**CLIENT REFERRAL FORM –
HOUSING ADVOCACY**

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| Please note the following about our housing advocacy service: |
| * AMIDA is a **Victorian** service. We can only support people living in Victoria (statewide).
* Our advocacy services are for people with disabilities.
* **We cannot assist clients to search for or apply for new housing.**
* We cannot expedite someone’s position on the Victorian Housing Register waiting list.
* Once you make a referral, our intake team will determine if AMIDA has capacity and scope to provide advocacy services. Please note submitting a referral does not guarantee service.
* If AMIDA is not suitable, we will attempt to provide relevant advice and referrals where possible
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| If you wish to make a referral to our NDIS Appeals Advocacy service:Please email appeals@amida.org.au with a summary of your NDIS situation. |

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| Referral Date: |  |
| Referrer name: |  |
| Relationship to client: |  |

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| Client Name: |  |
| Client Contact: |  |
| Client Suburb (must be in Victoria): |  |

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| Client Main disability/ disabilities and needs: |
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| NDIS participant? (Yes/ No): |  **Yes**  |  **No**  |

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| Client preferred language: |  |
| Client communication method/ needs: |  |
| Current accommodation type (e.g. public housing, community housing, private rental, SDA, SRS): |  |

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| Summary of tenancy issues: |
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| What outcome does the client want? |
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| How would they like an advocate to help? |
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| How urgent is the matter? |
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| Are there upcoming events that the service needs to know about? (e.g. legal proceedings, eviction, appointments, deadlines, etc): |
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| Would the client like support people included in advocacy? |
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