highly likely impairment category: Physical
    Commonly associated impairment category: Not applicable

28. **Dyslexia**
    ICD 10 Code: R48
    Highly likely impairment category: Cognitive
    Commonly associated impairment category: Psychosocial

29. **Childhood apraxia of speech**
    ICD 10 Code: R48.2
    Highly likely impairment category: Neurological
    Commonly associated impairment category: Cognitive

30. **Short stature**
    ICD 10 Code: R62.5
    Highly likely impairment category: Physical
    Commonly associated impairment category: Not applicable

31. **Amputation – single limb or upper/lower limb**
    ICD 10 Code: Z89
    Highly likely impairment category: Physical
    Commonly associated impairment categories: Cognitive, sensory, psychosocial

32. **Amputation – multiple**
    ICD 10 Code: Z89.1
    Highly likely impairment category: Physical
    Commonly associated impairment categories: Cognitive, sensory, psychosocial

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Dorsal Root Ganglion Stimulation for Complex Regional Pain Syndrome

The content of this document is OFFICIAL.

Please note:

The research and literature reviews collated by our TAB Research Team are not to be shared external to the Branch. These are for internal TAB use only and are intended to assist our advisors with their reasonable and necessary decision-making. Delegates have access to a wide variety of comprehensive guidance material. If Delegates require further information on access or planning matters, they are to call the TAPS line for advice. The Research Team are unable to ensure that the information listed below provides an accurate & up-to-date snapshot of these matters

Research question: What is the evidence for the efficacy of dorsal root ganglion stimulation for complex regional pain syndrome? How do the clinical outcomes compare to less invasive and lower cost options?

Date: 19/9/2022

Requestor: Lynette s22(1)(a)(ii) - irrele

Endorsed by (EL1 or above): Andrea s22(1)(a)(ii) - ir

Researcher: Stephanie s22(1)(a)(ii) - irrelevant mate

Cleared by: Stephanie s22(1)(a)(ii) - irrelevant mate

1. Contents

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2. Summary

Complex regional pain syndrome can develop after direct trauma to a limb. Most cases of complex regional pain syndrome will resolve over a few months, however some individuals may experience long-term pain and disability.

Dorsal root ganglion stimulation is one treatment option for complex regional pain syndrome. The efficacy of dorsal root ganglion stimulation appears superior to other neuromodulation techniques such as spinal cord stimulation, however it should be considered one of the last management options after all other pain management techniques have been attempted and failed.

3. Background

3.1 What is complex regional pain syndrome?

Complex regional pain syndrome (CRPS) is characterised by neuropathic pain that typically affects an extremity and develops after direct physical trauma (Pilgrim and Schiebel, 2017). While many cases are mild, in some people the pain can be disproportionately severe compared to the triggering event, with these patients reporting a very low quality of life (Pilgrim and Schiebel, 2017).

Common symptoms of CRPS include (Better Health Channel, 2015; National Institute of Neurological Disorders and Stroke (NINDS), 2020; Pilgrim and Schiebel, 2017):

- Unprovoked or spontaneous pain (e.g., squeezing, burning or pins and needles sensation) that can be constant or fluctuate with activity
- Excess or prolonged pain after use or contact
- Changes in skin temperature, colour or swelling of the limb
- Changes in skin texture
- Abnormal sweating and nail and hair growth
- Stiffness in affected joints
- Wasting away or excess bone growth
- Loss of fine motor control, tremors, spasms or impaired muscle strength due to pain and abnormalities in sensory input that coordinates movement
- Limited range of motion.

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CRPS is divided into two subtypes depending on whether nerve damage is present. CRPS I (previously known as reflex sympathetic dystrophy) has no clinically apparent nerve damage, whereas CRPS II (previously called causalgia) has confirmed nerve damage (Pilgrim and Schiebel, 2017).

The exact cause of CRPS is unknown, but NINDS (2020) suggest up to 90% of cases are triggered by nerve trauma or injury to the affected limb that damages the thin sensory and autonomic nerve fibres. It is believed this leads to dysfunction of the sympathetic nervous system and induces an inflammatory response that causes blood vessels to spasm, leading to swelling and pain (NINDS, 2020; Pilgrim and Schiebel, 2017). Injuries that can lead to CRPS include blunt trauma, lacerations, burns, frostbite, fractures and casting, sprains and strains, and surgery-related injury such as knee arthroscopy or carpel tunnel surgery (Better Health Channel, 2015; NINDS, 2020; Pilgrim and Schiebel, 2017).

CRPS only develops in limbs because circulation in extremities is limited. Damage to nerve fibres can compromise vascular flow, impeding delivery of oxygen and nutrients needed for healing (NINDS, 2020). Additionally, conditions such as diabetes or exposure to nerve toxins can make the nerves more vulnerable to damage. The immune system and genetics have also been implicated in some cases (NINDS, 2020).

CRPS is more common in women, reportedly up to three times more likely to be affected than males (Better Health Channel, 2015). The mean age of onset is 36-46 years, however the condition can occur in anyone at any age (Pilgrim and Schiebel, 2017). CRPS is rare in the elderly who have less inflammation after injury, and in young children who heal very quickly and completely (NINDS, 2020). The outcome of CRPS is variable, but most often people experience mild symptoms over a few months as the injured nerve heals (NINDS, 2020). In rare circumstances, some individuals may experience prolonged severe pain and disability despite treatment (Better Health Channel, 2015; NINDS, 2020).

3.2 What is dorsal root ganglion stimulation?

Dorsal root ganglions (DRG) are at each segment level of the spinal cord and lumbosacral spine, laying in the intervertebral foramina where the nerve roots exit the spinal column (Nagpal et al, 2020). They are the first cell body of the sensory pathway from the periphery to the central nervous system (Nagpal et al, 2020). The DRG may have a role in chronic neuropathic pain through hyperexcitability and spontaneous, ectopic firing after peripheral nerve injury as is seen in CRPS I and II and other peripheral nerve injuries (Deer et al, 2019; Nagpal et al, 2020).

Neurostimulation is the application of electricity to the nervous system to achieve a desired therapeutic response, and neurostimulation of the DRG as an interventional treatment for chronic pain was approved in Europe in 2011 and the United States in 2016 (Deer et al, 2019). The DRG is considered an important target for treating neuropathic pain because it transmits sensory input from the peripheral to central nervous system (Deer et al, 2019). DRG stimulation is thought to provide more precise focal coverage of pain as physicians rely on

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patient's descriptions of pain distribution patterns to determine lead placement compared to spinal cord stimulation (Deer et al, 2019; Nagpal et al, 2020). As the DRG lays in the epidural space it is amenable to epidural access techniques allowing device leads to be safely implanted (Deer et al, 2019). After a trial period, if DRG stimulation appears to be successful in the reduction of pain and other symptoms, an implantable pulse generator can be placed subcutaneously.

4. What is the evidence for the efficacy of dorsal root ganglion stimulation?

4.1 Literature review for efficacy of dorsal root ganglion stimulation

The primary outcome for DRG stimulation in most studies is a ≥50% reduction in pain, with secondary outcomes relating to concerns such as physical function, mood, quality of life, opioid use and complications (Nagpal et al, 2020).

Results from a systematic literature review (Deer et al., 2020) into the efficacy of DRG stimulation for CRPS or chronic neuropathic pain analysed one randomised control trial and five prospective observational studies and reported:

- Deer et al. (2017): randomised control trial, *N* = 76 – over 80% of participants who had a DRG stimulation device implanted experienced greater than 50% reduction in pain three months after the procedure and 74% at 12 months. The reported relief in pain by the DRG stimulation group was superior to the comparison group who received spinal cord stimulation
- Huygen et al. (2018): observational, *N* = 12 – more than half reported 50% or better pain relief, and the overall average pain relief was 46% at 12 months; improved mood and quality of life was demonstrated
- Morgalla et al. (2018): observational, *N* = 62 – 78% experienced pain reduction at 12 months, 65% at 36 months
- Van Buyten et al. (2015): observational, 8 received implanted device – at 1-month post-procedure the average pain level decreased 62% compared to baseline, at 12 months the overall pain relief was 62% with five participants reporting greater or equal to 50% pain relief. One participant had the device extracted due to unsatisfactory pain relief.
- Liem et al. (2015): observational, 32 received implanted device – at the 12 month follow up 25 participants reported a 56% decrease in pain from baseline levels. Reported quality of life improved and total mood disturbance scores decreased
- Deer et al. (2013): observational, 8 participants provided data for efficacy – 75% experienced reduction in pain at 4 weeks. No further follow up reported.

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Multiple case-series observational studies are noted. One particular study, Yang and Hunter (2017), reports the experience of two patients with lower extremity CRPS who had failed a tonic spinal cord stimulation device so proceeded to a DRG stimulation trial. One patient reported a 90% reduction in pain and improvement in gait during the trial so had the spinal cord stimulation device explanted in favour of the DRG stimulator. The second patient had the DRG stimulation device 'piggy back' with the spinal cord stimulation device to trial the technology and reported an immediate improvement in pain; when only the DRG stimulation device was active the pain score was at its lowest. At 8 months both participants had retained the improvement in function and pain relief.

Limitations in the literature noted by Nagpal et al. (2020) and Potter et al. (2022) include the conflict of interest as some studies are funded by industry providers (e.g., St Jude Medical, Spinal Modulation) increasing the risk of bias, limited long term follow up data, and many papers include the same authors so there is a concern some studies have used the same cohort of participants. Finally, the lack of randomised control trials makes it unclear whether the findings are robust and reproducible.

4.2 Recommendations for use of dorsal root ganglion stimulation

The Food and Drug Administration approved dorsal root ganglion stimulation in 2016 (Potter et al, 2022). No information could be found regarding approval by the Therapeutic Goods Administration.

A 2018 literature review by the Neuromodulation Appropriateness Consensus Committee found there was strong evidence for the use of DRG stimulation for patients with CRPS I and II and other chronic pain syndromes of the pelvis and lower extremity (Nagpal et al, 2020). The evidence quality was considered to be level II (based on one randomised control trial and two observational studies) by the committee and was used to provide recommendations around the used of DRG stimulation for different pain conditions (Deer et al., 2019):

- General considerations for patient selection –
    - Be psychologically stable
    - Have a defined pathology
    - Have any issues with addiction under control
    - Have satisfactory anticoagulation management that allows for the safe placement of an epidural lead
    - Have no unaddressed or poorly managed medical conditions that may impact the outcome of the procedure, such as those that relate to infection risk, diabetes, or other systemic disease
    - Have satisfactory access to the target foramen, i.e., no stenosis
    - Be well informed on the device and treatment, having the chance to ask

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questions and be offered other options

- Complex regional pain syndrome
    - Based on the one randomised control trial available, the committee recommended DRG stimulation as effective therapy for treatment of CRPS type I or type II of the lower extremity. The trial compare DRG stimulation to tonic spinal cord stimulation, 81.2% of participants who received DRG stimulation achived > 50% pain reduction compared to 55.7% in the other group. This resulted in improved quality of life and psychological disposition, less postural interference from stimulation or parasthesia compared to tonic spinal cord stimulation.
    - The committee recommended further research for DRG stimulation of the upper extremity for CRPS treatment of type I or type II.
- Diabetic peripheral neuropathy
    - There is stronger evidence of efficacy for spinal cord stimulation than DRG stimulation. Due to the limited data regarding efficacy, DRG stimulation should be carefully justified.
- Other peripheral neuropathies
    - More evidence is required before DRG stimulation can be recommended for non-diabetic peripheral neuropathy
- Postsurgical pain
    - There is reportedly a good response to DRG stimulation in patients with post-surgical pain after thoracotomy or mastectomy.
    - The committee recommend use of DRG stimulation in patients with chronic postoperative surgical pain, however decisions should be made on a case-by-case basis (moderate consensus within the committee).
- Pelvic pain
    - Pelvic pain is a non-specific term representing a variety of pathologies that can arise from many causes, such as: pudendal neuralgia, interstitial cystitis, endometriosis, vulvodynia, ilioinguinal neuralgia. Pelvic visceral pain arising from S2, S3 and S4 need to be differentiated from groin pain mediated by T12 and L1. Spinal cord stimulation has only a fair response, with 33% of patients explanting the technology due to loss of therapeutic effect. Additional studies are required to determine the efficacy of DRG stimulation for pelvic pain.
    - The committee recommendation is that DRG stimulation only be used according to strict criteria for pelvic pain, including identification of the

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mechanism of injury (surgical or trauma) and related pathology, along with the designation of visceral or somatic. Proceeding with DRG stimulation should be done within a medical team, including a gynaecologist, urologist and psychologist. Patients with significant psychology issues should be excluded or treated prior to DRG stimulation.

- Groin pain
    - Based on a study of 25 patients who had successful trial and proceeded with implantation, the average rating of pain relief achieved was 71% for over 80% of the cohort. Therefore, DRG stimulation is recommended for the treatment of neuropathic groin pain
- Phantom limb and stump pain
    - Further study is needed for patients with phantom limb pain.
- Postherpetic neuralgia
    - The committee advised that DRG stimulation has better evidence than spinal cord stimulation for this condition, but no formal recommendation was listed. It was noted that the level of lead placement for best results was being discussed, therefore further research is needed before the procedure could be recommended.

5. Alternative treatments to DRG stimulation for CRPS

There is no single recommended treatment for CRPS, with the primary goal of treatment being to restore movement and function of the affected limb (Better Health Channel, 2015). CRPS has a broad range of symptoms therefore patients may require management from different clinical specialists, including orthopeadic surgeons, anaesthetists, rheumatologists and rehabilitation specialists (Goh et al, 2017). Treatment is most effective when started early after onset (NINDS, 2020).

Physical and occupational therapy is a key component of rehabilitation for patients with CRPS and is recommended as the first-line treatment (Goh et al, 2017). NINDS (2020) indicate rehabilitation and physical therapy are the single most important treatment for CRPS. Initial strategies to reduce swelling and pain are key to participation in movement therapy (Better Health Channel, 2015). Patients can develop kinesophobia, so therapy is designed to overcome this fear to enable the patient to gain the best use of the limb. Physical and occupational therapy should be individualised to the patient needs, but may include elevation, massage, contrast baths, transcutaneous electrical nerve stimulation, gentle range of motion, isometric strengthening exercise and stress loading of the affected limb along with sufficient analgesia (Goh et al, 2017). An occupational therapist will encourage use of the affected limb in activities of daily living (NINDS, 2020). Specialised garments may reduce oedema and sensory overload of the affected limb (Goh et al, 2017). No time frame was found in the literature regarding when physical or occupational therapy should be ceased, however it was

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noted that ongoing rehabilitation can help prevent or reverse secondary spinal cord and brain changes associated with disuse and chronic pain (NINDS, 2020).

Psychological therapy may be warranted for people who suffer a significant impact on their health-related quality of life. People with CRPS may develop secondary depression, situational anxiety and sometimes post-traumatic stress disorder (NINDS, 2020). This may include cognitive behaviour therapy, relaxation skills and biofeedback to facilitate rehabilitation and decrease the intensity of pain (Better Health Channel, 2015; Goh et al, 2017).

Medical management includes corticosteroids and non-steroidal anti-inflammatory drugs to reduce inflammation. However there is evidence these medications do not alleviate symptoms for all patients (Goh et al, 2017). Other medical options include opioid use, but this is more useful in the acute phase of the disorder (Goh et al, 2017). Better Health Channel (2015) indicates medications prescribed for epilepsy or depression can sometimes help manage CRPS, however Goh et al (2017) indicated the long-term efficacy of these drugs was not well researched. NINDS (2020) note that medical management is more effective when taken early in the course of the disorder.

Analgesia therapy includes use of a sympathetic blockade to alleviate sympathetically mediated pain and can be used in combination with botulinum toxin to prolong the effect of the analgesia (Goh et al, 2017). The most commonly used is a sympathetic ganglion block, which involves the use of local anaesthetic to stop some of the nerves in the affected limb from functioning (Better Health Channel, 2015). There is evidence this treatment can provide substantial pain relief and improve functional use, however there is less information about long term effect on CRPS (Goh et al, 2017).

Non-invasive neural stimulation includes repetitive transcranial magnetic stimulation (rTMS) and transcranial direct electrical stimulation (NINDS, 2020). These methods are still being investigated, however a meta-analysis (including one randomised controlled trial and two prospective observational studies) by Chang et al (2020) suggests that while there was not an immediate reduction in pain after one rTMS session, pain was significantly reduced one week post-completion of the entire schedule (5-10 sessions) of rTMS therapy.

Surgical options include neuromodulation, sympathectomy or amputation. Patients who are not responsive to sympathetic blockade may be suitable for neuromodulation to treat CRPS (Goh et al, 2017). A randomised controlled trial cited in Goh et al (2017) reports that spinal cord stimulation and physiotherapy may be more effective at pain relief compared to physiotherapy on its own at 6 months and 2 years follow up. It was noted, though, that effectiveness diminished at the long-term follow up of 5 years. As noted above, DRG stimulation appears to be more effective than spinal cord stimulation for the relief of pain in patients with CRPS. Side effects of having the spinal cord stimulation device implanted, which would be similar for DRG stimulation, include lead displacement, pulse-generator pocket revision, pulse-generator failure and infection (Goh et al, 2017). Better Health Channel (2015) suggests that device implant-therapy should be considered a last resort when all other pain management techniques have failed.

Sympathectomy may be done as an extension of temporary sympathetic blockade in patients who experience satisfactory but transient relief from sympathetic block (Goh et al, 2017). A sympathectomy involves severing the sympathetic chains using chemicals, radiofrequency or

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open surgical techniques to prolong analgesia. Chemical sympathectomy may use alcohol or phenyl injections but there is limited evidence to support effectiveness (Goh et al, 2017). Radiofrequency provides a long-lasting pain relief, with 40% patients reporting greater than 50% pain reduction after one year. Complications from sympathectomy are common and include post-sympathectomy neuralgia, anhydrosis (inability to sweat/perspire) and Horner's syndrome (neurological condition affecting the face and eye on one side of the body) (Goh et al, 2017). Therefore this treatment is only considered when all alternative treatment options have failed (Goh et al, 2017; NINDS, 2020).

Amputation may be indicated due to pain, limb dysfunction, gangrene, infections or ulcers. While most patients report relief in pain following amputation, others may experience phantom pain and recurrence in the residual limb (Goh et al, 2017). This should only be performed after consultation from several specialists and psychological counselling (NINDS, 2020).

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Posterior tibial nerve stimulation for painful bladder syndrome

The content of this document is OFFICIAL.

Please note:

The research and literature reviews collated by our TAB Research Team are not to be shared external to the Branch. These are for internal TAB use only and are intended to assist our advisors with their reasonable and necessary decision-making.

Delegates have access to a wide variety of comprehensive guidance material. If Delegates require further information on access or planning matters, they are to call the TAPS line for advice.

The Research Team are unable to ensure that the information listed below provides an accurate & up-to-date snapshot of these matters

Research question: For symptom management of Painful Bladder Syndrome (PBS), namely for pain and continence management, is Posterior Tibial Nerve Stimulation (PTNS) an appropriate evidenced-based treatment and what is the effectiveness of this treatment on pain management and functional capacity?

Date: 26/09/2022

Requestor: Lynette s22(1)(a)(ii) - irrele

Endorsed by: Shannon s22(1)(a)(ii) - irrelev

Researcher: Aaron s22(1)(a)(ii) - irrelevant ma

Cleared by: Aaron s22(1)(a)(ii) - irrelevant ma

Review date:

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2. Summary

There is minimal evidence regarding the use of posterior tibial nerve stimulation (PTNS) for the treatment of painful bladder syndrome (PBS). The evidence I have found shows mixed results. The American Urological Association (AUA) allows nerve stimulation as a treatment option when other treatments have not proved effective.

3. Painful bladder syndrome

PBS (also called bladder pain syndrome or interstitial cystitis) is a chronic pain condition characterised by pelvic pain and increased urgency and frequency of urination. PBS is a diagnosis of exclusion. Other causes of pelvic pain/urinary problems (eg. infection, medication or radiation induced injury etc.) need to be ruled out before a patient is diagnosed with PBS. There is no precise agreed definition among urologists. There are hypothesised causes but the exact aetiology is unknown. There may be more than one type of PBS. Most cases occur in women (Clemens et al, 2022; Marcu et al, 2018; Bladder Pain, 2022).

There are multiple treatment options, which may be used concurrently. Clinicians will often opt for the least invasive treatment options in the first instance. Conservative treatment options can include behaviour changes, stress reduction, changes to diet and heat/cold packs. Other treatments include physical therapy, oral or intravesical medications, surgery, botulinum toxin treatment and neuromodulation (Clemens et al, 2022; Marcu et al, 2018).

4. Posterior tibial nerve stimulation

Posterior tibial nerve stimulation (PTNS) is a process whereby the posterior tibial nerve is stimulated using either surface electrodes (transcutaneous) or via insertion of a needle (percutaneous) (Agost-Gonzalez et al, 2021).

There is evidence that PTNS can be used as a treatment option for overactive bladder, reducing symptoms similar to those experienced in PBS. Two literature reviews have found benefits including improvement in frequency and urgency of urination and quality of life of patients. However, both reviews note limitations with the evidence including heterogeneity of studies and presence of few randomly controlled trials (Agost-Gonzalez et al, 2021; Peyronnet et al, 2019; Garcia & Periera, 2018).

Fewer studies investigate PTNS as a treatment for PBS and results of those studies are mixed. Tirlapur et al (2013) reviewed the literature on PTNS and found only a single paper assessing efficacy on PBS. This was a 2004 study that found improvements in symptom severity and quality of life. Kabay et al (2021) found a decrease in pain, frequency and urgency of urination. However, this study was small (n=39) and uncontrolled. A 2015 study found no significant changes in symptoms a 6 weeks or 12 weeks treatment using percutaneous PTNS (AUA, 2022).

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It is worth noting that the 2022 AUA guidelines for the diagnosis and treatment of PBS suggest that nerve stimulation may be an option if other treatments are not effective:

> A trial of neuromodulation may be performed if other treatments have not provided adequate symptom control and quality of life improvement. If a trial of nerve stimulation is successful, then the permanent neurostimulation device may be implanted (Clemens et al, 2022, p.40).

AUA rate this guideline statement evidence level C, which is glossed as 'low certainty'. Of particular note, this recommendation covers sacral nerve stimulation, transcutaneous electric nerve stimulation and PTNS. The evidence AUA considers regarding PTNS shows no benefit to symptoms (AUA, 2022).

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This document has been produced under section 17 of the *Freedom of Information Act 1982* to provide a response to the following requests:

- Statistical data on the number of NDIS participants with a primary or secondary diagnosis of chronic pain or fibromyalgia, including data on their funded supports and outcomes.
- Statistics on the number of people who have been approved for NDIS access with chronic pain and/or fibromyalgia as their primary disability, broken down by year for the last five years.

Number of active NDIS participants with a primary or non-primary diagnosis of chronic pain or fibromyalgia and total annualised committed supports as at 30 June 2025:

Active Participants as at 30 June 2025		Annualised Committed Support as at 30 June 2025			
		Core	*Capacity Building*	*Capital*	*Total*
Chronic pain or Fibromyalgia as Primary Condition only	231	18.M	4.1M	1.8M	24.7M
Chronic pain or Fibromyalgia as Primary or Non-Primary	1,075*	99.6M	22.0M	7.3M	128.8M

*It should be noted that historical reporting of non-primary disabilities has been inconsistent.

Number of people with chronic pain or fibromyalgia as primary disability with access met decision:

FY 20-21	FY21-22	FY22-23	FY23-24	FY24-25
57	28	29	45	54

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