

ADACAS REFERRAL FORM

The A.C.T. Disability, Aged and Carer Advocacy Service (ADACAS), is an independent, not-for-profit, advocacy organisation helping people with disabilities, older people and their carers. ADACAS provides free independent advocacy in the ACT.

Referrer Information:	
Referred by:	Date:
Organisation/relationship to client:	
Has the individual consented to this referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Personal Client Information:	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> _____	
Given Name:	Surname:
Date of Birth: ____/____/____	Over 65 <input type="checkbox"/> Under 18 <input type="checkbox"/>
Address:	
Suburb:	Postcode:
Contact Number: (m)	(h)
Email Address:	
Preferred method of contact: mobile <input type="checkbox"/> home <input type="checkbox"/> email <input type="checkbox"/>	
Do you need an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, what language: _____	
Do you identify as Indigenous and/or Torres Strait Islander? Yes <input type="checkbox"/> No <input type="checkbox"/>	

What issue do you want Advocacy help with?

Do you identify as having any of the following?	
Disability <input type="checkbox"/>	Mental health condition <input type="checkbox"/>
Over 65 <input type="checkbox"/>	Are a carer <input type="checkbox"/>
Are you a National Disability Insurance Scheme participant?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have formal supports that help you with decisions, such as a Guardian or Enduring Power of Attorney?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, would you like them to be included in your advocacy?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of legal guardian/EPOA holder:	
Phone number: _____	
Email address: _____	
Other services involved in your life:	

Thank you for your referral. Please email this referral to adacas@adacas.org.au or return it to our office.

One of our Intake Officers will contact you to discuss what issues you are seeking advocacy for.

Each week, all requests are reviewed at a meeting, where we assess if we can assist you, or if another service would be more appropriate.

All information you provide to ADACAS will remain private and confidential.