Illawarra Advocacy Inc.
Advocacy Referral Form

Name	
Phone	Home: Mobile:
Address / Residential Setting Family Home ☐ Group Home ☐ supported ☐ Independent ☐ Hospital ☐ Hotel/Hostel ☐ Boarding House ☐ Aged Care ☐ Other_____	
Date of Birth	_____/_____/_____
Disability Type	Intellectual ☐ Acquired Brain Injury ☐ Physical ☐ Sensory ☐ Psychiatric ☐ Health ☐ Other_____
Main Source of Income	DSP ☐ Supported Employment ☐ Open Employment ☐ Other_____
Support Person/s	Name _____ Name _____ Phone _____ Phone _____ Relationship_____ Relationship_____
Cultural Background	
Other Service Providers	
Have you received support from Illawarra Advocacy before?	Yes ☐ No ☐
Relevant Information	Mobility- Independent Y/N Communication-Independent Y/N Travel- Independent Y/N Decision Making-Independent Y/N Health Issues_____ _____ Other_____ _____

Illawarra Advocacy
Suite 1 level 4, 166 Keira Street Wollongong 2500
Phone: 4229 4999 Facsimile: 4228 0406
Illawarra Advocacy if funded by the Federal Dept. of Social Services

Brief Description of Advocacy Issues	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
How did you find out about Illawarra Advocacy?	_____ _____

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