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| AMIDIA_logo.jpg | Action for More Independence and Dignity in Accommodation**1st Floor, Ross House, 247 Flinders Lane, Melbourne Vic 3000****Phone**: 03 9650 2722 **Fax**: 03 9654 8575**Email:** amida@amida.org.au **Website**: [www.amida.org.au](http://www.amida.org.au)**ACN:** A 001 608 SV **ABN:** 32 993 870 380 |
| *Advocacy, Self Advocacy, Rights, Accessibility, & Community Living for People with a Disability* |

REFERRING CLIENTS TO AMIDA

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 then contact the client and the referrer giving an indication when an advocate can start work on the issue.

The attached 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.

**About AMIDA**

**Who can use our service?**

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.*

**How do we work**

**Individual and Self-Advocacy**

1. Directly advocating on behalf of a person or providing information and advice so that a person can advocate for themselves such as dealing with a landlord, negotiating a better deal from a government department, dealing with an accommodation and/or support provider
2. Linking a person with other relevant services such ashelping a person get legal advice from a solicitor.
3. Talking over a problem. Sometimes we can best help by simply listening and helping to think through options.
4. Supporting an individual to take formal action on matters related to disability discrimination or making a complaint against a service provider. This could be assisting a person to make a complaint with the Victorian Equal Opportunity and Human Rights Commission.

**Family Advocacy**

Supports and enables 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.

**Where we work**

The service is funded for advocacy in Victoria although we mainly operate in the metropolitan area.

**To Find out more:**

**✆** 03 9350 2722

**🖳** amida@amida.org.au

**🖃** Level 1, Ross House

247 Flinders Lane

Melbourne VIC 3000

ADVOCACY

Standing by someone

Speaking out for someone’s rights

Going into bat for another person

Being on their side especially when the chips are down

|  |  |
| --- | --- |
|  | **Client referral TO AMIDA** |

**Send completed form to:**

|  |  |  |  |
| --- | --- | --- | --- |
| **🖳**  | amida@amida.org.au |  | 03 9654 8575 |
| **🖃** | 1st Floor, Ross House247 Flinders Lane Melbourne Victoria 3000 |

This form has been designed to be completed **electronically**.

Use the **down arrow** key to navigate to the next field.

**About the client Date:**  Today date

|  |  |
| --- | --- |
| **Name:** | First Name Last Name |
| **Address** | Address Line 1 Address Line 2Suburb State 3000 |
| **Contact Number: H:** | xx xxxx xxxx | **W:** | xx xxxx xxxx |
| **M:** | xxxx xxx xxx | **E:** | Email address |
| **Date of Birth:** | Date of Birth | **Gender:** | Gender |
| **Main disability:** | Main Disability |
| **Cultural identity:** | Cultural background – **NOTE:** only if client consents to answer  |
| **Country of birth:** | Country |
| **Language at home:** | Main language spoken at home |
| **Interpreter needed:** | Language |
| **Is the client Aboriginal or Torres Strait Islander?** |  [ ]  **Yes** [ ]  **No** |
| **Summary of issues:** |
| List of main issues for advocacy |

**Current Accommodation**

[ ]  Family/Friend

[ ]  Own home

[ ]  Private Rental

[ ]  Supported Accom

[ ]  Mental health

[ ]  Rooming house

[ ]  Aged Care

[ ]  Hospital

[ ]  Short term crisis

[ ]  Homeless

[ ]  Other:

Other Accommodation

|  |  |
| --- | --- |
| Has the person you are referring had advocacy from AMIDA before?  | [ ]  **Yes** [ ]  **No** |
| Has the client given permission for AMIDA to contact them? | [ ]  **Yes** [ ]  **No** |
| Is the client a carer? | [ ]  **Yes** [ ]  **No** |
| Does the client currently have an NDIS package? | [ ]  **Yes** [ ]  **No** |

**Referring agency**

|  |  |
| --- | --- |
| **Service:** | Service Name |
| **Worker:** | First Name Last Name |
| **Address** | Address Line 1 Address Line 2Suburb State      |
| **Contact Number: W:** | xx xxxx xxxx | **F:** | xx xxxx xxxx |
| **Direct:** | xxxx xxx xxx | **E:** | Email address |
| How **urgent** is the matter? Are there **upcoming events** that AMIDA needs to know about eg legal proceedings, eviction, appointments, deadlines etc?[ ]  **High** [ ]  **Medium** [ ]  **Not urgent** |
| **Actions taken so far:** |
| Briefly describe actions undertaken by referring service |

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| --- |
| What was the outcome of the work? |
| Briefly describe outcomes |
| What outcome does the client want? How would they like an AMIDA advocate to help? |
| Briefly describe what help the client wants |
| List any information that AMIDA needs to know to assist the client? |
| Key information for AMIDA |