



Grampians disAbility Advocacy Assoc. referral form

PLEASE READ this checklist for who can be referred

- Person has a disability** which is attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of those impairments **OR** is a carer/family member of a person with a disability
- Lives in GDA catchment area** - West Wimmera, Horsham, Hindmarsh, Yarriambiack, Northern Grampians, Ararat, Hepburn, Ballarat, Moorabool Shires **(see map p.3)**
- There is a particular issue/s that the person needs help with**

*****If you have ticked all three boxes, please send through your referral**

Date ___ / ___ / ___ **Client Name** _____

Client residential address _____ **DOB** _____

Client phone number _____ **Email** _____

Client: Gender M [] F [] **self – described** _____

Client disability type/s _____ **Aboriginal or Torres Strait Islander** Y__ or N__

CALD? Need Interpreter? Any cultural Requirements? _____

Is client receiving a Disability Support Pension? Yes { } No { }

Is client an NDIS Participant? Yes { } No { }

Your Name _____ **Your role** _____

Your Organisation's Name _____

Your Phone number _____ **Mobile** _____

Your email address _____

Has the client given permission for GDA to contact them? YES / NO **(please circle)**

Client's Issue is about: **NDIS APPEAL** or **GENERAL ADVOCACY** **(please circle)**

If NDIS Appeal, what is the date of person's plan or decision made by NDIA _____

How do you feel we can assist your client? _____

What outcomes are sought? _____

Are there any other agencies involved? Are there reports or letters the client is willing to provide?

If so, please provide details or attach (if consent is given)

Does the person currently have any legal support / representation / plan nominees or Power of Attorney or legally binding trustee (i.e. State Trustee, medical or otherwise)? _____

Please fax this form to GdA on 5352 2733 or email to admin@grampiansadvocacy.org.au to begin the central intake process. We will do our best to respond within 5 working days.

GdA's coverage in Victoria

Freecall 1800 552 272

