



# Decision Review Request/Appeal Form

You may choose to use this form to lodge a decision review request or an appeal about a National Disability Insurance Scheme (NDIS) decision.

Once completed, this form can be given to your Local Coordinator to start the decision review process. If you are not satisfied with the outcome of the decision review, then you may wish to proceed to an appeal. All appeals are referred to the NDIS Appeal Panel for consideration.

## Assistance

For information about the decision review and appeal process please contact Disability Service’s Consumer Liaison Service on 9426 9244, 1800 998 214 or email [clo@dsc.wa.gov.au](mailto:clo@dsc.wa.gov.au). You can request help to complete this form by contacting your Local Coordinator. Alternatively, you can enlist the help of an Advocate who can also support you through the decision review and appeal process.

The Australian Government provides a [Translating and Interpreting Service \(TIS\)](#) for people who do not speak English and for English speakers needing to communicate with them. TIS is available 24 hours a day, seven days a week. Call TIS for help with reading information written in English. Phone: 131 450.

| Your details (person lodging the decision review request and/or an appeal)   |  |
|--|--|
| Full Name:<br>(legal name)   | Click here to enter text.  |
| Address:   | Click here to enter text.  |
| Postcode:  | Click here to enter text.  |
| Contact details:   | Home:Click here to enter text. Mobile:Click here to enter text.<br>Email:Click here to enter text.   |
| Do you identify as Aboriginal or Torres Strait Islander?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unsure | Are you from a culturally and linguistically diverse background?<br><input type="checkbox"/> Yes Specify the background: Click here to enter text.<br><input type="checkbox"/> No<br><input type="checkbox"/> Unsure |

| Consumer details if different to above |  |
|--|--|
| Full Name:<br>(legal name)             | Click here to enter text.  |
| Address:                               | Click here to enter text.  |
| Postcode:                              | Click here to enter text.  |
| Contact details:                       | Home:Click here to enter text. Mobile:Click here to enter text.<br>Email:Click here to enter text. |

|   |   |
|---|---|
| Complete this section if someone is assisting you with the decision review request and/or appeal, for example, a family member, carer, guardian, advocate or friend |   |
| Name:   | Click here to enter text.   |
| Relationship to you:  | Click here to enter text.   |
| Organisation if applicable:   | Click here to enter text.   |
| Address:  | Click here to enter text.   |
| Contact details:  | Home: Click here to enter text. Mobile: Click here to enter text.<br>Email: Click here to enter text. |

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| What type of decision is the subject of the review request/s and/or appeal? (please select relevant option below)  |
| <input type="checkbox"/> Eligibility<br><input type="checkbox"/> Reasonable and necessary funded supports in the plan<br><input type="checkbox"/> Self-management of funds<br><input type="checkbox"/> Extension of grace period<br><input type="checkbox"/> Review of NDIS plan<br><input type="checkbox"/> Application of compensation reduction amounts |

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| On what basis do you think the decision/s should be changed? If you are lodging more than one decision review request, please outline your reasons for each request separately. |
| Click here to enter text.   |

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|---|
| What outcomes are you seeking from the decision review request/s and/or appeal? If you are lodging more than one decision review request, please outline your outcomes for each request separately. |
| Click here to enter text.   |

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|--|--|
| Signed by person lodging the decision review request |  |
| Date:  |  |

**Lodging this form:**

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|--|--|
| <b>In person:</b>                        | At the reception of any local Disability Services office:<br>Addressed: Private and Confidential (your Local Coordinator's name) |
| <b>Via the Consumer Liaison Service:</b> | Disability Services<br>Consumer Liaison Service<br>Level 3, 1 Campbell Street, West Perth<br>or<br>Email: clo@dsc.wa.gov.au      |