



Southwest Advocacy Association

Intake Form

(To be completed for all clients at point of entry or return to SWAA)

Date:

Quarter:

Client Details ✓

Client ID: NDAP	Case ID: NDAP	NDIS Appeals:
Name:		DOB:
Address:		
LGA:		Post Code:
Telephone:	Mobile:	
Email:		
Aboriginal/TSI:	CALD: (Cultural and Linguistic Diversity)	
Is an interpreter required:	Country of birth:	
	Language spoken at home:	

New Client: No	Yes	Date of last contact:
Previous Advocate:		

Referral Details:

Name:		Contact No:	
Organisation:			
Self	Family/Friend	Advocacy Agency	
Govt. Agency	Non-Govt. Agency		
Other (Specify):			

Please include a client authority with this referral.

Client Age Group:

<16	16-19	20-24	25-29	30-39
40-49	50-59	60-64	65+	

Client Disability Type (Insert 1 for primary disability, 2 for secondary disability, etc)

Intellectual		Physical		Autism	
Hearing		Psychiatric		Vision	
Specific Learning		Acquired Brain Injury		Speech	
Neurological		Other (Specify):			

Provide details of any key services or supports currently in place:

Type of issue/s

Abuse	Health	Respite
Aids & Equipment	Independent Living	Rights
Accommodation	Lack of information	Service Access
Crisis Situation	Legal Issues	Service Gaps
Culturally Inappropriate	Neglect	Service provider policy/practice
Discrimination	Personal Care	Subsidies/Entitlements
Education	Physical Access	Transport
Employment	Recreational/Social	Vulnerable/Isolation
Family/Social Supports	Reduction in Service	Waiting List/Urgent need
Financial	Legal/Legal Referral	
Other (Specify)		

Brief outline of current issue/s:

Is the matter urgent or is there an important deadline applicable?

Yes		No	
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[If urgent and a SWAA advocate is not available client may be referred to relevant organisations, such as

Office of Public Advocate- ph. 1300 309 337

Mental Health Legal Centre - ph. 1800 555 887

Victoria Legal Aid - ph. 1800 677 402

If yes to above, provide relevant details:

