**Instructions: Carers Statement Template**

A ***Carers Statement*** is an opportunity for you to describe the challenges faced by the person with disability and how you (and others) are caring for them and supporting them.

Your statement is unique, the below template is only a guide. You can add paragraphs and delete irrelevant paragraphs. There is a timetable at the back which is important to complete and is often requested by the NDIA.

Delete the header Administrative Appeals Tribunal (AAT) header (outlined in grey) if your case is being internally reviewed by the NDIA. If you are at the AAT use the header.

Where [Name] is written replace this with the first name of the person you are caring for.

Where [support] is written replace with the type of support/s you are requesting whether that be, for example, therapy hours, support worker hours, and/or support coordinator hours.

**ADMINISTRATIVE APPEALS TRIBUNAL**

**NATIONAL DISABILITY INSURANCE SCHEME DIVISION**

**BRISBANE DISTRICT REGISTRY**

**[AAT FILE NUMBER]**

**[PARTICIPANT NAME / ASSIGNED PSEUDONYM]**

Applicant

**NATIONAL DISABILITY INSURANCE AGENCY**

Respondent

**STATEMENT OF [CARER FULL NAME]**

**AS CARER OF [NAME]**

1. I am the [e.g. father; friend, neighbour] of [Name].
2. I support [Name] in their claim for NDIS funding for [support].

## Background

1. [Name] was born on [date] and is [years old].
2. [Name] has been diagnosed with [name disability] and gained access to the NDIS based on this disability.
3. [Name] also has: [list all disabilities/health conditions and diagnoses dates where available].
* [disability/medical condition] diagnosed on [date]
1. [Name] has [discuss family/friends/social situation in detail. You may need a number of paragraphs to describe this. Each separate point should be a new paragraph.]
2. [Name] [attends school; work; training; social activities; describe all in detail].

## [Name]’s home at [insert full address]

1. [Name] lives in [a home they own/their family’s home/a rental property/public housing/nursing home]
2. [Name] lives with [describe other tenants/detail those they are living with including you as carer if applicable].
3. [Name]’s home is a [apartment/unit/single story house; double story house] with [no# bedrooms/no# bathrooms].
4. [if applicable] I live at [list full address]. I visit [Name] [e.g. each day; once/twice a week; each month].
5. [Include here your other carer obligations you have eg other children, elderly parents. Include any health or physical restrictions and work obligations]

## Weekly schedule and supports provided

1. The people who support [Name] on a [e.g., daily, or weekly] basis are [discuss all supports e.g., parent, spouse, paid support worker].
2. [if applicable] Please see the timetable I have prepared at the back of this statement which sets out in more detail the tasks [name] undertakes each day, the time for these tasks, and help [name] needs.

[you may provide both a weekly timetable to show recurring weekly commitments and/or a more detailed daily schedule]

1. [I/other carers] provide assistance to [Name] in the following areas [delete those that are not applicable; if you are parent caring for a child describe the care/support that you provide that *goes beyond* what would be expected for a child of that same age]:
2. *Communication*: [describe how you assist [Name] to communicate e.g. use simple spoken language to assist their understanding; encourage them to communicate through e.g. gestures; symbols; communication device; ensure that their hearing aids are on so they can hear and communicate].
3. *Social Interaction*: [describe how you assist [Name] to interact socially e.g. encourage and support [name] to attend family gatherings and events; help [name] participate in community social events].
4. *Mobility:* [describe how you assist [Name] with their mobility e.g. pushing wheelchair; helping move to/from bed; chair etc].
5. *Self-care:* describe how you assist [Name] with their self care e.g. showering; dressing; hygiene; grooming, preparing meals, helping with their fluid intake; cleaning; managing medication].
6. *Self-management:* [not relevant to children under 8, may be relevant to some children over 8] describe how you assit [Name] with their decision making and organising for life e.g. organising such as paying bills, comprehending information to make informed decisions, organising appointments, organising themselves for school (beyond what is typical for a child their age).

## Ongoing capacity to support

1. My commitments/responsibilities limit my ability to provide support to [Name]. [Discuss here your roles and caring responsibilities and how they impact on the support you can give; also mention any change to your capacity to care for [Name] over time].
2. [If applicable] The risks to my long-term wellbeing without appropriate funded support include [describe any health; emotional; social; financial risks].
3. [if applicable] The risks to the long-term wellbeing of [any other informal supports – eg other family members or friends’ include [describe any health; emotional; social; financial risks].

## Support requested

1. [Name] is requesting:
* [describe support, including frequency and duration of support requested, as relevant, e.g. 1 hour physiotherapy/week, 2 hours per day, 7 days per week of support in the home to assist with self-care activities, assistive technology etc]
* [If multiple supports are requested, list each support separately at each dot-point].
* ….
* ].
* ….
1. [This point is needed for disputes concerning therapy or support worker hours] I have made a timetable of my week to show [how my life currently looks without the support I need and/or how I intend to use my requested supports]. The timetable is at the back of this document.

## [Name]’s need for [support]

[If multiple supports are in dispute, repeat this section (including a heading) for each support. You may wish to focus on one/some of the reasonable and necessary support criteria set out below rather than addressing all criteria, depending on the issues in dispute/questions raised by the NDIA in relation to the support/s sought]

1. [Name] is seeking funding for [support e.g. 2 hours per day to assist with self-care activities] for the following reasons.

### The support will help [Name] pursue their goals and aspirations

1. One of [Name]’s goals is to [goal as described in their statement of goals and aspirations]. The [support] will help work towards their goal by [describe how the support will help them achieve their goal].

### The support will increase [Name]’s participation in their community

1. The [support] will help [Name] with [describe activities that the support may allow you to do which will increase your participation in your community – in either a social and/or work setting].

### The support is value for money

1. [Support] [provides Name / will provide Name] with the following short and long-term benefits:
	1. [describe what benefits the participant will get from the support]
	2. …
2. [Repeat this paragraph for each alternative support you have considered/tried, or the NDIA has suggested may be a less expensive option] We have looked into alternatives including, [describe any less expensive alternatives you have considered – e.g. less frequent therapy] but [describe why the less expensive alternative will not provide the participant with the same benefits, providing examples where possible, e.g. this is not frequent enough for [Name] to keep their anxiety at a manageable level. For example, [Name] recently…]
3. [If applicable] Funding for [support] will also reduce costs of other supports by [describe how the support will reduce costs, e.g. if [name] receives the assistive technology they need, they will be less dependent on support workers to help them within their own home…].
4. [If applicable] Funding for [support] will also increase [Name]’s independence by [describe].

### The support is effective and beneficial

1. [If support is already used/tried] The [support] helps [Name] by [describe – e.g. if they have been going to a therapist regularly, describe the benefit they have experienced and why continuing with that therapy will assist them].
2. [If support used previously but discontinued due to lack of funding] From [date] to [date] [Name] accessed [support] and it helped them [describe benefits]. Since stopping / reducing [support] I have noticed [Name] [describe negative impact of reduced support].
3. [If support not yet tried] [Support] is likely to be effective and beneficial for [Name] because [describe why you think it will provide a benefit to the participant, with reference to expert recommendations, e.g. it has been recommended by [Name]’s occupational therapist in their report dated [insert date]. I understand it is best practice for people with [Name]’s needs to receive [support], as it can [describe benefits]. I have read the following research papers about the potential benefits of [supports] etc.]

### It is not reasonable to expect [Name]’s family and/or friends to provide this support

1. The [support] [Name] requires is beyond what it is reasonable for [partner/family/friends] to provide because [discuss e.g. it is not reasonable that a mother provide 4 hours of personal care for her 40 year old son a day].
2. Providing this support risks my wellbeing. [Describe the impact on yourself, e.g. I am exhausted at the end of every day / at risk of carer burn-out / seeing a psychologist to help me manage the stress and anxiety associated with having to care for [Name] / my relationship with [Name] is strained as a result…]
3. [Name] having to continue to rely on me to provide [support] is having a negative impact on their wellbeing. [Describe the impact on the participant, e.g. loss of independence / guilt / loss of dignity, etc.]

### The support is not more appropriately funded by another service

1. The [support] [Name] is seeking is not funded of subsidised under the State [health system / education system / etc].
2. [If applicable] [Name]’s [education provider / employer / etc.] has made adjustments for them, including [describe adjustments] but they need more support beyond these adjustments.
3. [If applicable] We have looked into all other options for [Name] to receive this support including [describe alternatives and reasons given by providers as to why they can’t provide support].

### The support is related to [Name]’s disability

1. But for [Name]’s [disability], they would not need [support].
2. [Describe further why, because of their disability, they need the support].

### The support does not duplicate any of [Name]’s other funded supports

1. The support does not duplicate any other supports that are funded within [Name]’s plan or any other supports which they are seeking to be funded.
2. [Describe why your requested support is needed in addition to the other supports].

## Risk and impact of this appeal on [Name] and myself

1. [Name] is currently [describe how the participant is managing without the support at the negative impact on them].
2. [Name] is at risk of [describe the risks to the participant if funding for the requested supports is not provided].
3. I am currently [describe how the lack of formal supports requested is impacting yourself and any other informal supports].
4. I am at risk of [describe the risks to you if the funding for the requested supports is not provided].
5. [If the Agency is proposing an alternative support to the one the participant is seeking, are there any risks to the support being proposed by the Agency?]
6. [If applicable] The process of pursuing this appeal to secure the supports [Name] needs has had a big impact on me [describe the negative impact].

I hope the information within this statement will help you to better understand my experience as [Name]’s carer and our reasons for requesting the additional supports. Thank you for taking this carers statement into account.

Signature:

Name: Date:

|  |
| --- |
| **ANNEXURE A: Weekly schedule of [name] and [carer name]** |
| **Time** | **Monday**  | **Tuesday**  | **Wednesday**  | **Thursday** | **Friday**  | **Saturday** | **Sunday** |
| **5:00am** | e.g. I make breakfast for [name] while they rest.  |  |  |  |  |  |  |
| **6:00am** |  |  |  |  |  |  |  |
| **7:00am** |  |  |  |  |  |  |  |
| **8:00am** |  |  |  |  |  |  |  |
| **9:00am** |  |  |  |  |  |  |  |
| **10:00am** |  |  |  |  |  |  |  |
| **11:00am** |  |  |  |  |  |  |  |
| **12:00pm** |  |  |  |  |  |  |  |
| **1:00pm** |  |  |  |  |  |  |  |
| **2:00pm** |  |  |  |  |  |  |  |
| **3:00pm** |  |  |  |  |  |  |  |
| **4:00pm** |  |  |  |  |  |  |  |
| **5:00pm** |  |  |  |  |  |  |  |
| **6:00pm** |  |  |  |  |  |  |  |
| **7:00pm** |  |  |  |  |  |  |  |
| **8:00pm** |  |  |  |  |  |  |  |
| **9:00pm – 5am (describe any overnight support needed/provided)** |  |  |  |  |  |  |  |