



Request for Advocacy Assistance Form

REFERRING AGENCY OR PERSON
Name :
Name of Organisation <i>(if applicable):</i>
Mailing / Email address:
Telephone / Mobile:

Eligibility Criteria: The person seeking advocacy must meet all (5) criteria outlined below:

1. Have a disability due to an intellectual, psychiatric, cognitive (including both congenital and acquired impairments), neurological, sensory or physical impairment or a combination of impairments; and
2. The disability is permanent or likely to be permanent (may or may not be of a chronic or episodic nature); and
3. The disability results in substantial reduction in capacity for communication, social interaction, learning, mobility or self-care/management with the need for ongoing specialist disability support
4. Meet Australian citizenship or permanent residency ; and
5. The individual lives in the geographical are of Babinda, Cairns, Yarrabah, Kuranda, Atherton, Mareeba, Malanda or Yungaburra. NDIS Appeals Only includes Port Douglas, Mossman and Daintree.

Please provide further information about the person's reduction in capacity for communication, social interaction, learning, mobility or self-care/management with the need for ongoing specialist disability support services.

Personal Information Privacy Notice:

Rights In Action collects personal information to assist our clients with their advocacy issue(s). Our funding organisations; The Commonwealth Department of Social Services, the Queensland Department of Communities, Child Safety and Disability Services, and the Queensland Department of Health require us to provide non identified personal information to them 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.

Do you have consent to exchange information about the person seeking advocacy assistance? Yes No N/A

PERSONAL DETAILS <i>(person requiring advocacy assistance).</i>	
Name:	Male / Female Transgender / Other
Date of birth:	Age:
Street address:	
Mailing / Email address:	
Telephone / Mobile:	Alternate Contact:
<p>Disability: <i>(DSS Definitions/Descriptors)</i></p> <p><input checked="" type="checkbox"/> Tick primary disability and <input checked="" type="checkbox"/> cross any other significant disability group</p> <p><input type="checkbox"/> 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, and lack of oxygen or degenerative neurological disease.).</p> <p><input type="checkbox"/> Autism (A pervasive developmental disorder involving disturbances in cognition, interpersonal communication, social interactions and behaviour (in particular obsessive, ritualistic, stereotyped and rigid behaviours). (A pervasive developmental disorder involving disturbances in cognition, interpersonal communication, social interactions and behaviour (in particular obsessive, ritualistic, stereotyped and rigid behaviours)).</p> <p><input type="checkbox"/> 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).</p> <p><input type="checkbox"/> Intellectual (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)</p> <p><input type="checkbox"/> 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)</p> <p><input type="checkbox"/> 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 neuro-musculo-skeletal 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).</p> <p><input type="checkbox"/> 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)</p> <p><input type="checkbox"/> Sensory & Speech (Deaf-blind 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 s deafness, hearing impairment, hearing loss. Speech disability encompasses speech loss, impairment and/or difficulty in being understood).</p> <p><input type="checkbox"/> 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 f organisational skills, listening, speaking, reading, writing, reasoning or mathematical skills).</p> <p>Other <i>(specify)</i></p>	
<p>Residential Setting: <i>(tick one only)</i></p> <p><input type="checkbox"/> Homeless (having no shelter and living in a public spaces or out of a car/ short term crisis accommodation)</p> <p><input type="checkbox"/> Risk of Homelessness <i>(no permanent shelter and sleeping on the floor or couch of family friends or living in domestic violent household)</i> (</p> <p><input type="checkbox"/> Living in Segregated Setting (aged care facility/mental health unit/hospital/institution/supported accommodation /youth residential service or correctional facility)</p> <p><input type="checkbox"/> Disadvantaged Social Setting (living in caravan park/boarding house/ overcrowded condition</p> <p><input type="checkbox"/> Queensland Housing or Other Community Housing</p> <p><input type="checkbox"/> Private Rental</p> <p><input type="checkbox"/> Private Accommodation</p> <p><input type="checkbox"/> Other <i>(specify)</i></p>	

Cultural Background:

- Aboriginal/Torres Strait Islander
 Culturally & Linguistically Diverse
 English Speaking
 Deaf Culture
 Other (*specify*) _____
 Not disclosed

Has the person being referred given Rights In Action permission to contact them? Yes No

Does the person have decision making capacity in relation to the issue/enquiry? Yes No

(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)

Who is the persons appointed decision-maker?

- Self : _____
 Family Member: _____
 Public Guardian: _____
 Other: _____

Who is the persons appointed financial administration?

- Self : _____
 Family Member: _____
 Public Trustee: _____
 Other: _____

Copy of QCAT Order/s attached

Is there a Power of Attorney or Enduring Power of Attorney? Yes No

Copy of EPA or EPOA attached

Is there an Advance Health Directive? Yes No

Copy of AHD attached

Name _____

Is there an informal decision-maker, family member, friend, carer that the service should know about? Yes No

Name: _____

Relationship: _____

Contact Details: _____

List supports or other services currently involved:

- Nil supports
 Informal supports: friend, family/ carers, other _____
 Disability or Community Service Providers _____

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
 Auslan Interpreter required
 Language Interpreter Required: _____

Income:

Nil Income
 DSP
 Compensation
 Employed
 Veteran
 Centrelink Payment _____

Total Hours: _____

Endorsed: _____

Admin Entered: _____