

Guide to Determining the Level of Assistance Required for the NT Companion Card Application Form: Section Three

This resource is a guide only, designed to assist individuals, their carers and/or allied health professionals to determine the level of assistance required for mobility, communication, self-care and learning, planning and decision.

Created by Integrated disAbility Action Inc. 2024

IdA are a proud provider of the NT Companion Card and the peak body for disability advocacy in the Northern Territory.

Mobility

Difficulty with mobility can be due to things such as, but not limited to, amputation, paralysis, cerebral palsy, stroke, multiple sclerosis, muscular dystrophy, arthritis and spinal cord injury.

Using the sliding scales below, please indicate how affected you are by the following symptoms:

Constipation/Incontinence



Muscle atrophy or contractions



Difficulty with movement **without** the assistance of mobility aides and/or carers



Dulling of physical senses



Add up the total, based on the numeric value for each of the four categories above.

e.g. 5 for constipation/incontinence + 3 for muscle atrophy or contractions + 4 for difficulty with movement + 3 for dulling of physical senses = 15 total

Use to the scoring table below to determine your level of assistance required for mobility.

Your total score of _____ is an **indication only** of your level of assistance required.

5 and under
(Minimal Assistance
Required)

6 – 9
(Some Assistance
Required)

10 – 20
(Substantial Assistance
Required)

Communication

Difficulty with communication can be due to things such as, but not limited to, traumatic brain injury, autism spectrum disorder, auditory processing disorder, stroke, intellectual disability, anxiety disorders, schizophrenia and hearing disorders.

Using the sliding scales below, please indicate how affected you are by the following symptoms:

Difficulty understanding and/or hearing what people are saying



Difficulty communicating your needs



Experience feelings of overstimulation, frustration and/or confusion when trying to communicate



Difficulty comprehending or interpreting nonverbal cues



Add up the total, based on the numeric value for each of the four categories above.

Use to the scoring table below to determine your level of assistance required for mobility.

Your total score of _____ is an **indication only** of your level of assistance required.

5 and under
(Minimal Assistance
Required)

6 – 9
(Some Assistance
Required)

10 – 20
(Substantial Assistance
Required)

Self-Care (Activities of Daily Living)

Difficulty with self-care can be due to things such as, but not limited to, traumatic brain injury, autism spectrum disorder, stroke, intellectual disability, anxiety disorders, schizophrenia, amputation, paralysis, cerebral palsy, stroke, multiple sclerosis, muscular dystrophy, arthritis and spinal cord injury.

Using the sliding scales below, please indicate how affected you are by the following symptoms:

Difficulty preparing food, cooking and/or eating



Difficulty maintaining personal hygiene e.g. brushing teeth, showering, toileting



Difficulty getting dressed and/or changing clothes



Difficulty with sleep hygiene, insomnia, sleep deprivation and/or hypersomnia



Difficulty managing medications



Difficulty shopping for necessities e.g. groceries



Difficulty with general housekeeping e.g. washing dishes, laundry and/or dusting



Difficulty with communicating with others e.g. ability to use a telephone, email, internet browsing and/or posting/receiving mail



Add up the total, based on the numeric value for each of the eight categories above.

Use to the scoring table below to determine your level of assistance required for Self-Care.

Your total score of _____ is an **indication only** of your level of assistance required.

10 and under
(Minimal Assistance
Required)

11 – 19
(Some Assistance
Required)

20 – 40
(Substantial Assistance
Required)

Learning, planning and decision making

Difficulty with learning, planning and decision making can be due to things such as, but not limited to, traumatic brain injury, autism spectrum disorder, stroke, intellectual disability, anxiety disorders, schizophrenia, downs syndrome and auditory processing disorder.

Using the sliding scales below, please indicate how affected you are by the following symptoms:

Difficulty with decision making



Difficulty considering the consequences of your decisions and/or behaviours



Difficulty exploring alternative decisions and/or behaviours



Difficulty recognising and/or understanding the viewpoint of others



Difficulty managing your time effectively



Difficulty understanding and/or retaining new information



Difficulty following directions or learning routines



Difficulty with organisational skills



Add up the total, based on the numeric value for each of the eight categories above.

Use to the scoring table below to determine your level of assistance required for learning, planning and decision making.

Your total score of _____ is an **indication only** of your level of assistance required.

10 and under
(Minimal Assistance
Required)

11 – 19
(Some Assistance
Required)

20 – 40
(Substantial Assistance
Required)

End of resource guide.