

**Thank you, {{ user\_fullname }} for using the NDIS Advisor.**

In accordance to the answers you have provided, it is **likely** that you meet the eligibility criteria.

Please refer to the table below for a copy of your provided answers.

If you have any further questions or queries, please do not hesitate to contact Community Bridging Services (CBS) Inc. at:

**CBS City Office**

**Email:** JobnetMetro@cbsinc.org.au

**Phone:** (08) 8224 2900

*Please note: The NDIS Advisor application is not legal advice and should only be used as a guide. The National Disability Insurance Agency (NDIA) reserves the right to make any final decisions in regard to eligibility.*

|  |  |
| --- | --- |
| Age: | {{ user\_age }} |
| Residency | {{ pdf\_residency\_text }} |
| Diagnosed for Autism Spectrum Disorder | {{ user\_diagnosedautism}} |
| By whom? | {{ user\_medicalprof }} |
| Level of ASD | {{ user\_levelofautism }} |

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| --- | --- |
| Functional Capacity  Communication | 1. Expressing what I need or want:  * {{ comms\_expression }}  1. Getting my point across when talking to others:  * {{ comms\_gettingpoint }}  1. Having a conversation/ talking to other people:  * {{ comms\_talking }}  1. Understanding what other people are saying to me:  * {{ comms\_understanding }} |
| Learning | 1. Learning new skills:  * {{ learning\_new }}  1. Remembering information:  * {{ learning\_remember }}  1. Using new skills  * {{ learning\_using }} |
| Mobility | 1. Getting around:  * {{ mobility\_getaround }}  1. Getting out of bed/chair:  * {{ mobility\_bed }}  1. Being on my feet for long periods of time:  * Choice {{ mobility\_onfeet }}  1. Performing tasks that require the use of limbs:  * {{ mobility\_limbs}} |
| Social Interaction | {{ socialinteraction.true\_values() if socialinteraction.true\_values() else 'None applicable' }} |
| Self Care | 1. Showering/brushing my teeth:  * {{ self\_shower }}  1. Eating  * {{ self\_feed }}  1. Using the toilet:  * {{ self\_toilet }}  1. Dressing myself:  * {{self\_dress }} |
| Self-Management | 1. Organising my own schedule:  * {{ mgmt\_schedule }}  1. Making plans and decisions:  * {{ mgmt\_plans }}  1. Completing daily tasks:  * {{ mgmt\_tasks }}  1. Managing my finances:  * {{ mgmt\_finance }}  1. Solving problems:  * {{ mgmt\_problem }} |

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| Social and Economic Participation | 1. Participating in sporting activities:  * (choice ticked)  1. Performing voluntary/paid work  * (choice ticked)  1. Engaging in social activities/functions:  * (choice ticked)  1. I have a job:  * (Yes/No)  1. Trouble keeping any form of employment:  * (Yes/No) |
| {{ dr\_socioecopart2.true\_values() if dr\_socioecopart2.true\_values() else 'None applicable' }} |

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| --- | --- |
| Permanence | {{ dr\_permanence1 }} |
| A medical professional is able to confirm: {{ pdf\_permanence\_text }}  OR  I will seek evidence: {{ pdf\_permanence\_text }} |

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| --- | --- |
| Lifetime Support | {{ dr\_lifetimesupport }} |