



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

Intake Assessment Form

AMIDA provides advocacy for NDIS Appeals. Advocacy is 'standing by' someone, or 'speaking out' for someone's rights, or 'going into bat for another person. It is being 'on their side', especially when the chips are down.

Our NDIS Appeals advocacy is for NDIS participants or those trying to obtain access to the NDIS. The service is for people with any type of disability who live in Victoria. We are funded by the Department of Social Services, a government agency, and do not charge you for our service.

We ask that you complete this form. There are several parts to this form. Please complete all Parts.

Completing this form does not guarantee AMIDA can accept you as a client. Before accepting you as a client of our service, we will chat with you about your issues and let you know if we have capacity at AMIDA to assist you. We will notify you if we can accept you as a client of AMIDA. If you have any questions, please email appeals@amida.org.au or call 9654 2103.

Part A (2 pages)

This form asks for information about the person with disability and their NDIS issue for appeal. This assists us in assessing your needs and evaluating AMIDA's capacity to assist you. It also assists AMIDA to provide NDIS Appeals advocacy.

Part B (1 page)

This form asks you to consent to AMIDA acting as your advocate for NDIS appeals support.

Part C (1 page)

This form explains how the Department of Social Services stores and uses your information and asks if you consent to it being stored that way.

Part D (1 page)

You are not required to answer these questions but we are required to ask them. to maintain funding. We use the answers as part of our reporting obligations to the Department of Social Services questions for government funding.

If we accept you as a client of AMIDA, you will need to complete separate consent forms for us to notify the NDIA that we are acting as your advocate. We will work with you to form an action plan of the approach we will take to assist you. We will also provide you with documents which explain your rights and our responsibilities in this advocacy arrangement.

Intake Assessment form
PART A - Personal Information

Please complete all information.

Personal

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?	
Cultural identity? *client must consent to share this sensitive information*	
Does the person need an interpreter? In what language?	
What type/s of disability does the person have?	
Date completing this form	

The NDIS Decision

<p>Have you (the client):</p> <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? <p>Please list all that apply</p>	
<p>List the main issues and any information that will allow us to offer support, including upcoming dates that might impact this issue.</p>	
<p>What outcome do you (the client) want?</p>	

Other support

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

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

<p>Name Organisation Phone number Email address</p>	
<p>Is there another contact involved? Eg. Family, friend, carer, support coordinator</p>	
<p>May AMIDA contact the client?</p>	

Intake Assessment form

PART B – Consent to AMIDA to Advocate and Share Information



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**Consent to AMIDA to provide advocacy
and share information**

Before providing NDIS Appeals Support we make every effort to involve the person we are advocating for and work with their full knowledge of and agreement with the actions taken by AMIDA.

To comply with privacy legislation and our funding agreement we must inform you that your personal information is being collected and held by AMIDA for the purpose of providing a Disability Advocacy Service. We will only disclose personal information about yourself and your participation in the Disability Advocacy Program if you consent to this.

I consent to AMIDA providing NDIS Appeals Support service for the following participant:

Name of participant:
(including prospective participant)
NDIS Reference number:
Date of Birth:
Address:

I consent to AMIDA receiving and sharing information with the NDIA and other individuals, agencies, or organisations concerning the above participant for the purposes of the advocacy.

I provide this consent for:
Myself
As the parent of the child participant listed above
As an NDIA Nominee or a Guardian of the participant

This consent is in place until revoked in writing.

Signed:
Name:
Date:

Intake Assessment form
PART C – DSS authority

The information that we collect from you on our Intake Assessment Form includes your personal information. Your personal information is protected by law, including by the Commonwealth Privacy Act.

As part of our funding arrangement with the Australian Government Department of Social Services (DSS), we are asked to report certain information. DSS uses a client management system that called the 'Data Exchange' to host this information. **The Department de-identifies and aggregates data in the Data Exchange to produce information for policy development, grants program administration, and research and evaluation purposes.** This includes producing reports for sharing with organisations. This information will not include information that identifies you, or information that can be used to re-identify you, in any way.

You can find more information about the way the Department will manage your personal information in the Department's APP privacy policy, which the Department has published on its website. This policy contains information about how you may access the personal information about you that is stored on the Data Exchange and seek correction of that information. This policy also includes information about how you may complain about a breach of the Australian Privacy Principles by the Department, and how the Department will deal with your complaint.

Do you give consent to DSS to collect your personal information from AMIDA and store it on the Data Exchange?

Yes No

Signed:

Name:

Date:

You may withdraw this consent at any time.

Intake Assessment form
PART D – DSS questions

Please tick the 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	