



Action for More Independence & Dignity in Accommodation

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Phone AMIDA: 9650 2722 NDIS Appeals Support: 9654 2103
Email: appeals@amida.org.au Website: www.amida.org.au
Inc No: A001608SV ABN: 32 993 870 380

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

This is an advocacy referral form for NDIS Appeals Support. This form can be completed by: organisations, service providers, carers or individuals with disabilities.

It will help us a great deal if you can complete this referral form and **add any information that will help us to quickly understand the issues involved.**

If you have any questions, please email appeals@amida.org.au or call 9654 2103.

ADVOCACY is '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 NDIS Appeals Support Service for?

The service is for people with any type of disability. The majority of AMIDA's experience is in working with people with an **intellectual** disability.

We require information from you to assist us in providing advocacy. Please complete all information.

Client's surname	
Client's first name	
Date of Birth	
Country of Birth	
Postal Address	
Phone number	
Email address	
Gender	
Language spoken at home	
Are you Aboriginal or Torres Strait Islander?	
Cultural identity?*client must consent to share this sensitive information*	
Does the person need an interpreter? In what language?	

Disability

What type/s of disability does the person have?	
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The NDIS Decision

Have you (the client): <ul style="list-style-type: none">• Been denied access to the NDIS?• Received support(s) in your plan you are unhappy with?• Requested a plan review?• Applied for a 'review of a reviewable decision' (internal review)?• Applied to the Administrative Appeals Tribunal? Please list all that apply	
Please list the main issues and any information that will allow us to offer support, including upcoming dates that might impact this issue.	
What outcome do you (the client) want?	

Other support

Has anyone else helped with this issue? Please list: <ul style="list-style-type: none">• their name(s)• the organisation(s)• any actions taken• outcomes of their work so far	
Does AMIDA have permission to speak to them?	

Who is referring the client? (If different from above)

Name Organisation Phone number Email address	
Is there another contact involved? Eg. Family, friend, carer, support coordinator	
May AMIDA contact the client?	
Date completing this form	