



# Action for More Independence and Dignity in Accommodation

**1<sup>st</sup> Floor, Ross House, 247 Flinders Lane, Melbourne Vic 3000**

**Phone:** 03 9650 2722 **Fax:** 03 9654 8575

**Email:** [amida@amida.org.au](mailto: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*

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## 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

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## 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

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### Contacts for AMIDA



[amida@amida.org.au](mailto:amida@amida.org.au)



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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

<b>Name:</b>	First Name Last Name		
<b>Address</b>	Address Line 1 Address Line 2 Suburb State 3000		
<b>Contact Number:</b>	xx xxxx xxxx	<b>W:</b>	xx xxxx xxxx
<b>H:</b>			
<b>M:</b>	xxxx xxx xxx	<b>E:</b>	Email address
<b>Date of Birth:</b>	Date of Birth	<b>Gender:</b>	Gender
<b>Main disability:</b>	Main Disability		
<b>Cultural identity:</b>	Cultural background – <b>NOTE:</b> only if client consents to answer		
<b>Country of birth:</b>	Country		
<b>Language at home:</b>	Main language spoken at home		
<b>Interpreter needed?:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Language		
<b>Is the client:</b>	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?

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

<b>Worker Name:</b>	First Name Last Name		
<b>Agency Name:</b>	Agency Name		
<b>Address</b>	Address Line 1 Address Line 2 Suburb State 3000		
<b>Contact Number:</b>	XX XXXX XXXX	<b>W:</b>	XX XXXX XXXX
<b>H:</b>			
<b>M:</b>	XXXX XXX XXX	<b>E:</b>	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

