

## Change of details or change of situation

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You can use this form to let us know if:

- your details have changed. You can change your contact details or who you give consent to at any time.
- you want to change something in your current plan, for example how funding in your plan is managed.
- your situation has changed and your plan no longer meets your disability support needs so you want a new plan.

When you ask us to change your plan we call this a participant requested plan change. Depending on what's changed for you, we may be able to work with you to change your current plan. We call this a **plan variation**.

Or we may need to create a new plan with you. We call this a **plan reassessment**.

We generally won't change your plan if you want more funding because you've used all the funding in the plan, or you want the same supports others have received.

If there are significant changes to your situation, such as starting work for the first time or moving out of home, we might need to do a plan reassessment and create a new plan.

For a plan reassessment you'll need to give us any new information to help us decide if we need to reassess your plan this may include any assessments, reports or other information.

**Please send this information to us with this form.**

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Check the 'Our Guidelines' website ([ourguidelines.ndis.gov.au](https://ourguidelines.ndis.gov.au)) to get more information about when you need to tell us about changes in your life. Select 'Your Plan' and 'Changing Your Plan' to read more.

### How to use this form:

If you are the **applicant, participant or authorised representative**, please complete **Part A, Part C, and Part I**.

You can ask someone to complete this form for you, however you must provide consent before they can. You can provide consent by:

- calling us
- sending us a letter or email

# Form

- sending us a completed [Consent for a Third Party to Act on Behalf of a Person form](#) from the '**Consent forms**' website.

When we have consent from you they can complete **Part A**, **Part B**, **Part C**, and **Part I** for you. We can't accept a form from someone who fills it in for you without your consent.

## How do I return this form to the NDIA?

You can return this form to us by:

- **Email:** [enquiries@ndis.gov.au](mailto:enquiries@ndis.gov.au)
- **Mail:** NDIA, GPO Box 700, Canberra ACT 2601
- **In person:** Visit a **local area coordinator**, **early childhood partner** or **NDIS office** in your area.

This form is one way you can tell us what's changed. If you prefer, you can tell us by contacting us in any of the ways listed above.

If you would like us to consider any **new information or evidence**, such as medical or therapy reports, please wait until you have them and send them with this form.

## Next Steps

Once we receive your form, we will:

- let you know if we have approved your request for a change to your plan and if we are doing a plan variation or a plan reassessment
- or we will
- contact you to discuss.

If you ask for a plan change, we need to decide within **21 days** of receiving this form if we will do this. Once we have made a decision we will let you know in writing.

## Part A: Person's details

Please complete **Part A** with the details of the participant or applicant

Full name	Samar Hasan
Date of birth	09/08/2024
NDIS number	432118161
Preferred contact details (phone number, email address, etc.)	asiya.m.hassan@gmail.com

# Form

## Part B: Third party details

Please complete **Part B** if you are completing this form on behalf of the participant or applicant.

You can complete this form for someone else if you can provide evidence that:

- you have **parental responsibility** for them;
- you are their **legally authorised representative or legal guardian**; or
- the participant or authorised representative has provided consent for you to do so (see [How to use this form](#)).

If we already have this evidence you do not need to send it with this form.

Full name	Asiya Hassan
Date of birth	01/01/1991
Contact phone number	0435136792
Relationship to <b>Person in Part A</b> e.g. child representative, advocate, nominee	Mother

## Part C: Information about what has changed

Please complete **Part C** to give us more information about the reason for your request.

Mark the boxes that apply to you.

- ☐ My contact details have changed – Go to [Part D](#)
- ☐ My plan has an error – Go to [Part E](#)
- ☐ I would like the reassessment date of my plan changed – Go to [Part F](#)
- ☐ I want to change how the funding is managed in my plan – Go to [Part G](#)
- ☒ My situation has changed – Go to [Part H](#)



# Form

## Part D: Your contact details have changed

Please complete **Part D** if your contact details have changed.

New address (Include number, street, suburb, state, postcode and country.)	Click or tap here to enter text.
New phone number	Click or tap here to enter text.
New email	Click or tap here to enter text.
Permanent or temporary change	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary.
Start date	Click or tap to enter a date.
End date (temporary changes only)	Click or tap to enter a date.

## Part E: My plan has an error

Please complete **Part E** if your plan has an error.

Describe the error	
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## Part F: I would like the reassessment date of my plan changed

Please complete **Part F** if you would like your reassessment date changed.

How would you like your reassessment date changed?	<input type="checkbox"/> Extended <input type="checkbox"/> Shortened.
Describe why your reassessment date needs changing	Click or tap here to enter text.

# Form

## Part G: I want to change how the funding is managed in my plan

Please complete **Part G** to describe how you would like the funding managed in your plan.

<p>I would like a <b>registered plan manager</b> to manage these supports:</p> <p>Please note:</p> <p>You'll need to agree to provide your registered plan manager with a copy of your plan.</p>	<p><input type="checkbox"/> All supports</p> <p><input type="checkbox"/> Specific supports - please list supports below: Click or tap here to enter text.</p>
<p>I would like to <b>self-manage</b> these supports:</p>	<p><input type="checkbox"/> All supports</p> <p><input type="checkbox"/> Specific supports - please list supports below: Click or tap here to enter text.</p>
<p>I would like the <b>Agency</b> to manage these supports:</p>	<p><input type="checkbox"/> All supports</p> <p><input type="checkbox"/> Specific supports - please list supports below: Click or tap here to enter text.</p>

## Part H: My situation has changed

Please complete **Part H** to let us know if your situation has changed.

<p>Type of change - select any that apply</p>	<p><input type="checkbox"/> There have been small changes to my situation</p> <p><input type="checkbox"/> There have been large changes to my situation</p> <p>✓ I need more or different supports urgently</p>
<p>What type of plan change are you requesting?</p>	<p><input type="checkbox"/> Plan Variation</p> <p><input type="checkbox"/> Plan Reassessment</p> <p>✓ Not sure. If you're not sure, we will contact you to discuss your situation.</p>

# Form



<p>Describe what has changed with your situation?</p>	<p>Our application to review decision has been rejected and we are currently going through the AAT process. Due to the extensive wait times, we cannot go on without any funding and cease all services. I am currently paying out of pocket to ensure continuity of supports. I don't know how long we can continue to pay out of pocket as stopping services now would be very detrimental to Samar's progress thus far.</p>
<p>Why does this change mean your current funded supports no longer meet your needs?</p>	<p>The current level of funding was never sufficient in the first place and had requested a review of decision only for us to get back a rejection which appeared generic and lacked any details that would indicate the decision was person centered and client focused. The support level requested has proven the efficiency of its approach as I believe Samar will need less support as the years go on, IF she gets the right level of support now. This level of support has been crucial in addressing Samar's cognitive and expressive delays, her interaction with her peers which was 0 in Dec 2023, the physical aggression which has subsided in frequency, the self-harm of hitting and biting herself and improve her communication methods to assist in developing verbal communication. Ceasing now would increase the risk to Samar as I fear she will revert to eating sticks, leaf's and stones along with physically attacking others by biting, pulling hair and scratching peoples faces. Samar is currently non-verbal and needs support in all areas including when feeding. Samar is currently not toilet trained and all attempts have failed as she can not vocalise words. Samar lacks safety awareness and can abscond and run right into traffic if not supervised diligently. This is why she need that one on one approach that has proven to work since Dec 2023.</p>
<p>What other funded supports are you asking to be included in your plan?</p>	<p>Support coordination to assist in gathering reports to prevent carer burnout as I work full time and have difficulty in gathering what's needed in a timely manner. Support worker hours to assist over the weekends as I'm a single mother with no informal supports and Samar requires help with all tasks and cannot be left unsupervised due to her lack of safety awareness. Samar has no involvement from her</p>



# Form



	father. Funding to continue accessing supports while we wait for an outcome from AAT.
Do you have any additional information?	<p><input checked="" type="checkbox"/> Yes. Click or tap here to enter text.</p> <p>Please attach your information when you return this form</p> <p><input type="checkbox"/> No.</p>
Start date of this change	12/08/2024
End date	<p><input type="checkbox"/> Under 1 month</p> <p><input type="checkbox"/> Under 3 months</p> <p><input checked="" type="checkbox"/> Under 6 months</p> <p><input checked="" type="checkbox"/> Permanent.</p>

# Form

## Part I: 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.

If this is a request for a change to my plan, I also understand that if the NDIA decides:

- to vary or reassess my plan, they will consider the information I have provided, my new situation and new support needs, and decide what changes or supports to include in my new or varied plan.
- not to vary or reassess my plan, can ask for an internal review of that decision.

Full name	Asiya Hassan
Signature	Click or tap here to enter text 
Date	12/08/2024

## Privacy and your personal information

### Collection of your personal information

The National Disability Insurance Agency (NDIA) would like some personal information from you to simplify your engagement with the NDIS. Any personal information you provide to the NDIA is safe under the National Disability Insurance Scheme Act 2013 and the Privacy Act 1988. You can also ask to see what personal information (if any) we hold about you at any time and can seek correction if the information is wrong.

### Personal information use and disclosure

The NDIA will use your information to support your involvement in the NDIS.

The NDIA will NOT use any of your personal information for any other purpose, or disclose your personal information to any other organisations or individuals (including any overseas recipients), unless authorised by law or you provide your consent for us to do so.

### The NDIA's privacy policy describes

- how we use your personal information.
- why some personal information may be given to other organisations from time to time.
- how you can access the personal information we have about you on our system.



## Form

- how you can complain about a privacy breach, and how the NDIA deals with the complaint.
- how you can get your personal information corrected if it is wrong.

You can read the policy at the [www.ndis.gov.au/privacy](http://www.ndis.gov.au/privacy).

### Personal information storage

The NDIA uses an Australian Government computer system to store personal information. System users, other than NDIA staff, may at times be able to see your name when they perform program duties, however they can't record, use or disclose information, and they will not know if you become an NDIS participant. State or territory government officials may also have personal information access as part of the agreement between governments to assist the states and territories in their NDIS evaluation.

