A picture containing graphical user interface

Description automatically generated

**Youth Disability Advocacy Service**

# Service Request Form



You can access our free individual advocacy service if you need advice or support. We work with disabled young people in Victoria to make sure you can speak up and are being treated fairly.

Compete the form below to receive advocacy support through YDAS.

### You can get advocacy through YDAS if you:

* Identify as having a disability and
* Are aged between 12 to 25 years old and
* Live in Victoria

### YDAS can support you with advocacy in areas like:

* Education
* Housing
* Employment
* NDIS

YDAS works with young people directly to find out what you want to achieve. We can then support you to work on a plan to reach the outcome you want.

**YDAS may support you with:**

* Writing letters or emails
* Telephone calls
* Attending meetings about the advocacy issue and
* Speaking up

## Personal details

**Fill in the details of the young person seeking advocacy support below.**

**Name:**

**Date of birth (or age):**

**Disability type:**

**Home address:**

**Phone number:**

**Mobile number:**

**Email:**

**Self-described gender:**

**Pronouns:**

**Country of birth:**

1. **Do you identify as Aboriginal or Torres Strait Islander?**

Yes / No

1. **Are you from a culturally and linguistically diverse, migrant or refugee background?**

Yes / No 

**If yes, what is your background?**

1. **Is the person completing this form the same person seeking advocacy?**

Yes / No

**If yes, go to question 6.**

**If no, please fill in your details below:**

**Name:**

**Address:**

**Phone number:**

**Mobile number:**

**Fax:**

**Email:**

**Relationship to the person being referred:**

1. **Has the young person given permission to make this referral?**

Yes / No

1. **Have you discussed the issue and what you want to happen with the young person? If not, is there a reason for this?**

We encourage you to talk with the young person if possible, as our advocacy program is client directed. That means we are guided by what the young person wants.

## Advocacy details

**Answer the questions below to help us understand what issue you need advocacy support with.**

1. **What is the issue or problem that you would like YDAS to help you with?**
2. **What is the outcome you want to achieve with support from YDAS?**
3. **What have you done already to fix the issue and what will you be doing in the future?**
4. **Who else is supporting you to solve this problem?**

Tell us about the support that you have from family, friends and workers.

1. **Who have you asked for support in solving the problem so far?**
2. **Are there any other workers or agencies involved at the moment?**

Yes / No

**Details:**

1. **What help do you need from YDAS to work towards your goal?**
2. **Are there any important upcoming dates such as court hearings, meetings, appointments?**

Yes / No

**Details:**

1. **Is there an administrator or guardian involved?**

Yes / No

**Details:**

1. **Are there any legal issues or Court Orders that we should know about?**

Yes / No

**Details:**

1. **Do you need support to communicate with the advocate such as interpreters or information in alternative formats?**

Yes / No

**Details:**

1. **Do you have access to a device that can use Zoom, like a smart phone or a computer with a webcam?**

Yes / No

1. **Is there a chance that workers might be unsafe in the situation?**

For example: Is anyone involved physically or verbally aggressive? Does anyone have a problem with alcohol or drugs? Is your housing unsafe for staff to visit?

Yes / No

**Details:**

1. **Is there any more information you want to tell us?**
2. **How did you hear about YDAS?**

## Contact us

Email your completed form to our Intake Team at [intake@ydas.org.au](mailto:intake@ydas.org.au)

You can also call or text us on 0438 638 734 if you have any questions.