

REF: # _____



Rights In Action Inc
Independent advocacy for people with disabilities

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ADVOCACY ENQUIRY FORM

DATE: ___/___/___

Name: _____
(person completing the form)

PART A: *The aim of this enquiry/referral system is to ensure that we assist clients with the most urgent needs first.*

Name of person enquiring	
Name of Organisation:	
Mailing / Email address:	
Telephone:	

Personal Information Privacy Notice

Rights In Action is collecting personal information on this form to assist you with your advocacy effort. Our funding guidelines require us to provide non identifiable personal information that may be disclosed to: Australian Government Department of Social Services, and the State Government Department of Communities, Child Safety and Disability Services and Queensland Health for auditing, census and statistical purposes. Unless authorised or required by law, your personal information will not be passed on to any other third party without your consent. Personal Information will be held securely for minimum of five years.

Discussed privacy and collection of personal information with the person enquiring

Personal Details

Please provide the following information about the person seeking advocacy to ensure they are eligible for advocacy assistance.

Name:	Male / Female
Date of birth:	Age:
Street address: <i>(MUST be a resident of Queensland residing in the geographical area of Cairns, Yarrabah, Atherton or Mareeba & meet Australian citizenship or residency requirements)</i>	
Mailing / Email address:	
Telephone:	Alternate Contact:
Mobile:	Contact Details:
Residential Setting: <i>(tick one only)</i> <input type="checkbox"/> Homeless <i>(Having no shelter and living in public spaces or out of a car, short term crisis or emergency or transitional shelter)</i> <input type="checkbox"/> Risk of Homelessness <i>(No permanent shelter and sleeping on the floor or couch of family, friends or crisis shelter or living in domestic violent household)</i> <input type="checkbox"/> Living in Segregated Setting <i>(Nursing Home/Mental health facility/Hospital/Institution/Supported accommodation, Correctional facility)</i> <input type="checkbox"/> Disadvantaged Social Setting <i>(Living in Caravan Park/Boarding house, overcrowded conditions)</i> <input type="checkbox"/> Queensland Housing or Other Social Housing <input type="checkbox"/> Private Rental <input type="checkbox"/> Private Accommodation <input type="checkbox"/> Other <i>(specify)</i> _____	

Name: _____

Cultural background:

- | | |
|--|--|
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Torres Strait Islander |
| <input type="checkbox"/> Aboriginal/Torres Strait Islander | <input type="checkbox"/> Culturally & Linguistically Diverse |
| <input type="checkbox"/> English Speaking | <input type="checkbox"/> Deaf Culture |
| <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Not disclosed |

Does the person have decision making capacity in relation to the issue/enquiry?

(A person who is capable of making a decision by understanding the nature and effect of the decision; and freely and voluntarily making the decision; and communicating the decision in some way)

- YES NO

Formal/Informal decision-maker or Guardian? *(Is there an appointment of OAG or a family member, friend, carer that the service should know about?)*

Name:
Relationship:
Contact Details:

Has the person being referred given Rights In Action permission to contact them?

- YES NO

Who do we contact to follow up the enquiry?

- Referrer Individual Both Decision-maker

What is the best mode of communication?

- Letter Email Telephone In person Interpreter required

Disability: *DSS Definitions/Descriptors The disability is permanent or likely to be permanent and the disability results in a substantial reduction in capacity for communication, social interaction, learning, mobility or self-care/management; AND a need for support due to their vulnerable circumstances.*

Cross primary disability and **tick any other significant disability group)**

Acquired Brain Injury (Characteristically, multiple disabilities arising from damage to the brain acquired after birth. Results in deterioration in cognitive, physical, emotional or independent functioning. May be as a result of accidents, stroke, brain tumours, infection, poisoning, lack of oxygen or degenerative neurological disease.)

Autism (A pervasive developmental disorder involving disturbances in cognition, interpersonal communication, social interactions and behaviour (in particular obsessive, ritualistic, stereotyped and rigid behaviours).)

Developmental Delay (only valid response for children aged 0 – 5 where conditions have appeared in the early development period, but no specific diagnosis has been made and the specific disability group is yet known).

Intellectual Disability (Effects appearing in the developmental period (age 0–18 years) associated with impairments of mental functions, difficulties in learning and performing certain daily life skills and limitations of adaptive skills in the context of community environments compared to others of the same age. Includes for example, syndromes arising from chromosomal abnormalities and developmental processes)

Neurological Disability (Applies to impairments of the nervous system occurring after birth, includes epilepsy and organic dementias (e.g. Alzheimer's disease) as well as such conditions as multiple sclerosis and Parkinson's disease).

Physical Disability (Conditions attributable to a physical cause or impact on the ability to perform physical activities, such as mobility. Physical disability often includes impairments of the neuromusculoskeletal systems including, for example, the effects of paraplegia, quadriplegia, muscular dystrophy, motor neurone disease, neuromuscular disorders, cerebral palsy, absence or deformities of limbs, spina bifida, arthritis, back disorders, ataxia, bone formation or degeneration, scoliosis).

Psychiatric (Includes recognisable symptoms and behaviour patterns, frequently associated with distress, which may impair personal functioning in normal social activity. Includes the typical effects of conditions such as schizophrenia, affective disorders, addictive behaviours, personality disorders, stress, psychosis, depression and adjustment disorders).

Sensory & Speech (Deafblind refers to dual sensory impairments associated with severe restrictions in communication, and participation in community life. Vision disability encompasses blindness and vision impairment (not corrected by glasses or contact lenses). Hearing disability encompasses deafness, hearing impairment, hearing loss. Speech disability encompasses speech loss, impairment and/or difficulty in being understood).

Specific Learning/ADD/ADHD (A general term referring to a group of disabilities, presumed due to central nervous system dysfunction rather than an intellectual disability, covering significant difficulties in the acquisition and use of organisational skills, listening, speaking, reading, writing, reasoning or mathematical skills).

Other (specify) _____

Name:

Issue(s): (Summarise the main issues – List any information that RIA needs to know to assist the person? The more relevant information we know the quicker the enquiry can be dealt with)

Abuse, Neglect &/or Exploitation

Discrimination or Rights

Employment

Finances (including subsidies/entitlements)

Independent Living Support

Physical Access

Services (gaps, access, policy, reduction of service or complaints)

Transport

Accommodation

Education

Equipment (and Aids)

Health

Legal

Recreational, Social or Family

Isolated/Vulnerable

Other (specify) _____

Description of each issue: eg: Abuse, Neglect &/or Exploitation – referrer alleges that people are accessing the persons

(individual with disability) bank account taking entire DSP and leaving him with no money on a regular basis. Person has no informal supports to help.