Plan reassessment request form

You need to use this form to ask for a plan reassessment.

We can only accept a request for a plan reassessment if:

- this form is completed by you (the participant), your nominee, your child representative or legal guardian
- you include evidence showing a significant and ongoing change to your disability support needs.

A **plan reassessment** happens when your current plan no longer meets your disability support needs and you need a new plan. You can ask us for a plan reassessment if your ongoing need for NDIS supports has significantly changed. This could be because of a change to your functional capacity or your personal situation or environment.

To ask for a plan reassessment, you need to give us **evidence** with this form. Your evidence needs to show a significant and ongoing change to your:

- functional capacity
- personal situation or environment. This could be a change to your living arrangements, education or work arrangements or informal supports.

Learn about our evidence requirements in Our Guideline – Plan reassessments.

If you ask us for a **plan variation**, you don't need to use this form. We can vary your current plan for minor changes that don't impact your ongoing disability support needs. For example, to change your funding periods or how your funding is managed. We can also vary your plan if you need urgent, short-term funding or once-off support, like to replace your assistive technology.

Learn more about plan variations in Our Guideline – Plan variations. If you need to ask for a plan variation, you can contact us or use the Plan variation request form.

You don't need to complete this form if:

- you need to change your personal information, like your contact details or address. You can contact us to do this
- you don't agree with a decision we've made about your plan. You can ask us to review our decision.

If you need support to complete this form or don't know which type of plan change to ask for, you can contact us. We can support you to:

- understand the difference between a plan variation and a plan reassessment
- make an informed decision about the right plan change request for your situation
- complete this form.

Who can use this form

If you're a participant, complete this form to ask us to reassess your plan.

If you're **not** the participant, you can only ask for a plan reassessment if:

- you're the plan nominee
- the participant is a child and you're the child representative
- you're the legal guardian.

We can't accept a request to reassess the participant's plan from anyone else, even if they've been given consent to act on the participant's behalf.

If you're not authorised to request a plan reassessment but think a participant might be at risk because of a change to their disability support needs, you can contact us to let us know.

Contact us

If you need support to complete this form, contact us in any of the ways listed below:

- call us on 1800 800 110
- talk to your my NDIS contact or visit your local office in person
- submit an enquiry through our service hub.

How to return this form

You can return this form to us by:

- submitting a new enquiry through our service hub. Make sure you upload this form to the enquiry
- mail to: NDIA, GPO Box 700, Canberra ACT 2601
- in person: visit a local area coordinator, early childhood partner or NDIS office in your area.

Part A: Participant details

Please complete **Part A** with your details.

If you're the plan nominee, child representative or legal guardian, please complete the participant's details below and complete **Part B** with your details.

Question	Answer
Full name	
Date of birth	
NDIS number	
Preferred contact details This could be a phone number or email address.	

Participant address information:

Question	Answer
Street name and number	
City / town	
Postcode	
State	

Part B: Plan nominee, child representative or legal guardian details

If you're the participant, don't complete this section. You can go straight to **Part C**.

Complete this section if you're the plan nominee, child representative or legal guardian. Learn more about who can use this form.

Question	Answer
Full name	
Date of birth	
Contact phone number	
Relationship to participant in **Part A**	☐ I'm the plan nominee ☐ I'm the child representative ☐ I'm the legal guardian

Part C: Plan reassessment

Please complete **Part C** to give us information about your plan reassessment request. To learn more about plan reassessments and the evidence we need, go to Our Guideline – Plan reassessments.

The two questions below are optional. If your request is not urgent, continue to Reason for your plan reassessment request questions.

Question	Answer
If this is an urgent request, please tell us why:	☐ My health and wellbeing is at risk ☐ My living arrangements are at risk ☐ My informal supports are at risk or can't support me ☐ I am at risk of harm
Please tell us more about the urgent request:	

Reason for your plan reassessment request

Question	Answer
Why do you need a plan reassessment? You can select more than one reason, if you have all required evidence.	There's been a significant and ongoing change to my: ☐ **functional capacity** ☐ **living arrangements** ☐ **education or work arrangements** ☐ **informal supports**
When did the significant change happen?	Please write the date.

Question	Answer
Please describe the significant and ongoing change to your:	**Functional capacity** **Living arrangements** **Education or work arrangements** **Informal supports**
If you have selected functional capacity - how does the significant and ongoing change to your functional capacity impact your daily activities? For example, how much help you need with personal care, meal preparation or communication.	

Question	Answer
Is the significant change in your **functional capacity** related to a new impairment? **Note:** If you select **Yes**, you need to give us evidence to show how the new impairment meets the disability or early intervention requirements.	☐ Yes – this is a new impairment for me ☐ No – this relates to one or more of my impairments that I met access to the NDIS for ☐ I'm not sure
How does this impact your ongoing disability support needs and what changes to your NDIS supports do you need? This could be new NDIS supports for you or an increase in your existing supports.	
Have you attached the required evidence to support your request? **Note:** If you're requesting a reassessment because of a significant and ongoing change to your functional capacity, evidence must come from your treating professional.	☐ Yes ☐ No – Please tell us why you haven't given us evidence about your significant and ongoing change: **Note:** we can't make a decision on your plan reassessment request unless we have the required evidence.

Part D: Your declaration

I confirm that the information provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence
- this information is protected by law and can only be given to someone else where Commonwealth law allows, or requires it, or where I give permission.

Please sign below.

Question	Answer
Full name	
Date	
Signature	

Learn about how we protect your privacy and information on our website.

Next Steps

When we receive your form, we'll:

- check we have the information and evidence we need to make our decision. If we don't have enough information, we'll contact you to let you know
- if we agree to your plan reassessment request, we'll work with you to reassess your plan.

We need to make a plan reassessment decision within **90 days** of receiving a valid request. To learn more about the requirements for a valid plan change request, go to Our Guideline – Plan reassessments. When we make a decision, we'll let you know in writing.