

NDIS Meal Delivery Eligibility: Who Qualifies and What Evidence You Need

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Details:

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NDIS Meal Delivery Eligibility: Who Qualifies and What Evidence You Need

For many Australians living with disability, the ability to prepare a safe, nutritious meal is not a given. Reaching for a hot pan, standing at a stove for extended periods, following a multi-step recipe, or even carrying groceries from the car — tasks most people perform without a second thought — can be genuinely impossible, dangerous, or exhausting for someone with a significant physical, cognitive, or psychosocial disability. This is the precise gap that NDIS meal delivery funding is designed to address.

Yet eligibility for this funding is consistently misunderstood. Many participants assume that having a disability, or having a condition that requires a special diet, is sufficient to qualify. It is not. The NDIS applies a rigorous, evidence-based framework to determine whether meal preparation and delivery support is "reasonable and necessary" for each individual participant. Understanding exactly what that framework requires — and what evidence you need to satisfy it — is the difference between having this support approved and having it declined.

This article provides a definitive breakdown of the eligibility criteria, the role of clinical evidence, and the common misconceptions that lead to failed funding requests.

Why Eligibility for Meal Delivery Funding Is Not Automatic

The NDIS currently supports over 600,000 Australians with disability, investing more than \$35 billion annually in disability supports. Despite this scale, the scheme is not designed to cover everyday living costs that all Australians bear, regardless of disability status. Food is explicitly in this category.

The NDIS covers the labour costs for meal preparation and delivery, but not the price of the food itself. Food is considered an everyday living expense that all people pay for, whether or not they are on the NDIS. This foundational distinction — funding the *service* of meal preparation, not the *food* itself — underpins the entire eligibility framework (see our guide on *What Is NDIS Meal Funding? How the Scheme Covers Meal Preparation and Delivery*).

The legal basis for all NDIS funding decisions is Section 34 of the *National Disability Insurance Scheme Act 2013*. The NDIA will determine what supports are reasonable and necessary to fund according to criteria contained in Section 34 of the NDIS Act. A support must meet all six criteria contained in Section 34 for it to be considered reasonable and necessary.

In practice, a support must relate directly to the participant's disability, help the participant pursue their NDIS goals, represent value for money, be effective and beneficial, improve independence or participation, and not be more appropriately funded by another service system.

For meal delivery specifically, the critical threshold is functional: the NDIS may fund the labour for meal preparation and the cost of delivery when it is reasonable and necessary and linked to your disability. Eligibility applies when your disability prevents you from preparing safe or reliable meals.

The Core Eligibility Test: Functional Impact, Not Diagnosis

This is perhaps the most important distinction in the entire eligibility framework: **the NDIS funds based on functional impact, not diagnosis alone.**

A participant's specific diagnosis — whether it is multiple sclerosis, cerebral palsy, acquired brain injury, or a psychosocial disability — does not automatically qualify them for meal delivery funding. What matters is how that diagnosis functionally affects their ability to prepare meals safely and consistently.

The NDIA, while making a decision to fund meal preparation in a plan, may look at different things. This may include the type of disability a participant has, whether the requirement of delivering cooked meals is directly related to their disability, and other circumstances.

Functional limitations that planners typically recognise as grounds for meal delivery funding include:

- Being unable to safely use a stove or handle knives due to disability; having limited mobility or fine motor skills that make cooking unsafe; or being unable to lift pots or carry groceries.
- Being unable to use a stove safely due to mobility or sensory challenges; or fatiguing easily and being unable to cook consistently.
- Being unable to lift pots, carry groceries, or stand for long periods; or needing texture-modified meals due to swallowing difficulties.
- Having a disability that means you can't shop, cook, or clean up after preparing a meal; or having trouble planning meals or following multi-step instructions.

Critically, the planner will also consider whether other, less costly supports could meet the same need. The NDIS is only able to cover meal delivery services in a scenario where it is not realistic to expect a participant to cook their own meals or have access to family members who can cook for them. If a support worker could feasibly assist with in-home meal preparation at lower cost, the NDIA may prefer that option before approving a dedicated meal delivery service (see our guide on **Support Worker Meal Preparation vs. NDIS Meal Delivery Services: Which Is Right for You?**).

What Conditions Do NOT Qualify as Grounds for Meal Delivery Funding

One of the most common points of confusion — and one of the most important to address clearly — is the assumption that a medical condition requiring a special diet is itself sufficient grounds for NDIS meal delivery funding. This is incorrect.

The NDIS does not fund nutrition supports unrelated to disability, such as weight loss programs, eating disorders, food allergies, or conditions including diabetes, cardiovascular disease, renal disease, or irritable bowel syndrome.

The rationale is consistent with the scheme's foundational principle: while the NDIS can provide reasonable and necessary funding for the cost of meal preparation and the cost of home delivery, the NDIS may still be unable to fund supports that aren't directly related to your disability.

To illustrate the distinction with a concrete example:

- A participant with **Type 2 diabetes** who is fully capable of preparing their own meals safely does not qualify for NDIS meal delivery funding on the basis of their diabetes alone. Their dietary needs are

real, but the NDIS does not fund the management of a health condition that sits within the scope of mainstream health services. - A participant with ****Type 2 diabetes AND a spinal cord injury**** who cannot stand at a stove or safely handle kitchen equipment may qualify — but the funding is justified by the spinal cord injury's functional impact on meal preparation, not the diabetes itself.

This distinction also applies to food allergies, coeliac disease, and other dietary conditions. These conditions may influence *which* meals a participant orders from an NDIS-registered provider, but they cannot independently justify the funding (see our guide on **NDIS Meal Delivery for Special Dietary Needs: Texture-Modified, Gluten-Free, Diabetic, and More**).

The Plan Eligibility Requirement: Core Supports Funding

Before a participant can access meal delivery funding, their NDIS plan must include the appropriate budget. To be eligible for home-delivered meals, an NDIS plan needs to include 'Daily Activities' in Core Supports, or have a stated line item for 'Assistance with the cost of the preparation and delivery of meals' (support item code 01_023_0120_1_1).

Importantly, meal preparation and delivery does not need to be explicitly named in the plan to be accessible. Meal preparation and delivery doesn't have to be stated in a plan. If it is reasonable and necessary for the participant, it can be purchased flexibly from their core funding budget.

Since March 2022, the NDIA no longer requires quotes for meal preparation and delivery. If a participant's core support funding includes meal preparation, they can use it flexibly, including for ready-made meal delivery services, without changing their plan. This flexibility is particularly valuable during periods of temporary change, such as when a regular support worker is unavailable.

However, the October 2024 legislative changes introduced under the **Getting the NDIS Back on Track No. 1** Act introduced a new explicit requirement: in October 2024 the Government inserted section 10 into the NDIS Act and published an official "NDIS supports" list, with an inclusion list and an exclusion list. The rules are now spelled out rather than left to the planner's judgement. This means participants and their support coordinators must now verify that their chosen provider and delivery method appear on the approved supports list (see our guide on **NDIS Meal Funding Rules After the October 2024 'Back on Track' Changes**).

The Evidence You Need: A Structured Breakdown

This is where many funding applications succeed or fail. The NDIA does not take a participant's word alone that meal preparation is difficult or impossible. When creating an NDIS plan, an NDIA planner considers the information and evidence provided, alongside the reasonable and necessary criteria and NDIS rules, to decide what NDIS supports can be funded.

When properly documented, evidence such as therapist reports and Functional Capacity Assessments can demonstrate how disability affects daily functioning and why certain supports are required.

Occupational Therapist (OT) Reports

An OT report is the most powerful form of evidence for meal delivery funding, and in most cases, it is the cornerstone of a successful application. Documentation showing a participant cannot cook safely due to their disability should include a Functional Capacity Assessment from an Occupational Therapist, a letter from a GP or specialist, and evidence linking the disability to cooking difficulties.

A strong OT report for this purpose should specifically address: - The participant's functional limitations in the kitchen (e.g., grip strength, balance, fatigue, cognitive sequencing) - Whether the participant has been assessed as unable to safely operate cooking appliances - Whether adaptive equipment or

in-home support worker assistance has been considered and why it is insufficient or inappropriate - A clear recommendation that meal delivery is a reasonable and necessary support linked to the participant's disability

It is best to back up a planning discussion with any form of evidence, report, or letters from practitioners supporting the severity of the situation for meal preparation being considered reasonable and necessary and relating to the disability. A good example of a type of evidence can be a letter from an occupational therapist explaining why a participant is unable to prepare meals themselves.

GP and Specialist Letters

To qualify, participants generally need a letter or report from a GP, occupational therapist, or allied health professional confirming why they cannot prepare meals. A GP letter alone is typically less persuasive than an OT functional assessment, but it can corroborate a clinical picture — particularly where a specialist (e.g., a neurologist, rheumatologist, or psychiatrist) can speak to the functional consequences of a diagnosis.

Dietitian Evidence (for Nutritional Supplements Only)

Where a participant requires not just meal delivery but also specialised nutritional products — such as thickeners for dysphagia, enteral nutrition formula, or clinical supplements — the evidence threshold is different. To access this funding, the participant must provide evidence from an allied health professional, such as a dietitian. The evidence must include a nutrition plan and explain how these supports suit the participant's individual nutrition needs.

Functional Capacity Assessments

For participants with complex needs or where a funding request is likely to be contested, a formal Functional Capacity Assessment (FCA) provides the most comprehensive evidentiary basis. The NDIA must be satisfied that the requested support meets the reasonable and necessary criteria before it can be included in a participant's plan. In practice, this means planners will often look for structured evidence demonstrating how disability affects daily functioning, what level of support is required, and whether the support will improve independence or participation. This evidence is commonly provided through allied health reports, including Functional Capacity Assessments and other clinical assessments.

A Practical Eligibility Checklist

Use the following checklist to assess whether a participant is likely to meet the eligibility threshold for NDIS meal delivery funding:

| Eligibility Criterion | What to Demonstrate | |---|---| | ****NDIS participant status**** | Under 65, permanent disability, Australian citizen or permanent resident | | ****Functional impact on meal prep**** | Disability physically or cognitively prevents safe meal preparation | | ****Not a dietary condition alone**** | Need is disability-related, not solely due to diabetes, allergies, or food preferences | | ****No adequate informal support**** | Family or carers cannot reasonably fill the gap | | ****Core Supports budget**** | Plan includes Core Supports — Assistance with Daily Life funding | | ****Clinical evidence**** | OT report, GP letter, or allied health assessment on file | | ****Approved provider**** | Meals ordered from an NDIS-registered provider with compliant invoicing |

What Happens If You Live With Others or Have Informal Support?

The NDIA will also consider the participant's living situation and available informal supports. If a participant lives alone with minimal support, and shopping and cooking safely is a challenge, the NDIA

may consider meal delivery to be essential. An NDIS Planner will look at the unique needs and circumstances.

Conversely, if a participant lives with a spouse or family member who is able to prepare meals, the NDIA may determine that meal delivery is not reasonable and necessary — because the need can be met through informal support. This is a point of significant frustration for some participants and carers, and it underscores why the planning conversation must be carefully framed around functional impact and safety, not convenience.

The NDIS is also not intended to replace what families are ordinarily expected to provide. This principle applies with particular force to participants under 18, where parental responsibilities are explicitly considered before NDIS meal funding is approved (see our guide on [*NDIS Meal Delivery for Participants Under 18: Rules, Parental Responsibilities, and Provider Options*](#)).

The Broader Stakes: Why Getting Eligibility Right Matters

The stakes for getting this right are significant. Nearly 7 in 10 (67%) of households that have a person with a disability or health issue now experience food insecurity, with three quarters of these severely affected, according to the Foodbank Hunger Report 2025. For participants who are genuinely unable to prepare meals safely, NDIS meal delivery funding is not a convenience — it is a health and safety intervention.

Research by the National Library of Medicine has found that people with disabilities are more likely to face food insecurity, which significantly increases their risk of depression, anxiety, and poor mental wellbeing. That's why proper meal support isn't just about food — it plays a critical role in overall health.

For participants who meet the eligibility threshold, the funding model typically covers approximately 70% of total meal costs — the preparation and delivery component — while participants pay the remaining 30% as a co-payment for ingredients. 70% of costs are for meal preparation and delivery, which the NDIS funds; 30% of the costs are for ingredients, which the NDIS does not fund. (For a full breakdown of how co-payments are calculated and invoiced, see our guide on [*NDIS Meal Co-Payments Explained: What You Pay vs. What NDIS Covers*](#).)

Key Takeaways

- **Diagnosis alone does not qualify a participant for NDIS meal delivery funding.** Eligibility is based on functional impact — specifically, whether the disability prevents safe and reliable meal preparation.
- **Conditions like diabetes, food allergies, or cardiovascular disease do not independently qualify a participant** for meal delivery funding under the NDIS. The funding must be disability-related, not diet-condition-related.
- **An Occupational Therapist's Functional Capacity Assessment is the strongest form of evidence** to support a meal delivery funding request. GP letters and specialist reports provide valuable corroboration.
- **Core Supports — Assistance with Daily Life funding must be present in the participant's plan**, but meal preparation and delivery does not need to be explicitly named in the plan document to be accessed flexibly.
- **The October 2024 legislative changes** introduced an explicit NDIS Supports list, meaning participants and providers must now verify eligibility against the approved supports framework, not just the "reasonable and necessary" test alone.

Conclusion

NDIS meal delivery funding occupies a carefully defined space: it exists to address a genuine functional gap created by disability, not to subsidise dietary preferences or manage health conditions that sit within the mainstream health system. Understanding the eligibility criteria — particularly the functional

impact test, the role of clinical evidence, and the conditions that do not independently qualify — is essential for participants, carers, support coordinators, and allied health professionals alike.

If you believe meal delivery support is appropriate for your situation, the most important step is to obtain a thorough Occupational Therapist report that explicitly connects your disability to your inability to prepare meals safely. Bring that evidence to your planning or review meeting, framed around your independence goals and safety needs.

For a step-by-step walkthrough of how to get this support added to your plan, see our guide on **How to Get NDIS Meal Delivery Added to Your Plan**. To understand which providers can deliver compliant meal services once eligibility is confirmed, see our **Best NDIS Registered Meal Delivery Providers in Australia (2025–26 Comparison)**.

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