



Action for More Independence & Dignity in Accommodation

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Advocacy, Self Advocacy, Rights, Accessibility, & Community Living for People with a Disability

Attached is an advocacy referral form for AMIDA. This form is designed to be used by organisations and service providers wishing to refer a person with a disability to the service. Individuals with a disability and carers can still seek the assistance of an advocate by contacting us directly. The aim of this referral system is to ensure that we assist clients with the most urgent needs first.

After a referral is received we will prioritise the matter and contact the client and the referrer giving an indication of how long before an advocate can contact the client.

It will help us a great deal if you can complete the attached referral form and *add any additional information that will help us to quickly understand the issues involved*. If you have any questions feel free to contact our advocates or try our web site www.amida.org.au

About the advocacy services we provide:

ADVOCACY = " 'standing by' someone, or 'speaking out' for someone's rights, or 'going into bat for another person --being 'on their side', especially when the chips are down."

Who is the Advocacy Service for?

AMIDA's advocacy services are for people with any type of disability although the majority of AMIDA's experience is in working with people with an **intellectual disability**.

Area Covered?

The service is funded for individual, systemic and self advocacy in Victoria although we mainly operate in the metropolitan area. **All referrals should be sent to amida@amida.org.au fax 03 9654 8575.**

AMIDA services are :

INDIVIDUAL AND SELF ADVOCACY

- Directly advocating on behalf of a person or providing information and advice so that a person can advocate for themselves (*eg dealing with a landlord, negotiating*

a better deal from a government department, dealing with an accommodation and/or support provider)

- Linking a person with other relevant services (*eg helping a person get legal advice from a solicitor*).
- Talking over a problem (*eg Sometimes we can best help by simply listening and helping to think through options for moving forward*)
- Supporting an individual to take formal action on matters related to disability discrimination or making a complaint against a service provider (*eg assisting a person to make a complaint with the Victorian Equal Opportunity and Human Rights Commission*).

FAMILY ADVOCACY is about enabling parents and families to act as advocates with and on behalf of a family member with disability on either a short-term or an issue-specific basis.

Family members are provided with skills and support to gain the understanding they need to promote, protect and defend the welfare, interests and rights of the person with disability.

SYSTEMIC ADVOCACY

AMIDA works to get improved housing conditions and housing choices for people with a disability. We believe people with a disability should have the right to live in the community and have the support they need to participate in the community as they want. AMIDA works at a systemic level on issues that affect groups of people with a disability to try and bring about positive change and improve their quality of life.

To Find out more: Phone, email, fax or write to find out if we can be of assistance. Alternatively try our web site www.amida.org.au for more details about AMIDA.

Date	
Has the person you are referring used the service before?	
Client's surname	
Client's first name	
Phone (<i>Email / fax</i>)	
Address (<i>include Post Code</i>) And Type of Accommodation eg, Private, supported accomm, mental health, rooming house, Aged Care, hospital, short term or crisis	
Date of birth	
Gender	
Disability? (What type/s of disability does the person have?)	
Cultural identity?(person must consent to collection of this sensitive information) Does the person need an interpreter and what language?	
Contact person/Carer? (<i>If applicable, is there a family member, friend, carer that the service should know about?</i>)	
Referring agency/person (*Referring person & agency's name, phone, email, fax, address)	Address/email
If self-referral, which agency/worker have you worked with on this issue?	
What have they done?	
What was the outcome of their work?	
If you don't know this, do I have permission to speak to the agency?	

<p>Summarise the main issues - (add extra pages if necessary) <i>(List any information that the service needs to know to assist the client? The more relevant information we know the quicker the referral can be dealt with)</i></p>	<p>**** Has the client given permission for AMIDA to contact them? Please circle either Yes/No</p>
<p>What outcome does the client want? <i>(How would they like an advocate to help?)</i></p>	
<p>How urgent is the matter? <i>(Is there upcoming events that the service needs to know about eg legal proceedings, eviction, appointments, deadlines etc?)</i></p>	

Send to amida@amida.org.au (or fax 03 9654 8575, post 1st Floor Ross House 247 Flinders Lane Melbourne Victoria 3000)

AMIDA gratefully acknowledges Mark Grierson of Disability Advocacy for developing this information and allowing us to use and modify it.