**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 |
| If you wish to make a referral to our NDIS Appeals Advocacy service: Please email [appeals@amida.org.au](mailto: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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