

Appendix 3: SAAP NDCA Client Collection forms



CLIENT FORM

JULY 2002 – JUNE 2003



AGENCY NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	OFFICE USE ONLY	
SUPPORT PERIOD	D	D	M	M	Y	Y	Y	Y	1	
Date commenced	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2	
Date finished	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	3	
SUPPORT PERIOD NOT ENDED BY									4	
30 June 2003	Yes	<input type="checkbox"/>	1							5
CONSENT OBTAINED	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2				6
ALPHA CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	7	
	2ND & 3RD LETTERS OF FIRST NAME		1ST & 2ND LETTERS OF SURNAME		LAST LETTER OF SURNAME		M/F FOR MALE OR FEMALE			8
YEAR OF BIRTH OF CLIENT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						9
									10	
									11	
									12	

THE 2002–2003 CLIENT FORM

The 2002–03 Client Collection commences Monday 1 July 2002. The only change on this year's form is the addition of a shaded square at the end of the Agency Number, at the top right hand corner of the front page. Please use this space to write in your agency's new alphabetic check digit. **Your new agency id is your previous four digit agency number plus an alphabetic check digit (eg. 9999 X).**

Important points to remember:

- Either a shaded square or ellipse indicates if informed consent is required. The ellipse indicates the questions that *require* the *informed consent* of the client. The square indicates questions that should be completed *even without* the *informed consent* of the client.
- You should begin using the new pink client forms on Monday 1 July 2002. The new forms should be used for any client who begins a support period on or after 1 July. All support details for existing ongoing clients should be transferred to the new form from 1 July.

Prior to 1 July please read the *Collector's Manual July 2001* and quick reference information card carefully and ensure that your agency members are aware of the changes to the form and procedures to complete it. It is important that all workers at your agency are aware of these changes.

REMINDER

As a worker in a SAAP agency, you should complete the form based on information provided by the client. It is not appropriate for clients to complete the form on their own. You should use the Collection Manual to help complete the form accurately.

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If you have any problems completing this form please telephone the SAAP NDCA hotline on 1-800 627 191 or email ndca@aihw.gov.au

1. Source of referral/information

please tick one box only

- self 13
- family 14
- friends 15
- school/other educational institution 2
- community services department 3
- police/legal unit 4
- prison/correction institution 5
- hospital/health/medical services 6
- 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

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)

- person alone or with unrelated person(s) 1
- couple without child(ren) 2
- other (please specify) _____ 999

3. Gender of client

- female 1
- male 2

IF CONSENT NOT OBTAINED PLEASE GO TO QUESTION 19

4. Country of birth of client

- Australia 1
- other (please specify) _____ 2

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

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

6. What language does the client mainly speak?

- English 1 go to **8.**
- other (please specify) _____ 2

7. How well does the client speak English?

- very well 1
- well 2
- not well 3
- not at all 4

8. Cultural identity of the client?

(please specify) _____

9. Labour force status before and after support period

please tick one box only in each column **Before** **After**

- employed full time 1
- employed part time 2
- employed casual 3
- unemployed (looking for work) 4
- not in labour force (see manual) 5
- don't know /no information 0

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10. Main income source before and after support period

please tick one box only in each column **Before** **After**

No Income

- no income 1
- registered/awaiting benefit 2

Government Payments

- newstart allowance 4
- youth allowance 33
- Austudy Payment - for students aged 25 years of age and over 28
- community development employment program (CDEP) 8
- ABSTUDY 31
- disability support pension 12
- age pension 13
- parenting payment (single) - formerly sole parent pension 14
- parenting payment (partnered) 32
- special benefit 15
- sickness allowance 16
- partner allowance 17
- DVA support pension 29
- DVA disability pension 30
- other type of allowance or benefit 18

Other Income

- workcover/compensation 19
- maintenance/child support 20
- wages/salary/own business 21
- spouse/partner's income 22
- other (please specify) _____ 999
- don't know/no information 0

11. Student status before and after 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
- don't know/no information 0

12. Presenting reasons for seeking assistance

please tick as many circles as apply

- usual accommodation unavailable 19
- eviction/previous accommodation ended/asked to leave 9
- time out from family/other situation 2
- relationship/family breakdown 3
- interpersonal conflict 4
- physical/emotional abuse 5
- domestic violence 6
- sexual abuse 7
- financial difficulty 8
- drug/alcohol/substance abuse 10
- gambling 20
- emergency accommodation ended 11
- recently left institution 12
- psychiatric illness 13
- recent arrival to area with no means of support 14
- itinerant (moving from place to place) 15
- other (please specify) _____ 999
- other (please specify) _____ 998
- don't know/no information 0

13. Main presenting reason for seeking assistance

Please write the appropriate code number from Question 12

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14. Current period of unsafe, insecure or inadequate housing (i.e. homelessness)

- at imminent risk 888
- less than one week 1
- 1 week - 1 month 2
- 1-3 months 3
- 3-6 months 4
- 6-12 months 5
- 1-2 years 6
- 2-5 years 7
- more than 5 years 8
- don't know/no information 0

15. Location before the period of unsafe, insecure or inadequate housing in question 14 (i.e. homelessness or at imminent risk)

state

suburb/town

postcode

overseas 9998

don't know/no information 0

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21. Was SAAP/CAP accommodation provided?

No go to question 22
 Yes please provide types and dates of SAAP/CAP supported accommodation provided to the client (including THM's and other SAAP managed properties)

1. Type of accommodation Dates of accommodation
please tick one box only *please complete all boxes*

	on-site		off-site								
Crisis/short term	<input type="checkbox"/>	1	<input type="checkbox"/>	4	Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medium/long term	<input type="checkbox"/>	2	<input type="checkbox"/>	5	Finish	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other SAAP	<input type="checkbox"/>	3	<input type="checkbox"/>	6							

2. Type of accommodation Dates of accommodation
please tick one box only *please complete all boxes*

	on-site		off-site								
Crisis/short term	<input type="checkbox"/>	1	<input type="checkbox"/>	4	Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medium/long term	<input type="checkbox"/>	2	<input type="checkbox"/>	5	Finish	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other SAAP	<input type="checkbox"/>	3	<input type="checkbox"/>	6							

3. Type of accommodation Dates of accommodation
please tick one box only *please complete all boxes*

	on-site		off-site								
Crisis/short term	<input type="checkbox"/>	1	<input type="checkbox"/>	4	Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medium/long term	<input type="checkbox"/>	2	<input type="checkbox"/>	5	Finish	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other SAAP	<input type="checkbox"/>	3	<input type="checkbox"/>	6							

4. Type of accommodation Dates of accommodation
please tick one box only *please complete all boxes*

	on-site		off-site								
Crisis/short term	<input type="checkbox"/>	1	<input type="checkbox"/>	4	Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medium/long term	<input type="checkbox"/>	2	<input type="checkbox"/>	5	Finish	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other SAAP	<input type="checkbox"/>	3	<input type="checkbox"/>	6							

5. Type of accommodation Dates of accommodation
please tick one box only *please complete all boxes*

	on-site		off-site								
Crisis/short term	<input type="checkbox"/>	1	<input type="checkbox"/>	4	Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medium/long term	<input type="checkbox"/>	2	<input type="checkbox"/>	5	Finish	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other SAAP	<input type="checkbox"/>	3	<input type="checkbox"/>	6							

22. Support to client

<i>please tick as many circles as apply</i>	Needed	Provided	Referral Arranged	Not provided or referred	
SAAP/CAP accommodation (including THM's and other SAAP managed properties)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	43
assistance to obtain/maintain short-term accommodation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	39
assistance to obtain/maintain independent housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	42
assistance to obtain/maintain benefit/pension/ other government allowance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	37
employment and training assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5
financial assistance/material aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6
financial counselling and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7
incest/sexual assault counselling and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8
domestic violence counselling and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9
family/relationship counselling and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
emotional support/ other counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11
psychological services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12
psychiatric services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13
living skills/personal development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14
pregnancy support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	33
family planning support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	34
drug/alcohol support or intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16
physical disability services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17
intellectual disability services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18
culturally appropriate support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19
interpreter services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20
meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21
laundry/shower facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22
recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23
transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24
assistance with legal issues/ court support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25
health/medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26
advice/information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27
brokerage services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28
retrieval/storage/removal of personal belongings	<input type="radio"/>	<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"/>	<input type="radio"/>	30
assistance with problem gambling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	36
assistance with immigration issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	38
other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	999

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PART B—ACCOMPANYING AND/OR ASSISTED CHILDREN

(Complete a separate client form for each child aged 18 years and over)

23. Does this client have children reported on this form or another form for this period of support?

(children should be recorded on only one of the parent/guardian's form)

please tick one box only

Yes, child(ren) recorded on this form 1 No, child(ren) recorded on 'other adults' form 2 not applicable 3

24.

CHILD 1				CHILD 2				CHILD 3			
ALPHA CODE				ALPHA CODE				ALPHA CODE			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2ND & 3RD LETTERS OF FIRST NAME	1ST & 2ND LETTERS OF SURNAME	LAST LETTER OF SURNAME	M/F FOR MALE OR FEMALE	2ND & 3RD LETTERS OF FIRST NAME	1ST & 2ND LETTERS OF SURNAME	LAST LETTER OF SURNAME	M/F FOR MALE OR FEMALE	2ND & 3RD LETTERS OF FIRST NAME	1ST & 2ND LETTERS OF SURNAME	LAST LETTER OF SURNAME	M/F FOR MALE OR FEMALE
YEAR OF BIRTH <input type="text"/>				YEAR OF BIRTH <input type="text"/>				YEAR OF BIRTH <input type="text"/>			

25. Country of birth of the child(ren)

Australia <input type="checkbox"/> 1	Australia <input type="checkbox"/> 1	Australia <input type="checkbox"/> 1
other (please specify) <input type="text"/>	other (please specify) <input type="text"/>	other (please specify) <input type="text"/>
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2

26. Number of homes the child(ren) has lived in during the past year

homes <input type="text"/>	homes <input type="text"/>	homes <input type="text"/>
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27. Age of child(ren)

0-4 years <input type="checkbox"/> 1	0-4 years <input type="checkbox"/> 1	0-4 years <input type="checkbox"/> 1
5-12 years <input type="checkbox"/> 2	5-12 years <input type="checkbox"/> 2	5-12 years <input type="checkbox"/> 2
13-15 years <input type="checkbox"/> 3	13-15 years <input type="checkbox"/> 3	13-15 years <input type="checkbox"/> 3
16-17 years <input type="checkbox"/> 4	16-17 years <input type="checkbox"/> 4	16-17 years <input type="checkbox"/> 4

28. Gender of child(ren)

female <input type="checkbox"/> 1	female <input type="checkbox"/> 1	female <input type="checkbox"/> 1
male <input type="checkbox"/> 2	male <input type="checkbox"/> 2	male <input type="checkbox"/> 2

29. Support to child(ren)

no assistance

OR tick as many circles as apply

	Needed	Provided	Referral Arranged	Not provided or referred		Needed	Provided	Referral Arranged	Not provided or referred		Needed	Provided	Referral Arranged	Not provided or referred	
SAAP/CAP accommodation (including THM's and other SAAP managed properties)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21
help with behavioural problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
sexual/physical abuse counselling/support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3
liaison with kindergarten/school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4
access arrangements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5
culturally sensitive services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11
showers/hygiene support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12
recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13
transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14
advice/information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15
brokerage services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16
skills education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17
advocacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18
health/medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19
general counselling/support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20
other (please specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	999	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	999	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	999
other (please specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	998	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	998	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	998

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CHILD 4
ALPHA CODE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2ND & 3RD LETTERS OF FIRST NAME	1ST & 2ND LETTERS OF SURNAME	LAST LETTER OF SURNAME	M/F FOR MALE OR FEMALE
YEAR OF BIRTH <input type="text"/>			

CHILD 5
ALPHA CODE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2ND & 3RD LETTERS OF FIRST NAME	1ST & 2ND LETTERS OF SURNAME	LAST LETTER OF SURNAME	M/F FOR MALE OR FEMALE
YEAR OF BIRTH <input type="text"/>			

CHILD 6
ALPHA CODE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2ND & 3RD LETTERS OF FIRST NAME	1ST & 2ND LETTERS OF SURNAME	LAST LETTER OF SURNAME	M/F FOR MALE OR FEMALE
YEAR OF BIRTH <input type="text"/>			

CHILD 7
ALPHA CODE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2ND & 3RD LETTERS OF FIRST NAME	1ST & 2ND LETTERS OF SURNAME	LAST LETTER OF SURNAME	M/F FOR MALE OR FEMALE
YEAR OF BIRTH <input type="text"/>			

Australia 1
other (please specify) 2

homes

0-4 years 1
5-12 years 2
13-15 years 3
16-17 years 4

female 1
male 2

Australia 1
other (please specify) 2

homes

0-4 years 1
5-12 years 2
13-15 years 3
16-17 years 4

female 1
male 2

Australia 1
other (please specify) 2

homes

0-4 years 1
5-12 years 2
13-15 years 3
16-17 years 4

female 1
male 2

Australia 1
other (please specify) 2

homes

0-4 years 1
5-12 years 2
13-15 years 3
16-17 years 4

female 1
male 2

Needed	Provided	Referral Arranged	Not provided or referred
--------	----------	----------------------	--------------------------------

Needed	Provided	Referral Arranged	Not provided or referred
--------	----------	----------------------	--------------------------------

Needed	Provided	Referral Arranged	Not provided or referred
--------	----------	----------------------	--------------------------------

Needed	Provided	Referral Arranged	Not provided or referred
--------	----------	----------------------	--------------------------------

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	999
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	998

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
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RETURNING FORMS TO THE NDCA

- In the first week of each month, send the forms of *clients who have left your 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 State/Territory funding departments of agencies that do not return forms (or Form Return Sheets) each month.

30 JUNE 2002 AND 31 DECEMBER 2002

- Twice a year (in the first week of July 2002 and in the first week of January 2003), you should notify the NDCA of clients who are still being supported as at 30 June 2002 and 31 December 2002.
- For clients who are ongoing at 30 June 2002, transfer the information from the old 2001–2002 form to the new 2002–2003 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 2002. 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 materials sent to you, please return them to the NDCA addressed:

REPLY PAID
SAAP National Data Collection Agency
Australian Institute of Health and Welfare
Locked Bag 8900
Canberra ACT 2601

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CLIENT FORM

HIGH VOLUME AGENCIES

JULY 2002 – JUNE 2003



AGENCY NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	OFFICE USE ONLY
SUPPORT PERIOD	D	D	M	M	Y	Y	Y	Y		1
Date commenced	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2
Date finished	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	3
SUPPORT PERIOD NOT ENDED BY										4
30 June 2003	Yes	<input type="checkbox"/>	1							5
CONSENT OBTAINED	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2				6
ALPHA CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	7
	2ND & 3RD LETTERS OF FIRST NAME	1ST & 2ND LETTERS OF SURNAME	LAST LETTER OF SURNAME	M/F FOR MALE OR FEMALE						8
YEAR OF BIRTH OF CLIENT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9
										10
										11
										12

1. 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)

person alone or with unrelated person(s) 1

couple without child(ren) 2

other (please specify) _____ 999

2. Does this client have children reported on this form or another form for this period of support?

(children should be recorded on only one of the parent/ guardian's form)

please tick one box only

Yes, child(ren) recorded on this form 1

No, child(ren) recorded on 'other adults' form 2

not applicable 3

3. Number of accompanying children assisted in each age group

0 – 4 years 1

5 – 12 years 2

13 – 15 years 3

16 – 17 years 4

(complete a separate client form for each child aged 18 years and over)

4. Gender of client

female 1

male 2

5. Main income source at commencement

please tick one box only in each column

No Income

no income 1

registered/awaiting benefit 2

Government Payments

newstart allowance 4

youth allowance 33

Austudy Payment - for students aged 25 years of age and over 28

community development employment program (CDEP) 8

ABSTUDY 31

disability support pension 12

age pension 13

parenting payment (single) - formerly sole parent pension 14

parenting payment (partnered) 32

special benefit 15

sickness allowance 16

partner allowance 17

DVA support pension 29

DVA disability pension 30

other type of allowance or benefit 18

Other Income

workcover/compensation 19

maintenance/child support 20

wages/salary/own business 21

spouse/partner's income 22

other (please specify) _____ 999

don't know/no information 0

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6. Country of birth of client

- Australia 1
 other (please specify) _____ 2

7. Does the client identify as being of Aboriginal or Torres Strait Islander origin?

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

8. Cultural identity of the client

other (please specify) _____

9. Type of housing/accommodation immediately before this support period

please tick one box only

SAAP/CAP FUNDED ACCOMMODATION

- crisis/short-term accommodation 1
 medium/long term accommodation 2
 hostel 3
 motel/hotel 4
 community placement 5
 other SAAP/CAP funded accommodation 6

NON-SAAP HOUSING ACCOMMODATION

- non-SAAP emergency accommodation 7
 living rent-free in house or flat 8
 renting independently in the private rental market 9
 renting a public housing dwelling 10
 renting community housing 11
 renting a caravan 12
 rooming house/hostel/hotel 13
 boarding in a private home 14
 purchasing or living in own home 15
 living in a car/tent/park/street/squat 16
 other non-SAAP housing/accommodation 17

INSTITUTIONAL SETTING

- hospital/psychiatric institution 18
 prison/youth training centre 19
 other government residential arrangement 20
 detoxification unit/rehabilitation centre 21
 other institutional setting 22
 don't know/no information 0

10. Support to client

please tick as many circles as apply

	Needed	Provided	Referral Arranged	Not provided or referred
SAAP/CAP accommodation (including THM's and other SAAP managed properties)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 43
assistance to obtain/maintain short-term accommodation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 39
assistance to obtain/maintain independent housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 42
assistance to obtain/maintain benefit/pension/ other government allowance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 37
employment and training assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 5
financial assistance/material aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 6
financial counselling and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 7
incest/sexual assault counselling and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 8
domestic violence counselling and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 9
family/relationship counselling and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 10
emotional support/ other counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 11
psychological services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 12
psychiatric services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 13
living skills/personal development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 14
pregnancy support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 33
family planning support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 34
drug/alcohol support or intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 16
physical disability services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 17
intellectual disability services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 18
culturally appropriate support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 19
interpreter services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 20
meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 21
laundry/shower facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 22
recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 23
transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 24
assistance with legal issues/ court support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 25
health/medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 26
advice/information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 27
brokerage services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 28
retrieval/storage/removal of personal belongings	<input type="radio"/>	<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"/>	<input type="radio"/> 30
assistance with problem gambling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 36
assistance with immigration issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 38
other (please specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 999

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Glossary

Accompanying child	A person aged under 18 years who accompanies a <i>client</i> to a SAAP agency during a <i>support period</i> or who requires and/or receives assistance from a SAAP agency as a result of their parent or guardian being a client of the same agency. An accompanying child may or may not require or receive assistance.
Accompanying child support period	<p>Refers to each <i>support period</i> in which a child either accompanies their parent or guardian to a SAAP agency or receives assistance as a result of their parent or guardian's <i>support period</i>.</p> <p>Within an <i>accompanying child support period</i> the child may receive one-off assistance and/or support over a period of time. Since the child may not be supported for the entire duration of the parent's or guardian's <i>support period</i>, it is not possible to assess the length of support for an <i>accompanying child</i>.</p>
Alpha code	A predetermined combination of letters from a <i>client's</i> or an <i>accompanying child's</i> name, together with a letter designating their gender. A 'valid alpha code' is a legitimate alpha code (that is, one containing only letters from the alphabet and ending in either M or F) joined to the <i>client's</i> reported year of birth and encrypted to create a unique <i>client</i> indicator.
Agency	An organisation or establishment that receives a specified amount of SAAP funds to provide services.
Casual client	<p>A person who:</p> <ul style="list-style-type: none">• receives assistance from a SAAP agency for less than 1 hour on a given day; and• does not establish an <i>ongoing support relationship</i> with the SAAP agency. <p>A <i>casual client</i> may receive <i>one-off assistance</i> from a SAAP agency on one or more occasions.</p>
Client	<p>A person aged 18 years or more, or a person of any age not accompanied by their parent or guardian, who:</p> <ul style="list-style-type: none">• receives <i>support</i> or assistance from a SAAP agency which entails generally 1 hour or more of a worker's time, either with that <i>client</i> directly or on behalf of that <i>client</i>, on a given day; or• is accommodated by a SAAP agency; or• enters into an <i>ongoing support relationship</i> with a SAAP agency.
Closed accompanying child support period	An <i>accompanying child support period</i> associated with a <i>closed support period</i> .
Closed support period	A <i>support period</i> that had finished before the end of the reporting period – 30 June.
English proficiency group 1 countries	Canada, Ireland, New Zealand, South Africa, the United Kingdom and the United States of America.

English proficiency group 2–4 countries

Homeless person

Countries, excluding Australia, that are not included in *English proficiency group 1*.

A person who does not have access to safe, secure and adequate housing. A person is considered not to have access to safe, secure and adequate housing if the only housing to which they have access:

- damages, or is likely to damage, their health; or
- threatens their safety; or
- marginalises them through failing to provide access to:
 - adequate personal amenities; or
 - the economic and social supports that a home normally affords; or
- places them in circumstances which threaten or adversely affect the adequacy, safety, security and affordability of that housing; or
- has no security of tenure – that is, they have no legal right to continued occupation of their home.

A person is also considered homeless if he or she is living in accommodation provided by a SAAP *agency* or some other form of emergency accommodation.

Occasion of support

See *support period* and *accompanying child support period*.

One-off assistance

Assistance provided to a person who is not a *client*. It might include the provision of a meal, a shower, transport, money, clothing, telephone advice, information or a *referral*. Instances of unmet need for one-off assistance are not recorded in the SAAP National Data Collection.

Ongoing support relationship

A relationship between a SAAP *agency* and a person whereby some assistance has been provided to that person, and it is agreed that future contact will occur between the person and the *agency* for the purpose of providing additional assistance. An invitation to return to the *agency* if the need arises does not constitute an *ongoing support relationship*.

This definition is used to establish whether a person is considered a *client* for the purposes of the National Data Collection.

Support period

A *support period* commences when a *client* begins to receive *support* and/or *supported accommodation* from a SAAP *agency*. The *support period* is considered to finish when:

- the *client* ends the relationship with the *agency*; or
- the *agency* ends the relationship with the *client*.

If it is not clear whether the *agency* or the *client* has ended the relationship, the *support period* is assumed to have ended if no assistance has been provided to the client for a period of 1 month. In such a case, the date the *support period* ended is 1 month after the last contact with the client.

**Supported
accommodation**

Accommodation paid for, or provided directly by, a SAAP *agency*.
The accommodation may be provided at the *agency* or may be
purchased using SAAP funds – at a motel, for example.

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- Australian Institute of Health and Welfare (AIHW) 2003b. SAAP National Data Collection annual report 2002–03 Australia. AIHW cat no. HOU 91. Canberra: AIHW (SAAP NDCA report. Series8).
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