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# Pre-Planning with the NDIS

## What is the difference between the NDIA and the NDIS?

The NDIA is the National Disability Insurance Agency. It is the agency that implements the

National Disability Insurance Scheme.

## What is a NDIS Plan?

An NDIS plan is the document/ package that considers your life and applies the NDIS

legislation to it. It identifies your goals and supports, functionality and gaps that have been created

by your disability and establishes a plan to reduce and eliminate those gaps. It typically includes

funding to support this.

## Who will develop my plan?

Who develops your plan is dependent on your age, geographic area and your level of

functionality. The NDIS partners include Local Area Coordinators and Early Childhood Early

Intervention Partners (ECEI). There are also NDIS Planners (NDIS Delegates) who ultimately approve

plans built by LAC’s and ECEI Partners.

## What will the NDIA fund?

The Agency might fund Core, Capacity Building or Capital items.

Core funding might include personal, community, civic and participatory, transport and consumable

supports.

Capacity Building funding might include skill building and capacity development-based supports such

as relationship and employment supports.

Capital funding might include assistive technology, home modifications or Specialist Disability

Accommodation.

‘Reasonable and Necessary legislation’ (R &amp; N) is the criteria used to justify what will and won’t be

funded by the NDIA’.

There are 5 parts to R & N and all 5 parts must be ticked off before something can be funded by the

NDIA.

In order to be considered reasonable and necessary, a support or service:

must be related to a participant’s disability

must not include day-to-day living costs not related to your disability support needs, such as groceries

should represent value for money

must be likely to be effective and work for the participant, and

should take into account support given to you by other government services, your family, carers, networks and the community.

## Include NDIA Contact details:

**Your Details**

**Name: ……………………………………………………………………………………………………….**

**NDIS number: …………………………………………………………………………………………..**

**Age: …………………………………………………………………………………………………………..**

**D.O.B: ……………………………………………………………………………………………………….**

**Gender: …………………………………………………………………………………………………….**

**Phone number/s ……………………………………………………………………………………….**

**Email: ……………………………………………………………………………………………………….**

**Mailing address: ……………………………………………………………………………………….**

**Address:……………………………………………………………………………………………………**

**Disability/ Functionality………………………………………………………………………………**

# What are your goals?

Goal 1.

How do you plan to achieve this? Be realistic and consider timeframes for all objectives.

Goal 2.

How do you plan to achieve this?

Goal 3.

How do you plan to achieve this?

Goal 4.

How do you plan to achieve this?

Goal 5.

How do you plan to achieve this?

Are you currently funded by any other state or federal bodies for disability related supports?

These may include but are not limited to Individual Support Packages (ISP’s), Home and Community

Care (HACC), Futures or Young Adults (FFYA), Early Children Early Intervention Supports (ECEIS), Betterstart or Helping Children with Autism (HCWA), Mobility allowance etc.

Who provides your informal supports (Informal supports are your family, friends, neighbours)?

Who do you live with?

What is your current living arrangement?

Is your living arrangement secure? How so?

Do you want to live here in 5 years’ time? Why/ Why not?

How are you supported by your informal supports and your primary carer? Informal supports are

your parents, siblings, extended family, friends, neighbours or volunteers in the community.

Are you supported with shopping? If yes, how?

Are you supported with personal care? If yes, how?

Are you supported with appointments? If yes, how?

Are you supported with food preparation or shopping? If yes, how?

Do you receive medical supports? If yes, how?

Are you supported with verbal cues and for motivation? If yes, how?

Do you receive financial support? (Including Centrelink etc.) If yes, what type is it and where is it

from?

Has your disability and your support requirements impacted on your family? If yes, how?

Has your disability impacted your relationship? If yes, how?

Has your disability created financial issues? If yes, how?

How has your disability impacted your living arrangements?

Has your disability created any employment issues for you? If yes, how?

Has you disability had an effect of your mental health/ emotions? If yes, how?

What are you support arrangements? Do you think they are sustainable?

Please consider this ‘access’ section extra carefully.

\*It is important to get these right so that we can save the you and the NDIA save time by preventing

unnecessary reviews.

Are there physical barriers to living independently? What are these barriers?

Ramps ☐

Shower access ☐

House access issues ☐

Doorway floor lip ☐

Bathroom access issues ☐

Hoists ☐

Kitchen access issues ☐

Space ☐

Hoists ☐

What form of transportation do you use?

Do you drive? ☐

Is it a modified vehicle? ☐

Does a friend drive you? ☐

Do you catch public transport? ☐

Do you Walk? ☐

Do you use a power wheelchair? ☐

Do you need support to access the community and your day to day services?

Do you have health specialists that you see regularly?

General Practitioner ☐

Physiotherapist ☐

Occupational Therapist ☐

Speech Therapist ☐

Psychologist ☐

Other ☐

Continence Nurse ☐

Behavioural Specialist ☐

Hospitals ☐

Podiatry ☐

Are there other barriers?

Are there any other issues in the way you transport yourself? Do you have safety concerns?

What do you access and who provides this support?

What is your current employment status?

Is that what you want?

Are you well supported at work?

Do you receive support to socialise with friends and family?

Are there any ways you could improve this situation?

Do you receive support to communicate with friends and family?

What assistive technology do you currently use/ currently require? Think of assistive technology

(AT) that you might use at home, in the workplace, and where you learn. It may also include AT for

mobility, communication, self-care, or could be environmental such as an automatic door.

Does any of your current assistive technology require repair or replacing?

Do you receive support with activities of daily living? Please list details.

Getting dressed? Yes or No?

Showering or toileting?

Taking Medication?

Eating or drinking?

Continence?

Swallowing?

Other self-care activities?

Do you manage your own gardening, cleaning, shopping, paying bills?

Daily Planner: Monday

What Happens How does this happen? How would you like this to happen?

Get up:

Breakfast:

Lunch:

Dinner:

Bedtime:

Daily Planner: Tuesday

What Happens How does this happen? How would you like this to happen?

Get up:

Breakfast:

Lunch:

Dinner:

Bedtime:

Daily Planner: Wednesday

What Happens How does this happen? How would you like this to happen?

Get up:

Breakfast:

Lunch:

Dinner:

Bedtime:

Daily Planner: Thursday

What Happens How does this happen? How would you like this to happen?

Get up:

Breakfast:

Lunch:

Dinner:

Bedtime:

Daily Planner: Friday

What Happens How does this happen? How would you like this to happen?

Get up:

Breakfast:

Lunch:

Dinner:

Bedtime:

Daily Planner: Saturday

What Happens How does this happen? How would you like this to happen?

Get up:

Breakfast:

Lunch:

Dinner:

Bedtime:

Daily Planner: Sunday

What Happens How does this happen? How would you like this to happen?

Get up:

Breakfast:

Lunch:

Dinner:

Bedtime:

\*Remember when you attend your planning appointment for the NDIS that you should take any

recent assessments from any therapists, personal care plans, behavioural support plans or any

other documentation that will help your planner understand you and who you want to be.

# Please use this document as a guide only. Please get in touch with our team if you have any questions [contact@axys.org.au](mailto:contact@axys.org.au)

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# Acknowledgement of receipt

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ an ECEI/LAC/Delegate of the NDIS hereby acknowledge I have received this document on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signature

Date