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NDIS Support Letter

From**To** National Disability Insurance Agency (NDIA)**RE** NDIS Support Letter for

I. Professional Relationship and Purpose of Letter

I am writing this letter in my professional capacity as _____ to support the NDIS application for _____, with NDIS Number _____. I have been providing services to the participant since _____, and I am familiar with their medical history, functional capacity, and support needs.

The purpose of this letter is to outline the participant's diagnosed disability, the functional impact of that disability on daily life, its permanent nature, and the reasonable and necessary supports required to assist them in achieving their goals and maintaining safety, independence, and participation in the community.

II. Diagnosis and Disability Description

_____ has been diagnosed with the following condition(s):

Primary diagnosis: _____

Secondary diagnoses (if applicable): _____

These conditions meet the definition of disability under the NDIS Act, as they result in substantial and ongoing impairment. The diagnosis has been confirmed through appropriate clinical assessment and is supported by medical records and ongoing treatment history.

III. Permanency of the Condition

Based on current clinical evidence and the participant's treatment history, the condition(s) described above are permanent. Despite appropriate and ongoing treatment, the participant continues to experience significant functional limitations. There is no known cure, and the impact of the condition is expected to be lifelong.

While therapeutic interventions may assist in maintaining or improving functional capacity, the participant will continue to require long-term support.

IV. Functional Impact on Daily Life

As a result of the participant's disability, there are ongoing and significant impacts on their ability to function independently in daily life. The participant experiences difficulties across multiple areas of functioning that substantially limit their capacity to complete everyday activities without support.

The participant has reduced capacity in mobility, including difficulties with physical endurance, balance, coordination, and the ability to move safely within their home and community. These limitations affect their ability to access public spaces, attend appointments, and participate in community activities without assistance.

The participant experiences challenges in self-care, including personal hygiene, dressing, meal preparation, and managing daily routines. These tasks often require prompting, supervision, or direct physical assistance to ensure they are completed safely and consistently.

Due to these functional impairments, the participant is unable to independently manage the demands of daily living on a consistent basis. Regular and ongoing support is required to maintain safety, wellbeing, and participation in daily and community life.

V. Functional Impact on Daily Life

Due to the limitations outlined above, the participant requires regular support to maintain personal safety and wellbeing, complete essential daily tasks, access the community, engage in social, educational, or employment-related activities, and prevent deterioration in physical or mental health.

Without appropriate supports, the participant is at risk of increased dependence, social isolation, and decline in functional capacity.

VI. Recommended NDIS Supports

In my professional opinion, the following supports are reasonable and necessary under the NDIS, as they are directly related to the participant's disability and will assist them to pursue their goals:

Core Supports

- Assistance with daily living and personal care
- Support worker assistance for community access
- Support with household tasks
- Capacity Building Supports

Occupational therapy to improve functional skills and independence

- Psychological or behavioral supports (if applicable)
- Speech therapy / physiotherapy / other allied health supports as required
- Support coordination to assist with implementing and managing the NDIS plan
- Capital Supports

Assistive technology and equipment

- Home or vehicle modifications (if applicable)

These supports are necessary to maintain the participant's functional capacity and to support meaningful participation in daily life.

VII. Goals Alignment

The recommended supports align with the participant's stated goals, which include but are not limited to increasing independence in daily activities, improving physical and/or mental wellbeing, participating more fully in the community, maintaining stable and safe living arrangements.

VII. Goals Alignment

Based on my assessment and ongoing involvement with the participant, I strongly support their eligibility for the NDIS and recommend that adequate funding be approved to meet their ongoing support needs. Continued access to NDIS-funded supports is essential to maintaining their quality of life and preventing further functional decline.

Please do not hesitate to contact me should you require any further information, clarification, or supporting details in relation to the matters outlined in this letter, including the participant's functional capacity, support needs, or the information provided above.

Sincerely,

Provider's Name

Professional Title

Registration Number (if applicable)

Date

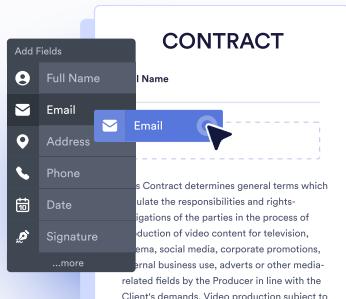
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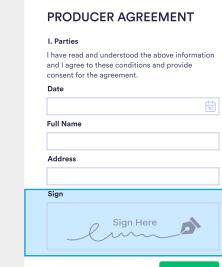
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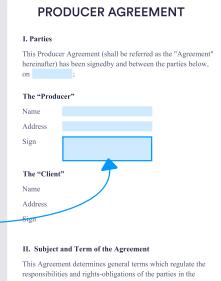
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