

Example – NDIS Access Cover Letter

To Whom It May Concern,

Re: [CLIENT NAME]
[ADDRESS: STREET]
[ADDRESS: SUBURB] [STATE] [POSTCODE]
DOB: [CLIENT DOB]
Application Number: [NDIS APPLICATION NUMBER]

I am writing this letter to support the application for [CLIENT NAME] to receive a plan and support through the NDIS. [CLIENT NAME] has severe and persistent mental illness and complex needs and has been assessed as being eligible for Partners in Recovery (PIR). [CLIENT NAME] is also currently on the DSP (*if appropriate*).

As a Support Facilitator for Hunter PIR, I have been working with [CLIENT NAME] for [TIME] (months/years). [CLIENT NAME] is a [AGE] year old (man/woman) with a diagnosis of [DIAGNOSIS] made in [YEAR] by [DR's NAME]. [CLIENT NAME] also had the following conditions which impacts on (his/her) functional capacity:

- [CONDITION] ([YEAR DIAGNOSES])
- [CONDITION] ([YEAR DIAGNOSED])
- [CONDITION] ([YEAR DIAGNOSED])

[CLIENT NAME] is currently under the care of [SPECIALIST(s)] and receiving the following treatment:

- [TREATMENT]
- [TREATMENT]

As a result of the client's diagnosis of [DIAGNOSIS], the client has been hospitalised on the following occasions:

- [Date of HOSPITALISATION][HOSPITAL]
- [Date of HOSPITALISATION][HOSPITAL]

Throughout the time I have been working with [CLIENT NAME], it has become evident to me that this diagnosis significantly impacts on the client's ability to function at home and in the community and participate in daily activities. Please see on the following page more specific information describing functional impact and implications along with recommendations for the type and frequency of support needed.

MOBILITY

Functional impact/Type & frequency of support

Eg. Sandra had a knee replacement six years ago and walks with the use of a walking stick. Sandra attempts to use public transport to travel to appointments, however reports feeling anxious and having panic attacks whilst utilising public transport. Sandra states she has missed stops and turned back due to this anxiety. Sandra experiences disorganisation as a symptom of her illness and finds it very difficult to plan ahead which impacts on her ability to achieve punctuality for appointments.

Type & frequency of support

Eg. Transport to attend daily activities including...

COMMUNICATION

Functional impact

Eg. Bob has been quite isolated in the community since being diagnosed with schizophrenia. Bob experiences symptoms of paranoia and therefore finds it difficult to interact with others, engage in volunteer or paid work and venture independently into the community. Bob also struggles to follow directions and is easily distracted. Bob is fiercely independent and has limited insight into his ability to complete daily activities and as a result often fails to communicate his own needs for support.

Type & frequency of support

Eg. Support to attend medical appointments, weekly support to engage in volunteer work.

SOCIAL INTERACTION

Functional impact

Steve has become rather socially isolated since being diagnosed with depression. He rarely ventures into the community alone and prefers to spend time at home. Steve states he feels very anxious when meeting new people and states he has a desire to make friends but feels he no longer has the skills to do so. Steve hopes to become engaged in a form of volunteer work so that he can meet new people.

Type & frequency of support

Eg. Weekly individual community access and encouragement into social engagement and activities.

LEARNING

Functional impact

Eg. Mary often states she is interested in participating in study in her area of interest (Nursing) and eventually gaining part-time work in this area. Mary is interested in volunteering in a nursing home but has been unable to engage in this to date independently due to her high level of anxiety. Mary has completed a Certificate III several years ago and feels that with support she can achieve these goals.

Type & frequency of support

Eg. Person to assist to engage in study. Purchase of equipment for the purpose on studying online.

SELF-MANAGEMENT

Functional impact

Eg. Fred's finances are managed by the Trustee and Guardian. Fred relies on his carer, Margaret, to assist him to manage all appointments including attending Mental Health and G.P. appointments. Margaret completes most of the daily activities around the home. Fred takes his own medication, however sometimes requires reminders by family members. Fred identifies that he often feels 'bored', however he does not have the skills or resources to access relevant community groups and activities.

Type & frequency of support

Eg. In-home assistance three times a week to build independent living skills – cooking, washing, and cleaning home. Assistance to attend medical appointments and access community.

SELF-CARE

Functional impact

Eg. Tiffany presents as dishevelled with poor levels of personal hygiene. Tiffany reports only showering 1-2 times per week and often has delusional beliefs associated with water. Tiffany manages own meal preparation by purchasing freezer meals, but often forgets to eat due to distracting symptoms. Tiffany is unable to maintain cleanliness of her own unit and reports that it becomes too much for her to be able to manage on her own. Tiffany has lived in squalor for the past 5 years and she would benefit from support from hoarding and squalor services.

Type & frequency of support

Eg. In-home assistance three times per week to prompt showering and other daily activities including maintaining cleanliness of unit.

As a result of working with [CLIENT NAME], the following goals have been identified:

- Goal 1 (include a brief description of the goals)
- Goal 2
- Goal 3

Please find attached the following additional supporting documentation (*document routine consumer outcome measures and/or tools used to undertake needs analysis as applicable*):

- Campberwell Assessment of Need Short Appraisal Schedule (CANSAS)
- Recovery Assessment Scale (RAS DS)
- World Health Organisation Disability Assessment Schedule (WHODAS)

As you can see from the information provided, [CLIENT NAME] is clearly and significantly impacted on a day-to-day basis resulting in [CLIENT NAME] not currently having the minimum level of skills or capacity to live independently without a very high level of support. If you have any questions related to any of the information stated above or you would like to discuss things further, please do not hesitate to contact me.

Kind regards,

[SERVICE PROVIDER NAME]

[JOB TITLE, PROGRAM - ORGANISATION]

Phone:

Email: