



Change of circumstances

Participants of the National Disability Insurance Scheme and people who are waiting on the outcomes of their access requests must by law tell the NDIA of any changes in their circumstances.

What is a change of circumstances?

A change of circumstances is an event or change in your life that may affect:

- your access request
- your status as a participant in the NDIS
- your plan.

For example, you must tell us if:

- your disability support needs change
- your informal care arrangements change significantly
- you apply for, receive, or are entitled to compensation for injury
- you plan on moving (or have moved) house
- you plan on moving (or have moved) overseas, or
- you plan on moving (or have moved) permanently into aged care residential accommodation.

When do I need to tell NDIA my circumstances have changed?

You must let the NDIA know as soon as reasonably practicable after you become aware that a change of circumstances has happened or is likely to happen.

If you do not inform the NDIA of a change of circumstances, for example a change of contact

details or address, your plan and payment of supports might not be able to be reviewed by the scheduled date.

A change of circumstances may also result your plan needing to be reviewed for any changes in your supports. If you fail to notify the NDIA of a change in your circumstances and you continue to receive supports that you are not entitled too, you may be asked to repay an amount in respect of the funded support services.

How do I tell the NDIA my circumstances have changed?

Use this form to tell the NDIA of a change of circumstances. You can also tell the NDIA:

- **in person** by visiting your **local NDIS office**
[ndis.gov.au/about-us/contact-us/visit-us](https://www.ndis.gov.au/about-us/contact-us/visit-us)
- **on the phone** by calling **1800 800 110**
[ndis.gov.au/about-us/contact-us](https://www.ndis.gov.au/about-us/contact-us)

If you are a TTY user – phone 1800 555 677 and ask for our 1800 800 110 number or your local office number.

If you are a Speak and Listen (speech-to-speech relay) user – phone 1800 555 727 and ask for 1800 800 110 number or your local office number.

- **in writing:**
 - using email enquiries@ndis.gov.au,
 - using the Participant Portal (see the [ndis.gov.au/participants/participant-portal-user-guide](https://www.ndis.gov.au/participants/participant-portal-user-guide) for more information on the “See your NDIA Contacts” or the “Make an Enquiry” screens).
 - or mailing to - National Disability Insurance Agency
GPO Box 700
Canberra ACT 2601

Your personal information held by NDIA is protected under the National Disability Insurance Scheme Act 2013 and the Privacy Act 1988.

CHANGE OF CIRCUMSTANCES ADVICE FORM

Part A: Information about you

See Part B if you are completing this form on behalf of a person under 18 years for whom you have parental responsibility, or a person for whom you are a legal guardian or representative.

Your current contact details

| | | |
|----------------|--------|-----------|
| Name | | |
| Date of birth | | |
| Postal Address | | |
| | State: | Postcode: |
| Home phone | TTY: | |
| Mobile Phone | | |
| Email address | | |

What is your status with the NDIA?

a) Participant – please tell us your NDIS number:

NDIS Number _____

b) Awaiting outcome of access request – please tell us your Access Receipt Number and the date you requested access

Number: _____ Date: _____

Communication with you:

How would you like us to contact you? Home phone Mobile phone By post Email
 Other (please specify) _____

How would you like to receive letters? Email Post

Do you need an interpreter to assist us to communicate with you? No Yes (Language: _____)

Part B: Parent, legal guardian or representative

Only fill out this section if you are completing this form on behalf of a person under 18 years for whom you have parental responsibility, or a person for whom you are a legal guardian or representative. You may need to provide information to confirm that you are authorised to represent the person with disability.

Your current contact details

| | |
|--|-----------|
| Name | |
| Relationship to the person requesting access | |
| Postal address | |
| State: | Postcode: |
| Home phone | TTY: |
| Mobile phone | |
| Email address | |

What is the status of the person you are representing with the NDIA?

a) Participant – please tell us their NDIS number:

NDIS Number _____

b) Awaiting outcome of access request – please tell us their Access Receipt Number and the date you requested access

Number: _____ Date: _____

Communication with you

How would you like us to contact you? Home phone Mobile phone By post Email
 Other (please specify) _____

How would you like to receive letters? Email Post

Do you need an interpreter to assist us to communicate with you? No Yes (Language: _____)

Part C: Change of circumstances

I would like to tell the NDIA of the following change in circumstances (please tick):

Change in contact details

- Change in phone contact details**
- Change of email address**
- Move/change of address: within my state/territory**

(Example Moving from Geelong to Melbourne; moving from Hobart to Launceston; moving from Newcastle to Maitland)

- Move/change of address: within Australia**

(Example Moving interstate: e.g. from the ACT to NSW)

- Move/change of address: to outside Australia**

(Example Leaving Australia to live in another country – e.g. to New Zealand)

New Postal address

| | |
|-------------------|-----------|
| | |
| State: | Postcode: |
| New Home phone | TTY: |
| New Mobile phone | |
| New Email address | |

Other changes

- Change in informal support or other living arrangements**

(Example: Your family member who provides informal support has a new job and this means that you may need more formal support)

- Change in employment arrangements**

(Example: You are going from part-time to full-time work)

- Change in financial arrangements**

(Example: Another person or the state has started managing your personal money or you have gone bankrupt)

- Change in disability**

(The effect of your disability has improved or worsened)

- Change in health and wellbeing**

(If you have been diagnosed with a health condition that is unrelated to your disability but may have an effect on your disability)

- Other (please tell us)** _____

About the changes

What is the date that these changes of circumstances started to happen or are likely to happen?

START DATE OF CHANGES

/ /

END DATE OF CHANGES

Permanent

Temporary until / /

Unsure

Because of the change of circumstances, you have told us, do you need assistance from the NDIA – e.g. a meeting to discuss if these changes might affect your plan?

Yes

No

Unsure

Please tell us any other details:

Part D: Signature

In signing this form:

I certify that the information provided in this form is correct.

Signature

Please type name if returning via email or the participant Portal. Please sign if returning a printed copy

Name

Date