



# CLIENT FORM

Victorian Homelessness  
Data Collection

July 2008 — June 2009



Department of  
Human Services

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

**AGENCY ID**

**SUPPORT PERIOD**

	D	D	M	M	Y	Y	Y	Y
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"/>
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"/>

**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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1st	2nd	3rd	4th	5th	6th

Letters of last name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<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			

**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	
<b>Housing/accommodation</b>				
SAAP/CAP accommodation (including THMs and other SAAP managed properties)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	43
<b>Financial/employment</b>				
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
<b>Personal support</b>				
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
<b>General support/advocacy</b>				
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
<b>Specialist services</b>				
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
<b>Basic support</b>				
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** **Date of accommodation**  
*please tick one box only* *please complete all boxes*

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

Start 

D	D	M	M	Y	Y	Y	Y

  
 Finish 

--	--	--	--	--	--	--	--

**6 Type of accommodation** **Date of accommodation**  
*please tick one box only* *please complete all boxes*

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

Start 

D	D	M	M	Y	Y	Y	Y

  
 Finish 

--	--	--	--	--	--	--	--

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

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

Start 

D	D	M	M	Y	Y	Y	Y

  
 Finish 

--	--	--	--	--	--	--	--

**7 Type of accommodation** **Date of accommodation**  
*please tick one box only* *please complete all boxes*

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

Start 

D	D	M	M	Y	Y	Y	Y

  
 Finish 

--	--	--	--	--	--	--	--

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

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

Start 

D	D	M	M	Y	Y	Y	Y

  
 Finish 

--	--	--	--	--	--	--	--

**8 Type of accommodation** **Date of accommodation**  
*please tick one box only* *please complete all boxes*

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

Start 

D	D	M	M	Y	Y	Y	Y

  
 Finish 

--	--	--	--	--	--	--	--

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

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

Start 

D	D	M	M	Y	Y	Y	Y

  
 Finish 

--	--	--	--	--	--	--	--

**9 Type of accommodation** **Date of accommodation**  
*please tick one box only* *please complete all boxes*

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

Start 

D	D	M	M	Y	Y	Y	Y

  
 Finish 

--	--	--	--	--	--	--	--

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

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

Start 

D	D	M	M	Y	Y	Y	Y

  
 Finish 

--	--	--	--	--	--	--	--

**10 Type of accommodation** **Date of accommodation**  
*please tick one box only* *please complete all boxes*

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

Start 

D	D	M	M	Y	Y	Y	Y

  
 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.

Letters of first name

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

Letters of last name

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

Letters of first name

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

Letters of last name

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

**\* 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'

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			

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

	Needs identified by worker	Provided	Referral arranged		Needs identified by worker	Provided	Referral arranged	
<b>Accommodation</b>								
crisis/short-term emergency accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 25		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 25	
transitional accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 26		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 26	
<b>School liaison/child care</b>								
kinder/school liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4	
child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3	
<b>Personal support</b>								
help with behavioural problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	
sexual/physical abuse support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24	
skills education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17	
structured play/skill development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22	
<b>General support/advocacy</b>								
access arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5	
advice/information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15	
advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18	
<b>Specialist services</b>								
specialist counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 23		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 23	
culturally specific support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10	
health/medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19	
<b>Basic support</b>								
meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11	
showers/hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12	
recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13	
transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14		<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	

**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

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.

Letters of first name			Letters of last name			M/F for male or female			
1st	2nd	3rd	4th	5th	6th				
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
day unknown	month unknown	estimated year	day unknown	month unknown	estimated year	day unknown	month unknown	estimated year	
female <input type="checkbox"/>	male <input type="checkbox"/>	1 2	female <input type="checkbox"/>	male <input type="checkbox"/>	1 2	female <input type="checkbox"/>	male <input type="checkbox"/>	1 2	
Australia <input type="checkbox"/>	other (please specify) <input type="text"/>	1	Australia <input type="checkbox"/>	other (please specify) <input type="text"/>	1	Australia <input type="checkbox"/>	other (please specify) <input type="text"/>	1	
no <input type="checkbox"/>	yes, Aboriginal <input type="checkbox"/>	yes, Torres Strait Islander <input type="checkbox"/>	yes, both <input type="checkbox"/>	1 2 3 4	no <input type="checkbox"/>	yes, Aboriginal <input type="checkbox"/>	yes, Torres Strait Islander <input type="checkbox"/>	yes, both <input type="checkbox"/>	1 2 3 4
no assistance <input type="checkbox"/>			no assistance <input type="checkbox"/>			no assistance <input type="checkbox"/>			1
Needs identified by worker	Provided	Referral arranged	Needs identified by worker	Provided	Referral arranged	Needs identified by worker	Provided	Referral arranged	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	998

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### **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 2009 AND 31 DECEMBER 2009**

- In the first week of July 2009 and in the first week of January 2010, you should notify the NDCA of clients who are still being supported as at 30 June 2009 and 31 December 2009.
- For clients who are ongoing at 30 June 2009, transfer the information from the old 2008–2009 form to the new 2009–2010 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 2009. 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.