



Action for More Independence & Dignity in Accommodation

1st Floor, Ross House, 247 Flinders Lane, Melbourne Vic 3000
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.

| | |
|---|--|
| Date completing this form | |
| Client's surname | |
| Client's first name | |
| Date of Birth | |
| Country of Birth | |
| Postal Address | |
| Phone number | |
| Email address | |
| Gender | |
| Are you an Australian Citizen? or Do you hold a permanent visa? | |
| Language spoken at home | |
| Do you identify as Aboriginal or Torres Strait Islander? | |
| Does the person need an interpreter? In what language? | |

Disability

| | |
|---|--|
| What type/s of disability does the person have? | |
| NDIS Number if eligible | |

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? | |
| May AMIDA contact any carers and support people named? | |

Optional Questions

You are not required to answer the following questions, but we are required to ask them. If answers are provided, we will use them as part of our reporting obligations for government funding.

Please tick the appropriate box for each question as it relates to the NDIS participant or potential NDIS participant:

| | |
|---|--|
| Current Accommodation | <input type="checkbox"/> Family/Friend <input type="checkbox"/> Own Home <input type="checkbox"/> Private Rental <input type="checkbox"/> Supported Accommodation <input type="checkbox"/> Mental Health <input type="checkbox"/> Rooming House <input type="checkbox"/> Aged care <input type="checkbox"/> Hospital <input type="checkbox"/> Short Term Crisis <input type="checkbox"/> Other |
| Household Composition | <input type="checkbox"/> Single/Living Alone <input type="checkbox"/> Sole Parent with Dependants <input type="checkbox"/> Couple <input type="checkbox"/> Couple with Dependants <input type="checkbox"/> Group - Related Adults <input type="checkbox"/> Group - Unrelated Adults <input type="checkbox"/> Homeless/No Household <input type="checkbox"/> Not Stated |
| Highest Level of Education | <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma/Advanced Diploma <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Graduate Diploma/Graduate Certificate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Other |
| Employment Status | <input type="checkbox"/> Paid Work - full time <input type="checkbox"/> Paid Work - part time <input type="checkbox"/> Unpaid/Volunteering <input type="checkbox"/> Not Working and not looking <input type="checkbox"/> Unemployed and not looking <input type="checkbox"/> Study - full time <input type="checkbox"/> Study - part time <input type="checkbox"/> Caring <input type="checkbox"/> Parenting |
| Main Source of Income | <input type="checkbox"/> Nil income <input type="checkbox"/> Employee salary/wages <input type="checkbox"/> Self-employed, Unincorporated business income <input type="checkbox"/> Government payments/pensions/allowances <input type="checkbox"/> Other/Superannuation/Investments <input type="checkbox"/> Not Stated |
| Approx. Gross Income | |
| Pay Frequency | <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually |
| Year and Month arrived in Australia, if not born here | Month: Year: |
| Visa type | <input type="checkbox"/> Humanitarian <input type="checkbox"/> Family <input type="checkbox"/> Skilled <input type="checkbox"/> Other |
| Cultural identity/Ancestry | |

Thank you for completing this form.