



CLIENT FORM

Victorian Homelessness
Data Collection

July 2010 — June 2011



Department of
Human Services

* indicates questions that require the *informed consent* of the client.

AGENCY ID

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SUPPORT PERIOD

	D	D		M	M		Y	Y	Y	Y
Date commenced										
Date finished										

SUPPORT PERIOD ONGOING AT 30 JUNE 2010

Yes 1

CONSENT OBTAINED

Yes 1 No 2

- Where a name is not long enough please fill in any remaining squares with a 2.
For example, a male client called Ng Tien will have the alpha code G2 IE2 M.
- Where a part of the name is missing or unknown please substitute a 9.
For example, a female client known to you only as Jane will have the code AN 999 F.
- Do not count hyphens, apostrophes, blank spaces or any other such character as a letter of the alphabet.

* ALPHA CODE

Letters of first name

1st	2nd	3rd	4th	5th	6th

Letters of last name

M/F for male or female

- Complete date as best you can.
- If day unknown, tick box 'day unknown'.
- If month unknown, tick box 'month unknown'.
- If year unknown, provide best estimate and tick box 'estimated year'.

* DATE OF BIRTH OF CLIENT

	D	D		M	M		Y	Y	Y	Y
	<input type="checkbox"/>	day unknown		<input type="checkbox"/>	month unknown		<input type="checkbox"/>	estimated year		

1 Sex of client

please tick one box only

female 1
male 2

2 Person(s) receiving assistance

please tick one box only

WITH child(ren)

person with child(ren) 3
couple with child(ren) 4

WITHOUT child(ren)

lone person 1
couple without child(ren) 2
group of unrelated person(s) 5

OTHER

please specify _____ 999

3 Source of referral/information

please tick one box only

self 13
family/friends 16
school/other education institution 2
Department of Human Services 3
legal unit/correction institution 20
police 19
health services 18
psychiatric unit 7
telephone/crisis referral agency 8
SAAP agency/worker 9
other government department 10
other non-government organisation 11
other (please specify) _____ 999
don't know/no information 0

IF CONSENT IS NOT OBTAINED PLEASE GO TO QUESTION 16

COMPLETED FORMS WILL BE KEPT STRICTLY CONFIDENTIAL

If you have any problems completing this form please telephone the SAAP NDCA hotline on 1800 627 191 or email ndca@aihw.gov.au

*** 4 Country of birth of client**

please tick one box only

Australia 1

other (please specify) _____

*** 5 Does the client identify as being of Aboriginal or Torres Strait Islander origin?**

please tick one box only

no 1

yes, Aboriginal 2

yes, Torres Strait Islander 3

yes, both 4

*** 6 What is the client's disability grouping?**

please tick as many circles as apply

not applicable – no disability 9

intellectual/learning 1

psychiatric 2

sensory/speech 3

physical/diverse 4

acquired brain injury 5

neurological 6

other (please specify) _____ 99

don't know/no information 0

*** 7 Presenting reasons for seeking assistance**

please tick as many circles as apply

Interpersonal relationships

time out from family/other situation 2

relationship/family breakdown 3

interpersonal conflict 4

sexual abuse 7

domestic/family violence 6

physical/emotional abuse 5

Financial

gambling 20

budgeting problems 23

rent too high 24

loss of income 33

other financial difficulty 21

Accommodation

overcrowding issues 27

eviction/asked to leave 25

emergency accommodation ended 11

previous accommodation ended 26

Health

mental health issues 28

problematic drug/alcohol/substance use 10

diagnosed psychiatric illness 13

other health issues 29

Other reasons

gay/lesbian issues 31

transgender issues 32

recently left institution 12

recent arrival to area with no means of support 14

itinerant 15

other (please specify) _____ 999

don't know/no information 0

*** 8 Main presenting reason for seeking assistance**

please write only ONE code number from Question 7

eg

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*** 9 Main income source before and after this support period**

please tick one box only in each column

Before **After**

No income

- no income 1
- registered/awaiting benefit 2

Government payments

- newstart 4
- youth allowance 33
- community development employment project (CDEP) 8
- ABSTUDY 31
- Austudy payment for students aged 25 years and over 28
- disability support pension 12
- age pension 13
- parenting payment 34
- DVA payment (pension or support) 35
- other type of allowance or benefit 36

Other income

- workcover/compensation 19
- maintenance/child support 20
- wages/salary/own business 21
- spouse/partner's income 22
- other (please specify) _____ 999
- client left without providing any information 98
- don't know 99

*** 10 Labour force status before and after this support period**

please tick one box only in each column

Before **After**

- employed full time (35 hours per week or more) 1
- employed part time (less than 35 hours per week) 2
- unemployed (looking for work) 4
- not in labour force (see manual) 5
- client left without providing any information 98
- don't know 99

*** 11 Student status before and after this support period**

please tick one box only in each column

Before **After**

- not a student 1
- primary/secondary school student 2
- post-secondary student/employment training 3
- client left without providing any information 98
- don't know 99

*** 12 Type of house/dwelling immediately before and after this support period**

please tick one box only in each column

Before **After**

Improvised dwelling/sleeping rough

- improvised dwelling/car/tent/squat 1
- street/park/in the open 2

House/dwelling

- house/flat 3
- caravan 4
- boarding/rooming house 5
- hostel/hotel/motel 6

Institutional setting

- hospital 7
- psychiatric institution 8
- prison/youth training centre 9
- other institutional setting 10
- client left without providing any information 98
- don't know 99

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*** 13 Type of tenure (legal right to occupy a dwelling) immediately before and after this support period**

please tick one box only in each column

Before After

SAAP/CAP funded accommodation

- crisis accommodation (SAAP/THM) 1
- SAAP/CAP medium/long-term accommodation 2
- transitional housing (THM) 13
- other homelessness funded accommodation 3

No tenure

- institutional setting 4
- improvised dwelling/sleeping rough 5
- other (no tenure) (please specify) 6

Tenure

- purchasing/purchased own home 7
- private rental 8
- public housing rental 9
- community housing rental (non THM) 10
- rent-free accommodation 11
- boarding 12
- client left without providing any information 98
- don't know 99

*** 14 Who was the client living with immediately before and after this support period?**

please tick one box only in each column

Before After

- alone 10
- with both parents 1
- with one parent and parent's spouse/partner 2
- with one parent 3
- with foster family 4
- with relatives/friends temporary 16
- with relatives/friends long-term 17
- with spouse/partner 7
- with spouse/partner and child(ren) 8
- alone with child(ren) 9
- living with other unrelated persons 13
- other (please specify) _____ 999
- client left without providing any information 98
- don't know 99

*** 15 Location of client's last home**

suburb/town

state

postcode

overseas 9998

don't know/no information 0

16 Was a case management plan agreed to by the end of this support period?

please tick one box only

- yes 1 **▶ Go to question 17**
- no, client did not agree to one 4 **▶ Go to question 18**
- no, support period too short 5 **▶ Go to question 18**
- no, other (please specify) _____ 6 **▶ Go to question 18**

17 To what extent were the client's case management goals achieved by the end of this support period?

please tick one box only

- not at all 1
- some 2
- most 3
- all 4

18 Service delivery setting in which the majority of services were provided.

please tick one box only

- your agency 1
- telephone contact 2
- other (including outreach) 3

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19 Support to client

please tick as many circles as apply

	Needs identified by worker	Provided	Referral arranged	
Housing/accommodation				
SAAP/CAP accommodation (including THMs and other SAAP managed properties)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	43
Financial/employment				
assistance to obtain/maintain government pension/benefit/allowance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	37
employment and training assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5
financial assistance/material aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6
financial counselling and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7
Personal support				
incest/sexual assault support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	45
family violence support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	46
family/relationship support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	47
parent support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	50
emotional support/other counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	48
assistance with problem gambling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	36
General support/advocacy				
living skills/personal development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14
assistance with legal issues/court support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25
advice/information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27
retrieval/storage/removal of personal belongings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29
advocacy/liaison on behalf of client	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30
Specialist services				
psychological services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12
specialist counselling services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	44
psychiatric services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13
pregnancy support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	33
family planning support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	34
drug/alcohol support or intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16
physical disability services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17
intellectual disability services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18
culturally specific support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19
interpreter services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20
assistance with immigration issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	38
health/medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26
tenancy/property management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	51
Basic support				
meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21
laundry/shower facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22
recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23
transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24
other (please specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	999
other (please specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	998

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20 Assistance to access housing

Use this question to indicate if support to *obtain* housing was needed, provided or referred

please tick as many circles as apply

	Needs identified by worker	Provided	Referral arranged	
assistance to access crisis/short-term emergency accommodation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
assistance to access transitional housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
assistance to access long-term community housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3
assistance to access public housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4
assistance to access long-term private rental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5
assistance to access long-term other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6

21 Housing support

Use this question to indicate if support to *maintain* housing was needed, provided or referred

please tick as many circles as apply

	Needs identified by worker	Provided	Referral arranged	
crisis accommodation support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
transitional housing support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
medium-term housing support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3
long-term tenancy support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4
other housing support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5

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22 If SAAP/CAP accommodation was provided (including THMs and other SAAP managed properties) please provide details

Note: If the client had more than 10 accommodation periods in this support period, you should photocopy a blank copy of this page, complete details, and staple it to this page.

1 Type of accommodation

please tick one box only

Date of accommodation

please complete all boxes

- short-term/emergency 10
- crisis 11
- medium-term 8
- other homelessness 9

D D M M Y Y Y Y

Start

Finish

6 Type of accommodation

please tick one box only

Date of accommodation

please complete all boxes

- short-term/emergency 10
- crisis 11
- medium-term 8
- other homelessness 9

D D M M Y Y Y Y

Start

Finish

2 Type of accommodation

please tick one box only

Date of accommodation

please complete all boxes

- short-term/emergency 10
- crisis 11
- medium-term 8
- other homelessness 9

D D M M Y Y Y Y

Start

Finish

7 Type of accommodation

please tick one box only

Date of accommodation

please complete all boxes

- short-term/emergency 10
- crisis 11
- medium-term 8
- other homelessness 9

D D M M Y Y Y Y

Start

Finish

3 Type of accommodation

please tick one box only

Date of accommodation

please complete all boxes

- short-term/emergency 10
- crisis 11
- medium-term 8
- other homelessness 9

D D M M Y Y Y Y

Start

Finish

8 Type of accommodation

please tick one box only

Date of accommodation

please complete all boxes

- short-term/emergency 10
- crisis 11
- medium-term 8
- other homelessness 9

D D M M Y Y Y Y

Start

Finish

4 Type of accommodation

please tick one box only

Date of accommodation

please complete all boxes

- short-term/emergency 10
- crisis 11
- medium-term 8
- other homelessness 9

D D M M Y Y Y Y

Start

Finish

9 Type of accommodation

please tick one box only

Date of accommodation

please complete all boxes

- short-term/emergency 10
- crisis 11
- medium-term 8
- other homelessness 9

D D M M Y Y Y Y

Start

Finish

5 Type of accommodation

please tick one box only

Date of accommodation

please complete all boxes

- short-term/emergency 10
- crisis 11
- medium-term 8
- other homelessness 9

D D M M Y Y Y Y

Start

Finish

10 Type of accommodation

please tick one box only

Date of accommodation

please complete all boxes

- short-term/emergency 10
- crisis 11
- medium-term 8
- other homelessness 9

D D M M Y Y Y Y

Start

Finish

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23 Housing Establishment Fund (HEF) transactions provided by your agency

Note: If the client had more than 6 HEF transactions in this support period, you should photocopy a blank copy of this page, complete details, and staple it to this page.

HEF transaction date

D	D	M	M	Y	Y	Y	Y

HEF transaction amount

\$	\$	\$,	\$	\$	\$.	c	c

HEF transaction type *please tick one box only*

- short-term emergency accommodation 1
- private rent in advance 2
- private rental arrears 3
- private rental bonds 4
- retrieval/storage of personal belongings 5
- furniture/white goods 6
- transport 7
- private rental brokerage 8
- other (please specify) _____ 9

HEF transaction date

D	D	M	M	Y	Y	Y	Y

HEF transaction amount

\$	\$	\$,	\$	\$	\$.	c	c

HEF transaction type *please tick one box only*

- short-term emergency accommodation 1
- private rent in advance 2
- private rental arrears 3
- private rental bonds 4
- retrieval/storage of personal belongings 5
- furniture/white goods 6
- transport 7
- private rental brokerage 8
- other (please specify) _____ 9

HEF transaction date

D	D	M	M	Y	Y	Y	Y

HEF transaction amount

\$	\$	\$,	\$	\$	\$.	c	c

HEF transaction type *please tick one box only*

- short-term emergency accommodation 1
- private rent in advance 2
- private rental arrears 3
- private rental bonds 4
- retrieval/storage of personal belongings 5
- furniture/white goods 6
- transport 7
- private rental brokerage 8
- other (please specify) _____ 9

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HEF transaction date

D D M M Y Y Y Y
□ □ □ □ □ □ □ □

HEF transaction amount

\$ \$ \$, \$ \$ \$. c c
□ □ □ □ , □ □ □ □ . □ □

HEF transaction type *please tick one box only*

- short-term emergency accommodation 1
- private rent in advance 2
- private rental arrears 3
- private rental bonds 4
- retrieval/storage of personal belongings 5
- furniture/white goods 6
- transport 7
- private rental brokerage 8
- other (please specify) _____ 9

HEF transaction date

D D M M Y Y Y Y
□ □ □ □ □ □ □ □

HEF transaction amount

\$ \$ \$, \$ \$ \$. c c
□ □ □ □ , □ □ □ □ . □ □

HEF transaction type *please tick one box only*

- short-term emergency accommodation 1
- private rent in advance 2
- private rental arrears 3
- private rental bonds 4
- retrieval/storage of personal belongings 5
- furniture/white goods 6
- transport 7
- private rental brokerage 8
- other (please specify) _____ 9

HEF transaction date

D D M M Y Y Y Y
□ □ □ □ □ □ □ □

HEF transaction amount

\$ \$ \$, \$ \$ \$. c c
□ □ □ □ , □ □ □ □ . □ □

HEF transaction type *please tick one box only*

- short-term emergency accommodation 1
- private rent in advance 2
- private rental arrears 3
- private rental bonds 4
- retrieval/storage of personal belongings 5
- furniture/white goods 6
- transport 7
- private rental brokerage 8
- other (please specify) _____ 9

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- Accompanying children should be recorded on only one of the parent/guardian forms
- Complete a separate client form for each child aged 18 years and over

*** 24 ALPHA CODE FOR ACCOMPANYING CHILD(REN)**

- For short names fill in with 2's.
- For missing names fill in with 9's.

*** DATE OF BIRTH OF CHILD(REN)**

- Complete date as best you can.
- If day unknown, tick box 'day unknown'.
- If month unknown, tick box 'month unknown'.
- If year unknown, provide best estimate and tick box 'estimated year'

Letters of first name

1st	2nd	3rd	4th	5th	6th	
-----	-----	-----	-----	-----	-----	--

Letters of last name

						M/F for male or female
--	--	--	--	--	--	------------------------

D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
day unknown		month unknown		estimated year			

Letters of first name

1st	2nd	3rd	4th	5th	6th	
-----	-----	-----	-----	-----	-----	--

Letters of last name

						M/F for male or female
--	--	--	--	--	--	------------------------

D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
day unknown		month unknown		estimated year			

25 Sex of child(ren)

please tick one box only

female 1
male 2

female 1
male 2

*** 26 Country of birth of the child(ren)**

please tick one box only

Australia 1
other (please specify)

Australia 1
other (please specify)

*** 27 Is the child of Aboriginal or Torres Strait Islander origin?**

please tick one box only

no 1
yes, Aboriginal 2
yes, Torres Strait Islander 3
yes, both 4

no 1
yes, Aboriginal 2
yes, Torres Strait Islander 3
yes, both 4

28 Support to child(ren)

Indicate here if no assistance was given or tick as many circles below as apply

no assistance 1

no assistance 1

Accommodation

crisis/short-term emergency accommodation
transitional accommodation

Needs identified by worker	Provided	Referral arranged
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 25
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 26

Needs identified by worker	Provided	Referral arranged
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 25
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 26

School liaison/child care

kinder/school liaison
child care

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3

Personal support

help with behavioural problems
sexual/physical abuse support
skills education
structured play/skill development

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22

General support/advocacy

access arrangements
advice/information
advocacy

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18

Specialist services

specialist counselling
culturally specific support
health/medical services

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 23
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 23
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19

Basic support

meals
showers/hygiene
recreation
transport

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14

other (please specify) _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 999
--------------------------	--------------------------	------------------------------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 999
--------------------------	--------------------------	------------------------------

other (please specify) _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 998
--------------------------	--------------------------	------------------------------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 998
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Note: If the client had more than 5 accompanying children in a support period, you should photocopy a blank copy of this page, complete details, and staple it to this page.

Needs identified by worker			Provided			Referral arranged		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	999					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	998					

COMPLETED FORMS WILL BE KEPT STRICTLY CONFIDENTIAL

If you have any problems completing this form please telephone the SAAP NDCA hotline on 1800 627 191 or email ndca@aihw.gov.au

RETURNING FORMS TO THE NDCA

- In the first week of each month, send the forms of clients who have left the agency in the last month to the NDCA in the prepaid envelope provided.
- Forms should reach the NDCA by the 15th of each month.
- Include a completed Form Return Sheet with your forms. If no clients left your agency in the last month record zero forms to return on the Form Return Sheet. This ensures that your agency is counted as participating in the National Data Collection. The NDCA is required to notify the Victorian Department of Human Services of agencies that do not return forms (or Form Return Sheets) each month.

30 JUNE 2010 AND 31 DECEMBER 2010

- In the first week of July 2010 and in the first week of January 2011, you should notify the NDCA of clients who are still being supported as at 30 June 2010 and 31 December 2010.
- For clients who are ongoing at 30 June 2010, transfer the information from the old 2009–2010 form to the new 2010–2011 form. Return the old form to the NDCA along with the forms of clients who have left your agency in the last month. Retain the new form in your agency until the client has finished his/her support period.
- For ongoing clients at 31 December—use the December Form Return Sheet and note in the box provided the number of clients being supported on 31 December 2010. It is important to send in a December Form Return Sheet even if you did not have any client forms to remit or you had no ongoing clients.

If you do not need the materials sent to you, please return them in the NDCA Reply Paid envelope.