



Action for More Independence and Dignity in Accommodation

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

Client Referral to AMIDA- Housing Advocacy

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

- 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
- Linking a person with other relevant services such as helping a person get legal advice from a solicitor.
- Talking over a problem. Sometimes we can best help by simply listening and helping to think through options.
- 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

Contacts for AMIDA



amida@amida.org.au



03 9650 2722



1st Floor, Ross House

247 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.



Client referral TO AMIDA

About the client

Date: Today date

Name:	First Name Last Name		
Address	Address Line 1 Address Line 2 Suburb State 3000		
Contact Number:	xx xxxx xxxx	W:	xx xxxx xxxx
H:			
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?:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Language		
Is the client:	Aboriginal <input type="checkbox"/> Yes <input type="checkbox"/> No Torres Strait Islander <input type="checkbox"/> Yes <input type="checkbox"/> No		

Is there a family member, friend, carer that the service should know about?

Name:	First Name Last Name		
Relation to client:	Friend, family carer etc.		
Address	Address Line 1 Address Line 2 Suburb State 3000		
Contact Number:	xx xxxx xxxx	W:	xx xxxx xxxx
H:			
M:	xxxx xxx xxx	E:	Email address

Current Accommodation: Choose an item.

Household composition: Choose an item.

Highest level of education: Choose an item.

Employment status: Choose an item.

Main Source of Income: Choose an item.

Approx gross income Gross income. Paid: Pay frequency.

Arrived in Australia? Year: Year arrived. Month: Month arrived.

Visa type: Choose an item.

Ancestry: Click or tap here to enter text.

Is client a carer: Yes No

NDIS eligibility: Yes No

If **Yes** NDIS number: Click or tap here to enter text.

Has the person had advocacy from AMIDA before? Yes No

Has the client given permission for AMIDA to contact them? Yes No

Referring Agency

Worker Name:	First Name Last Name		
Agency Name:	Agency Name		
Address	Address Line 1 Address Line 2 Suburb State 3000		
Contact Number:	XX XXXX XXXX	W:	XX XXXX XXXX
H:			
M:	XXXX XXX XXX	E:	Email address

Summary of issues:

List any information that AMIDA needs to know to assist the client? The more relevant information we have the quicker the referral can be dealt with.

List of main issues for advocacy

What outcome does the client want?

How would they like an advocate to help?

Outcomes or help

How urgent is the matter?

Are there upcoming events that the service needs to know about eg legal proceedings, eviction, appointments, deadlines etc?

Urgency

