**Instructions: Statement of Lived Experience Template**

Your ***Statement of Lived Experience*** is an opportunity for you to describe the challenges caused by your disability and the resulting support you need.

Your statement is unique, the below template a guide only. 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 [support] is written replace with the type of support/s you are requesting, for example, therapy hours, support worker hours, a type of assistive technology and/or home modifications.

**ADMINISTRATIVE APPEALS TRIBUNAL**

**NATIONAL DISABILITY INSURANCE SCHEME DIVISION**

**BRISBANE DISTRICT REGISTRY**

**[AAT FILE NUMBER]**

 **[INSERT NAME}**

Applicant

**NATIONAL DISABILITY INSURANCE AGENCY**

Respondent

**STATEMENT OF [INSERT NAME]**

This statement is to support my claim for NDIS funding for [list supports request].

[If relevant: # supported me to write this statement].

## Background

1. I was born on [Date]. I am [# years old].
2. I live with [name disability] and gained access to the NDIS based on this disability.
3. I also have: [list all disabilities/health conditions].
* [List health condition/disability] diagnosed on [date of diagnosis]
1. My history of my disability is [describe diagnosis dates; progression of disability etc. please note, you may need a number of paragraphs to describe your lived experience of disability history. Each separate point should be a new paragraph.]
2. I have [describe family/close friends. Please note, you may need a number of paragraphs to describe your family and social situation].
3. I [attend school/work/training/social activities. Describe in detail].

## My home at [address]

1. [as applicable] I live in a home I [own /a rental property/ public housing / nursing home].
2. I live with [describe the people you live with. Note if any of them are providing care to you].
3. My home is a [apartment/unit/single story house; double story house] with [no# bedrooms/no# bathrooms].

## Support requested

1. I am requesting:
* [describe support, including frequency and duration of support, 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 you need multiple supports, list each support separately at each dot-point].
* ….

## My need for [support]

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

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

### The support will help me to pursue my goals

1. One of my goals in my plan is to [describe goal]. The [support] will help work towards my goal by [describe how the support will help you pursue your goal].

### The support will increase my participation in my community

1. The [support] will help me to [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 me / will provide me] with the following short and long-term benefits:
	1. [describe what benefits you 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 lesser expensive option] I have looked into alternatives including, [describe any lesser expensive alternatives you have considered – e.g. less frequent therapy] but [describe why the lesser expensive alternative will not provide you with the same benefits, providing examples where possible. e.g. this is not frequent enough for me to keep my anxiety levels in check. For example, I recently…].
3. [if applicable] Funding for [support] will also reduce costs of other supports by [describe how the support will reduce costs. Eg. if I receive the assistive technology I need I will be less dependent on support workers to help me within and outside of my home…].
4. [If applicable] Funding for [support] will also increase my independence by [describe].

### The support is effective and beneficial

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

### It is not reasonable to expect my family and/or friends to support me

1. The support that I require is beyond what it is reasonable to expect [name of partner/family/friends] to provide to me because [e.g. my wife has a lot of commitments including …. e.g. I am an adult and my mum should not have to still be dressing me every day].
2. There is a risk to the wellbeing of [family/friend]. [describe impact on family/friend of supporting you e.g. [family/friend] is [ ] years old and they are exhausted at the end of every day / at risk of carer-burn out / have started to see a psychologist to help them manage the stress and anxiety associated with having to care for me / our relationship is strained as a result].
3. Having to continue to rely on [family/friend member] is having a negative impact on my own wellbeing. [describe impact on you e.g. loss of independence / guilt / loss of dignity etc.].

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

1. The [support] is not funded or subsidised under the State [health system; education system
2. [If applicable] My [employer/education provider] has made adjustments for me, including [describe adjustments] but I need more support beyond these adjustments.
3. [if applicable] I have looked into all other options 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 my disability

1. But for [my disability] I would not need [Support].
2. [describe further why, because of your disability, you need the support]

### The support does not duplicate any of my other funded supports

1. The support does not duplicate any other supports that are funded within my plan or any other supports which I am seeking to be funded.
2. [describe why your requested support is needed in addition to the other supports].

## My weekly schedule

1. [This point is needed for disputes concerning therapy or support worker hours] I have made a timetable of my typical week so you can better understand my current circumstances and support needs. I have included this timetable at the end of this statement.
2. [optional additional timetable for disputes concerning support worker hours] I have also made a timetable of how I intend to use my requested supports across the week. I have also included this timetable at the end of this statement.
3. [as applicable] The people who currently support me on a [e.g., daily, or weekly] are [e.g., parent, spouse, paid support worker].
4. [as applicable] I can’t [e.g., drive, cook, clean or shower] and this means [e.g. I go without food or I am unable to leave my home or I am alone without contact with anybody else for [ ] days/week].

## Risks and impact of this appeal on me

1. I am currently [describe how you are managing without the support and the negative impact on you].
2. I am at risk of [describe the risks to you if funding for support is not provided].
3. [if applicable] The process of pursuing this appeal to get the supports I need has had a big impact on me. [describe]

I hope the information within this statement will help you to better understand my lived experience and my reasons for requesting the additional support/s. Thank you for reading my statement.

Signature:

Name: Date:

|  |
| --- |
| **ANNEXURE A: My weekly schedule**  |
| **Time** | **Monday**  | **Tuesday**  | **Wednesday**  | **Thursday** | **Friday**  | **Saturday** | **Sunday** |
| **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 – 6****Am (describe any overnight support needed)** |  |  |  |  |  |  |  |