EXAMPLE OT SERVICES

Occupational Therapy · NDIS Registered Provider

Victoria, Australia

OCCUPATIONAL THERAPY REPORT

Functional Capacity Assessment

A comprehensive assessment of functional capacity to inform NDIS planning and support decisions.

PREPARED FOR	
PARTICIPANT	Mr. X
NDIS NUMBER	000 000 000
REPORT DATE	26/08/2026

Prepared by the assessing Occupational Therapist — Example OT Services

Sample report. All participant details have been changed and are fictitious. Prepared for NDIS purposes.

PARTICIPANT DETAILS

DATE OF BIRTH:
01/01/1985

AGE:
40 years

ADDRESS:
1 Example Street, Melbourne VIC 3000

DATE OF ASSESSMENT:
26/08/2026

REFERRER:
Ms. B – Support Coordinator, Brightpath Care

PLAN MANAGEMENT:
Plan Managed

OCCUPATIONAL THERAPIST:
The Assessing Occupational Therapist

AHPRA REGISTRATION:
AHPRA registered

PURPOSE OF ASSESSMENT

This Functional Capacity Assessment was completed to inform NDIS planning and support decisions for Mr. X, a 40-year-old male living with Paranoid Schizophrenia and Moderate Intellectual Disability with associated Developmental Delay. The assessment evaluates Mr. X's functional capacity across cognitive, physical, self-care, domestic, community and social participation domains, and identifies the reasonable and necessary supports required to maintain his safety, health, and independence.

The purpose of this assessment is to provide objective evidence of the functional impact of Mr. X's disability, to support the identification and justification of appropriate supports under Section 34 of the NDIS Act, and to inform the participant's plan review. The assessment considers Mr. X's goals, current supports, risk profile, and the sustainability of his current informal support arrangements.

PARTICIPANT GOALS

1. Mr. X wants to build his daily living skills, including healthy meal preparation and maintaining a clean and safe home environment, to increase his independence.

2. Mr. X wants to access his community safely, manage public transport effectively, and engage in meaningful leisure activities without risk.

3. Mr. X wants to manage his physical and mental health conditions by consistently taking his medications and attending medical appointments.

ASSESSMENT DETAILS

ASSESSMENT INFORMATION	
People Present	Mr. X – Participant; Mrs. A – Maternal Aunt (collateral

	information provided via correspondence); the assessing Occupational Therapist
Documentation Cited	NDIS Plan; AMHS Outpatient Letter – Dr E, Mental Health Registrar (12/04/2024); Correspondence from Mrs. A (Maternal Aunt); previous Occupational Therapy Functional Capacity Assessment (04/06/2026)
Location of Assessment	1 Example Street, Melbourne VIC 3000 (Participant's home)
Method of Assessment	Informal interview; informal observation; World Health Organisation Disability Assessment Schedule 2.0 (WHODAS 2.0); Instrument for the Classification and Assessment of Support Needs (I-CAN); Montreal Cognitive Assessment (MoCA)

CURRENT SUPPORTS

SUPPORTS IN PLACE	
Formal Supports	GP – Dr C; the regional Area Mental Health Service (AMHS) – Ms. D (Case Manager) providing monthly depot antipsychotic injection; prescribed aripiprazole 10mg mane; Brightpath Care – Ms. B (Support Coordinator and Support Worker).
Informal Supports	Mrs. A (Maternal Aunt) – primary advocate, administrative coordinator, and emotional support for the past four years. Mrs. A resides in a nearby suburb and has reported significant carer burden associated with her sustained caring role for Mr. X, who has no other family or friends involved in his care.

SUMMARY OF REPORT RECOMMENDATIONS

Mr. X requires ongoing support coordination to assist him to connect to and coordinate the specialist services he requires.

Mr. X requires specialist hoarding and squalor support to address severe clutter and safety hazards in his home environment.

Mr. X requires engagement with a psychologist/counsellor to support his emotional wellbeing and address the functional impact of his paranoid delusions and associated safety concerns.

Mr. X requires ongoing engagement with an occupational therapist for daily living skills development, functional capacity review, and trial of assistive technology.

Mr. X requires continued 1:1 support worker assistance to facilitate daily routines, medication prompting, community access, and safe engagement in meaningful activities.

Mr. X requires increased support worker hours to assist him with grocery shopping in Melbourne, attending medical appointments, and engagement in meaningful activities.

Mr. X requires referral to and assessment by a continence nurse to address reported bowel concerns and maintain personal hygiene.

Mr. X requires a transport allowance to facilitate community participation and attendance at clinical appointments.

Mr. X requires short-term accommodation/respite to address social isolation and provide relief from significant carer burden on his aunt.

Mr. X requires ongoing visits from a registered nurse to monitor his bilateral leg oedema and cardiovascular health.

Mr. X requires a home assessment for bathroom modifications to improve accessibility and safety, given his bilateral leg oedema and weight.

BACKGROUND

Mr. X is a 40-year-old male who resides alone in a rental property in Melbourne, Victoria. Mr. X has a longstanding history of developmental delay and Moderate Intellectual Disability, alongside a diagnosis of Paranoid Schizophrenia. Mr. X did not complete mainstream schooling, having left school at approximately 13 years of age due to behavioural difficulties, persistent swearing, and irregular attendance. Consequently, his mother kept him at home, and he did not receive further formal education or vocational training. He has a lifelong history of unemployment and is supported by the Disability Support Pension (DSP).

Mr. X's family history is significant for psychosocial vulnerability. His mother has a history of severe psychotic illness and currently resides in an aged care facility. His father is deceased with a history of alcohol abuse. Mr. X's informal support network is extremely limited, consisting solely of his maternal aunt, Mrs. A, who has acted as his primary advocate, administrative coordinator, and emotional support for the past four years. Mrs. A has reported significant emotional and mental burden associated with her caring role, given Mr. X has no other family members or friends actively involved in his care. This leaves Mr. X highly vulnerable to social isolation, exploitation, and self-neglect. The

unsustainable nature of this informal arrangement requires formalised support to mitigate Mr. X's risks and reduce carer burden on his aunt.

Medical History

Mr. X has been diagnosed with the following medical conditions: Paranoid Schizophrenia; Moderate Intellectual Disability and Developmental Delay; Hypothyroidism (non-adherent to daily tablets); Hypercholesterolaemia; Pre-diabetes; Bilateral lower limb oedema with poor cardiovascular circulation; and a history of suspected bowel bleeding (uninvestigated due to appointment non-compliance).

Paranoid Schizophrenia is a chronic mental health condition characterised by persistent delusions, particularly of a persecutory or grandiose nature, alongside auditory hallucinations and disorganised thought processes. Moderate Intellectual Disability refers to significantly below-average intellectual functioning alongside substantial limitations in adaptive behaviour. For Mr. X, the combination of these conditions results in pervasive functional support needs across all domains of daily living, including communication, decision-making, self-care, safety awareness, and community participation.

CURRENT SITUATION

Mr. X lives alone in a rental property in Melbourne, VIC, and manages his day-to-day life with significant difficulty attributable to his Paranoid Schizophrenia and Moderate Intellectual Disability. His conditions cause pervasive functional limitations across all areas of daily living, including self-care, domestic management, medication adherence, financial management, community participation, and personal safety.

Mr. X experiences chronic and active paranoid delusions, including fixed beliefs that members of the public are harassing him on social media, that random individuals drive past his home with firearms aimed at his house, that television spectators speak about him, and that the public can read his thoughts. As reported by Mrs. A and confirmed in psychiatric correspondence from the regional Area Mental Health Service (AMHS), Mr. X has acted on these delusions on multiple occasions, including calling police multiple times and expressing intent to change his name or relocate. Mr. X has expressed safety concerns in the past during periods of acute paranoid distress, stating approximately two years ago that "everyone would be happy if he committed suicide" when feeling overwhelmed by his delusions. His aunt spoke with him at that time and he appeared to settle; however, his risk profile requires ongoing active monitoring given the context of his intellectual disability and limited insight.

Mr. X is managed by AMHS under case manager Ms. D and receives a monthly depot antipsychotic injection. He is also prescribed aripiprazole 10mg mane. Mr. X has poor adherence to all other prescribed medications, including those

for hypothyroidism, which he regularly refuses or forgets to take. Mr. X has stated he does not like taking any oral medication, including simple analgesics such as paracetamol. This level of non-adherence places him at significant risk of further deterioration of his physical health.

Mr. X presents with significant bilateral lower limb oedema, with his calves to feet appearing bluish in colour, indicating poor cardiovascular circulation. He is overweight, pre-diabetic, hypercholesterolaemic, and does not engage in regular physical activity. Mr. X has a history of suspected bowel bleeding but remains uninvestigated due to appointment non-compliance, recently walking out of a scheduled colonoscopy at the local public hospital due to anxiety regarding the procedure.

Mr. X's home environment is in a state of severe neglect, squalor, and clutter due to chronic hoarding behaviours associated with his psychosocial disability. He hoards large volumes of items including umbrellas, headphones, coloured pencils, plastic watering cans, and realistic toy guns. The hoarding creates significant safety hazards, including fire risk and obstructed access throughout the home. Mr. X also frequently calls tradespeople to investigate non-existent gas leaks or electrical faults driven by his delusional beliefs. Mr. X has been banned from the local supermarket due to shoplifting and plans to travel to Melbourne for grocery shopping, which he is unable to undertake safely without support. He has limited safety awareness in the community and has carried realistic toy guns in public, resulting in a police warning. As reported by Mrs. A, Mr. X has also missed the last train from Melbourne and contacted his aunt at midnight requesting collection from the station, demonstrating his limited capacity to manage independent community travel safely.

COGNITIVE FUNCTION / CAPACITY FOR NEW LEARNING

Mr. X presents with significant cognitive support needs attributable to his Moderate Intellectual Disability and Developmental Delay, which pervasively impact his attention, memory, comprehension, and executive function. On the day of the assessment, Mr. X demonstrated significant social desirability bias, frequently embellishing stories and providing inaccurate information to present himself in a positive light. For example, Mr. X reported leaving school at year 10 and stated he prepares roasts and casseroles; however, collateral information from Mrs. A confirms Mr. X left school at approximately 13 years of age and that he only prepares meat in fatty pans with chips and eggs. Mr. X required frequent repetition and simplification of questions throughout the assessment to support comprehension.

Mr. X completed the Montreal Cognitive Assessment (MoCA) to assess current executive function (planning, organisation and sequencing), concentration, attention, visual and verbal memory, language skills, and abstract thinking. These cognitive deficits significantly affect his capacity to manage daily activities, medication adherence, financial management, appointment

attendance, and safe community access without consistent and structured support.

COGNITIVE ASSESSMENT

Domain	Description	Score
Attention	Mr. X was unable to maintain concentration for the attention tasks. He was unable to repeat a sequence of numbers forward or in reverse order, and was unable to complete the serial subtraction task, consistent with significant attentional difficulties attributable to his Moderate Intellectual Disability and Paranoid Schizophrenia.	1/6
Memory	Mr. X demonstrated no delayed recall of the five words presented. Even with category cues and multiple choice prompts, Mr. X was unable to recall the words, consistent with significant memory impairment attributable to his Moderate Intellectual Disability and Paranoid Schizophrenia.	0/5
Reasoning / problem-solving	Mr. X was unable to identify abstract relationships between items presented during the assessment, and was unable to sequence ascending letters and numbers, consistent with reduced abstract reasoning and problem-solving attributable to his Moderate Intellectual Disability.	0/2
Orientation	Mr. X was orientated to the month and year but was unable to accurately identify the exact date or day of the week. He was orientated to place and city but not to specific details, consistent with disorientation attributable to his cognitive support needs.	4/6
New learning	Mr. X required frequent repetition and simplification of information to support comprehension of new tasks. His severe impairments in memory, attention and	9/30 (MoCA total)

Domain	Description	Score
	abstraction significantly limit his capacity for new learning, consistent with his Moderate Intellectual Disability and Paranoid Schizophrenia.	

Interpretation

Mr. X scored 9 out of 30 on the MoCA, where a score of 26 and above indicates normal cognitive function. Mr. X's score is indicative of severe cognitive impairment attributable to his Moderate Intellectual Disability, Developmental Delay, and Paranoid Schizophrenia. These cognitive deficits significantly affect his capacity to manage daily activities, medication adherence, financial management, appointment attendance, and safe community access without consistent and structured support.

MENTAL HEALTH / BEHAVIOUR

Mr. X presents with significant and complex mental health needs attributable to his diagnosed Paranoid Schizophrenia and Moderate Intellectual Disability. These conditions pervasively impact his daily functioning, emotional regulation, decision-making, and safety, requiring ongoing structured support and intervention.

Mr. X experiences active paranoid delusions, ideas of reference, and thought broadcasting. As reported by Mrs. A and documented in psychiatric correspondence from AMHS, Mr. X has acted on his delusions on multiple occasions. Historically, Mr. X called 000 emergency services stating that a prominent public figure was threatening to kill him, resulting in police attendance at his home. He also frequently contacts emergency services and tradespeople in response to delusional beliefs about gas leaks, electrical faults, and members of the public targeting him.

Mr. X demonstrates significant hoarding behaviours, accumulating large volumes of items in his home and garden which create safety hazards and require specialist intervention. Mr. X has expressed safety concerns in the past during periods of acute paranoid distress; while his aunt has reported these concerns as currently manageable, his risk profile requires ongoing active monitoring given the context of his Moderate Intellectual Disability, limited insight, and reduced capacity to seek help appropriately.

Without consistent and structured mental health support, daily living assistance, and behavioural intervention, Mr. X is at significant risk of further deterioration of his mental health, increased emergency service involvement, exposure to harm in the community, and continued self-neglect of his physical health.

COMMUNICATION

Mr. X is able to engage in basic receptive and expressive communication. He is generally able to hold a conversation; however, his speech presents with significant tangential content, broken threads, and disorganised structure consistent with his Moderate Intellectual Disability and underlying psychotic illness. Mr. X also demonstrates significant social desirability bias and frequently fabricates or embellishes information to present himself in a favourable light. As reported by Mrs. A, Mr. X does not understand much of what is communicated to him and frequently agrees with instructions without retaining or comprehending the information. Mr. X requires consistent support worker assistance to communicate complex information, schedule appointments, and coordinate with external service providers.

PHYSICAL FUNCTIONING

FUNCTIONAL STATUS BY DOMAIN	
Mobility	Mr. X is independently mobile on level surfaces and accesses public transport without physical assistance. However, Mr. X presents with significant bilateral lower limb oedema, with his calves to feet appearing bluish in colour, indicating poor cardiovascular circulation. Mr. X is overweight, does not engage in regular physical activity, and is at increasing risk of cardiovascular complications due to his sedentary lifestyle, hypercholesterolaemia, and pre-diabetes.
Transfers	Mr. X is independent with transfers at this time; however, long-term transfer safety is at increasing risk due to his weight, sedentary lifestyle, and bilateral lower limb oedema.
Upper limb / fine motor	Mr. X's upper limb function is broadly within normal physical limits. However, Mr. X does not use his upper limbs to engage in domestic cleaning, gardening, or self-care activities consistently, attributable to his intellectual disability, reduced motivation, and pervasive functional support needs.
Lower limb / gross motor	Mr. X's lower limbs are within normal physical range but are significantly impacted by bilateral lower limb oedema, presenting with bluish discolouration from calves to feet. Ongoing clinical monitoring is required by a registered nurse and GP to manage Mr. X's cardiovascular and circulatory health.
Sensory	No major sensory impairments reported at this time.

	Mr. X is at significant risk of developing diabetic peripheral neuropathy given his untreated pre-diabetes, poor nutritional intake, and non-adherence to thyroid medication.
Pain	Mr. X reports no chronic physical pain. Mr. X refuses to take any form of oral medication, including simple analgesics such as paracetamol, even when clinically indicated. This significantly impacts his capacity to manage acute or chronic health needs.

HOME ENVIRONMENT

HOME ASSESSMENT	
Physical environment	Mr. X resides alone in a rental standalone house in Melbourne, VIC. As observed during the assessment, Mr. X's home and garden are in a state of severe neglect, squalor, and clutter due to chronic hoarding behaviours associated with his psychosocial disability. Mr. X accumulates large volumes of items including umbrellas, headphones, coloured pencils, plastic watering cans, and realistic toy guns.
Safety and hazards	There are significant safety hazards present including potential fire risk, obstructed access throughout the home, and ongoing concerns regarding gas and electrical fittings driven by Mr. X's delusional complaints. Mr. X frequently calls tradespeople to investigate non-existent gas leaks or electrical faults, and the level of clutter presents a substantial risk of injury and impeded egress in an emergency.
Suitability for needs	The home is not currently suitable for Mr. X's needs. A formal home modification assessment is recommended, including bathroom modifications to accommodate his weight and bilateral lower limb oedema, alongside specialist hoarding and squalor intervention to restore a safe living environment.

ACTIVITIES OF DAILY LIVING

Assistance levels used in the Current Status column: Independent / Prompting required / Minimal assistance required / Moderate assistance required / Maximal assistance required / Full assistance required.

PERSONAL AND SELF-CARE ACTIVITIES		
Task	**Current Status**	**Comments**
Showering / bathing	Prompting required	Mr. X showers frequently; however, his overall hygiene and grooming practices are inconsistent without prompting. As reported by Mrs. A, Mr. X has been observed wearing track pants with no underwear and on one occasion was seen by his treating GP wearing a woman's dress with no underwear. Mr. X requires consistent prompting and support to maintain appropriate personal hygiene and clothing selection.
Toileting	Minimal assistance required	Mr. X manages toileting independently; however, he has reported bowel bleeding and walked out of a scheduled colonoscopy at the local public hospital due to anxiety. He requires significant support to re-engage with health services for investigation and management of this concern. Referral to a continence nurse is also recommended.
Dressing	Prompting required	As reported by Mrs. A, Mr. X has been observed wearing inappropriate clothing in public, including a woman's dress with no underwear and track pants without underwear. Mr. X requires consistent support to select appropriate, clean, and weather-appropriate clothing.
Grooming	Prompting required	Mr. X requires consistent prompting to maintain grooming routines, including dental care, shaving, and clean clothing.
Feeding / eating	Moderate assistance required	Mr. X has significant difficulty managing his nutritional intake. He reports preparing roasts and casseroles; however, as reported by Mrs. A, Mr. X only cooks meat in fatty pans with chips and eggs, avoiding vegetables and salads entirely. Mr. X accepts food

Task	Current Status	Comments
		donations from local charities (including a Melbourne church support group) but allows much of this food to spoil in his fridge. Given his pre-diabetes, hypercholesterolaemia, and bilateral lower limb oedema, Mr. X requires moderate support with meal planning and nutritional management.
Sleep	Prompting required	Mr. X's sleep is disrupted by active paranoid delusions. He frequently contacts his aunt or emergency services at late hours, indicating poor sleep regulation and ongoing functional impact of his Paranoid Schizophrenia.
Medication	Full assistance required	Mr. X receives a monthly depot antipsychotic injection through AMHS and is prescribed aripiprazole 10mg mane. Mr. X refuses to take daily thyroid medication and has stated he does not like taking any oral tablets, including simple analgesics. This non-adherence places him at significant risk of further deterioration of his physical health and is a key safety concern requiring consistent formal support.

DOMESTIC ACTIVITIES OF DAILY LIVING

Task	Current Status	Comments
Cleaning and laundry	Maximal assistance required	Mr. X is unable to maintain a clean and safe home environment without significant support. His home is heavily cluttered with hoarded items and presents significant safety hazards. Mr. X requires maximal 1:1 support and specialist hoarding intervention to address the current state of the home environment.
Meal preparation	Maximal assistance required	Mr. X lacks the skills to plan and prepare nutritionally balanced meals. He relies on fried meat and high-fat foods and is unable to incorporate

Task	Current Status	Comments
		vegetables or salads into his diet. Given his pre-diabetes, hypercholesterolaemia, and bilateral lower limb oedema, Mr. X requires consistent 1:1 support for meal planning, shopping, and preparation.
Gardening / home maintenance	Maximal assistance required	Mr. X does not maintain his garden, which is in a state of severe neglect and clutter. Mr. X requires maximal 1:1 assistance for any outdoor maintenance and gardening tasks.

COMMUNITY ACTIVITIES

Task	Current Status	Comments
Transport	Moderate assistance required	Mr. X is able to catch public transport on familiar routes; however, his understanding of time and travel safety is significantly impaired. As reported by Mrs. A, Mr. X missed the last train from Melbourne and contacted his aunt at midnight requesting collection from the station. He has also evaded train fares on multiple occasions, with a transport fine waived through advocacy by his support coordinator due to his intellectual disability.
Shopping	Moderate assistance required	Mr. X has been banned from the local supermarket due to shoplifting. He has indicated he plans to travel to Melbourne for grocery shopping, which he is unable to undertake safely or independently. Mr. X requires support worker assistance for transport to Melbourne and supervision throughout the shopping task to support appropriate decision-making and behaviour.
Attending appointments	Moderate assistance required	Mr. X does not consistently schedule or attend medical appointments independently. He recently walked out of a scheduled colonoscopy at the local

Task	Current Status	Comments
		public hospital. He requires support workers to schedule, prompt, and transport him to medical, dental, and allied health appointments.
Financial management / banking	Maximal assistance required	Mr. X is unable to budget or save money. As reported by Mrs. A, Mr. X typically spends his entire Disability Support Pension the day after it is banked, primarily on hoarded items such as umbrellas, headphones, coloured pencils, plastic watering cans, and plastic toy guns. Mr. X requires formal financial administration support to manage his finances safely.
Informational support	Moderate assistance required	Mr. X is unable to comprehend or act on written correspondence, medical advice, or NDIS-related documentation independently. He requires moderate 1:1 support to interpret information and respond appropriately.
Directions / safety / phone use	Moderate assistance required	Mr. X presents with significantly reduced safety awareness in the community. He has carried realistic toy guns in public, resulting in a police warning given the risk of being perceived as carrying real firearms. Mr. X also calls emergency services (000) and tradespeople inappropriately in response to delusional beliefs. Historically, Mr. X called 000 stating that a prominent public figure was threatening to kill him, resulting in police attendance.

PRODUCTIVE / CIVIC ACTIVITIES

Mr. X left school at approximately 13 years of age due to behavioural difficulties, persistent swearing, and irregular attendance. He did not receive further formal education or vocational training. Mr. X has a lifelong history of unemployment attributable to his Moderate Intellectual Disability and Paranoid Schizophrenia, and is supported by the Disability Support Pension.

LEISURE ACTIVITIES

Mr. X has no structured leisure activities. He attempted to play golf at the local course adjacent to his property; however, he was asked to leave by the greenkeeper due to not understanding the rules. Mr. X is sedentary and requires consistent prompting and structured support to engage in physical or social leisure activities. Given his bilateral lower limb oedema, pre-diabetes, and overweight status, engagement in adapted physical activity is strongly indicated to support his physical health.

SOCIAL PARTICIPATION

PARTICIPATION PROFILE	
Friends and family	Mr. X is significantly socially isolated. He has no friends or peer relationships. His only consistent informal support is his maternal aunt, Mrs. A, who has reported significant emotional and mental burden associated with her sustained caring role. His mother resides in an aged care facility, and his father is deceased. Mr. X has no other relatives or friends actively involved in his care, leaving him highly vulnerable to social isolation, exploitation, and self-neglect.
Community / group activities	Mr. X does not participate in structured community or group-based activities. He attends local charities for food donations but does not integrate socially in these environments. Mr. X requires support worker assistance to build social engagement skills, access structured community activities, and reduce social isolation in a safe, supported manner.

STANDARDISED ASSESSMENTS

Assessment 1 — World Health Organisation Disability Assessment Schedule 2.0 (WHODAS 2.0)

Domain	Description	Score
Cognition	Understanding and communicating: concentrating, remembering, analysing and solving problems, learning and communicating.	80%
Mobility	Getting around: standing, moving around inside the home, getting out of the home and walking longer distances.	30%

Domain	Description	Score
Self-care	Washing, dressing, eating and staying alone for several days.	75%
Getting along	Interacting with other people: dealing with strangers, maintaining friendships and relationships.	90%
Life activities	Domestic responsibilities, household tasks, and work or study activities.	85%
Participation	Joining in community activities, barriers in the environment, and living with dignity.	90%
Overall / summary score	Overall level of disability across all six WHODAS domains (0% no disability — 100% full disability).	75%

Interpretation — WHODAS 2.0

Mr. X's WHODAS 2.0 results indicate severe functional impairment across the domains of Getting Along (90%), Participation (90%), Life Activities (85%), and Cognition (80%), reflecting the profound impact of his Paranoid Schizophrenia and Moderate Intellectual Disability on his capacity to engage in social relationships, community participation, and daily living activities. Over the 30 days prior to the assessment, Mr. X's disability caused difficulties on all 30 days. The overall summary score of 75% is consistent with severe overall disability. Without funded supports in place, Mr. X is at significant risk of further functional deterioration, social isolation, and exposure to harm in the community.

Assessment 2 — Instrument for the Classification and Assessment of Support Needs (I-CAN)

Domain	Description	Score
Health and wellbeing support needs	Support required to manage physical and mental health, medication adherence, and access to health services.	High support need [ESTIMATED — OT to confirm]
Activities and participation support needs	Support required for self-care, domestic tasks, community access and social participation.	Very high support need [ESTIMATED — OT to confirm]
Safety and behaviour support needs	Support required to manage behaviours of concern, safety awareness, and risk in the home and community.	High support need [ESTIMATED — OT to confirm]

Domain	Description	Score
Overall support needs profile	Overall level of support required across health, activities, participation and safety domains.	Very high overall support need [ESTIMATED — OT to confirm]

Interpretation — I-CAN

The I-CAN indicates that Mr. X presents with very high overall support needs across the health and wellbeing, activities and participation, and safety and behaviour domains [ESTIMATED — OT to confirm]. His health and wellbeing support needs are high, driven by non-adherence to medication, multiple physical health comorbidities including bilateral lower limb oedema, pre-diabetes, hypercholesterolaemia and hypothyroidism, and an uninvestigated history of suspected bowel bleeding. His activities and participation support needs are very high, reflecting his dependence across self-care, domestic tasks, community access and social participation. His safety and behaviour support needs are high, driven by reduced safety awareness, hoarding behaviours, inappropriate contact with emergency services, and the carrying of realistic toy guns in public. This profile supports the need for consistent, structured, and multidisciplinary formal supports to maintain Mr. X's safety, health, and independence.

RECOMMENDATIONS

RECOMMENDED SUPPORTS

Recommendation	Justification (Section 34 + Risk)	Hours
Mr. X requires continued 1:1 Support Worker assistance to facilitate daily routines, personal care and hygiene prompting, medication prompting, community access, grocery shopping in Melbourne, appointment attendance, and safe engagement in meaningful activities.	This support is reasonable and necessary as per Section 34 of the NDIS Act because it directly relates to Mr. X's disability support needs arising from his Paranoid Schizophrenia and Moderate Intellectual Disability and represents value for money. Without this support, Mr. X is at significant risk of functional decline, continued self-neglect of personal care and physical health, deterioration of his home environment, social isolation, and unsafe community engagement.	To be determined based on NDIS plan review and support needs assessment

Recommendation	Justification (Section 34 + Risk)	Hours
Mr. X requires ongoing occupational therapy for daily living skills development, functional capacity review, and trial and prescription of assistive technology.	This support is reasonable and necessary as per Section 34 of the NDIS Act because it will build Mr. X's capacity and independence in daily activities and monitor his functional status as clinically indicated. Without this support, Mr. X is at risk of ongoing functional decline and increased reliance on paid supports.	70 hours per year (26 hrs sessions | 13 hrs travel | 6 hrs progress report | 15 hrs FCA)
Mr. X requires ongoing support coordination to implement the plan, connect with providers, and coordinate the specialist supports he requires.	This support is reasonable and necessary as per Section 34 of the NDIS Act because Mr. X is unable to independently navigate, engage and coordinate supports attributable to his Moderate Intellectual Disability and Paranoid Schizophrenia and his extremely limited informal support network. Without this support, Mr. X is at risk of plan under-utilisation, disengagement from essential health and therapeutic services, and service breakdown.	70 hours per year
Mr. X requires engagement with a psychologist/counsellor to support his emotional wellbeing and address the functional impact of his paranoid delusions and associated safety concerns.	This support is reasonable and necessary as per Section 34 of the NDIS Act because it addresses behaviours of concern and mental health needs attributable to Mr. X's Paranoid Schizophrenia and Moderate Intellectual Disability. Without this support, Mr. X is at risk of escalating paranoid distress, increased emergency service involvement, community exclusion, and continued self-neglect.	As recommended by treating Psychiatrist

Recommendation	Justification (Section 34 + Risk)	Hours
Mr. X requires a home modification assessment, including bathroom modifications, and specialist hoarding and squalor support to improve safety and accessibility at home.	This support is reasonable and necessary as per Section 34 of the NDIS Act because it reduces identified risks in Mr. X's home environment, including fire risk, obstructed access, and long-term risks associated with his weight and bilateral lower limb oedema. Without this support, Mr. X is at risk of falls, injury, eviction, and loss of independent living.	One-off assessment

Yours sincerely,

The Assessing Occupational Therapist
Occupational Therapist
AHPRA registered
Example OT Services

For further information regarding the assessment and report findings, please contact Example OT Services.