



Application for a replacement support

You can use this form to let us know if you want to replace an NDIS support or supports in your plan with a non-NDIS support.

When we say replacement support, we mean the service, item or equipment you would like to use instead of the NDIS support or supports in your plan.

A replacement support must:

- be used instead of the NDIS support or supports already in your plan
- cost the same or less than the cost of the NDIS support or supports in your plan
- work the same or better for you than the support it's replacing.

If we don't approve your request for a replacement support, you can't ask for a review of this decision.

Scan to visit ourguidelines.ndis.gov.au/funding to access the replacement list.



How to use this form

If you're the **participant or authorised representative**, please complete:

- **Part A**
- **Part B**
- **Part E**

If you want **someone else** to complete this form for you, we need consent from you first. You can find out how to do this in **Part C**. The person completing the form for you will also need to fill in **Part D**.

You can also ask us for help to complete the form.

- You can contact the [National Contact Centre](#) on 1800 800 110.

Part A: Participant details

Table 1: Participant details. Please provide participant details in the right hand column.

Participant details required	Participant details
Full name	
Date of birth (DD/MM/YYYY)	
NDIS number	
Preferred contact details: phone number	
Preferred contact details: email	

Part B: Information about the replacement support

Please complete **Part B** to give us information about the replacement support you want.

You don't need to give us any additional assessments or reports to apply for a replacement support.

Table 2: Replacement support details. Please provide participant support details in the right hand column.

Replacement support details required	Replacement support details
Tick the replacement support you are requesting.	Delete all that are not relevant to this request: <ul style="list-style-type: none">• Standard household item• Smartphone• Smart watch• Tablet• App for accessibility or communications

<p>Tell us which NDIS support/s from your plan you want to replace (or partly replace).</p>	
<p>Please tell us how the replacement support will work the same or better for you than the support it's replacing?</p>	
<p>How much does the replacement support cost?</p> <p>We can help you to work this out if you want us to.</p>	
<p>If you want to replace support worker hours, provide the type of support and number of hours you are replacing.</p> <p>We can help you to work this out if you want us to.</p>	
<p>Are you giving us a quote for the replacement support?</p> <p>This is optional.</p>	<p>Please indicate yes or no</p>
<p>Is there anything else you want to tell us about the replacement support?</p>	

Part C: Consent

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
- 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 D** and **Part E** for you. We can't accept a form from someone who fills it in for you without your consent.

Part D: Third party details

Please complete **Part D** if you're 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.

Table 3: Third party details. Please provide third party details in the right hand column.

Third party details required	Third party details
Full name	
Date of birth (DD/MM/YYYY)	
Contact phone number	
Relationship to Person in Part A e.g. child representative, advocate, nominee	

Part E: Statement

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.

Table 4: Participant statement requirements. Please provide participant details in right hand column.

Participant details required	Participant details
Full name	
Relationship to participant If not participant, for example child representative or plan nominee	
Signature	
Date (DD/MM/YYYY)	

How do I return this form to the NDIA?

You can return this form to us by:

- **Email:** 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.

Next steps

If we need to, we'll contact you to find out more about your request.

We'll then call you to let you know:

- if we have approved your request for a replacement support
- if we haven't approved your request for a replacement support.

Next, we'll send you a letter by post or email to confirm the outcome of your request in writing.

Privacy and your personal information

Our [Privacy Policy](#) sets out in detail how we handle your personal information.

National Disability Insurance Agency

[ndis.gov.au](https://www.ndis.gov.au)

Telephone 1800 800 110

Webchat [ndis.gov.au](https://www.ndis.gov.au)

Follow us on our social channels

[Facebook](#), [Twitter](#), [Instagram](#), [YouTube](#), [LinkedIn](#)

For people who need help with English

TIS: 131 450

For people who are deaf or hard of hearing

TTY: 1800 555 677

Voice relay: 1800 555 727

National Relay Service: [relayservice.gov.au](https://www.relayservice.gov.au)