



Australian Government

Australian Institute of Health and Welfare

UNASSISTED PERSON FORM

Form Version 3

Unassisted Person ID

Agency ID

Collection month

Date service requested

Person's alpha code

The alpha code consists of the 2nd and 3rd letters of the person's given name, and the 2nd, 3rd and 5th letters of the person's family name. Where a name is not long enough please fill in any remaining squares with a 2.

For example, a male person called Ng Tien will become G2 IE2

Where part of the name is missing or unknown please substitute a 9.

For example, a female person known to you only as Jane will become AN 999

Do not count hyphens, apostrophes, blank spaces or any other such characters as a letter of the alphabet.

Letters of given name

2nd 3rd

Letters of family name

2nd 3rd 5th

Person's sex

Please cross one circle only

Male 1 Female 2 Other 3

Date of birth

Complete date of birth as best as you can. For the day, month and year of birth please write one of the following letters in each of the boxes provided

- A if details are accurate
- E if details are estimated
- U if details are unknown

Date of birth

Accuracy of date of birth (A,E,U)

Presenting Unit ID

The Presenting Unit ID is the Unassisted Person ID of the presenting unit head.

The presenting unit head is the spokesperson within the presenting unit and identified by their relationship to the person.

If children (under 18) are present, the presenting unit head is the parent/guardian representing the child(ren);

Or if there is no parent/guardian, the most direct relationship to the child(ren), e.g. sibling, is considered the spokesperson of the presenting unit.

Presenting Unit ID

1 What is the person's relationship to the presenting unit head?

Please cross one circle only

- Self 1
Spouse / partner 2
Parent / guardian 3
Child 4
Step child 5
Foster child 6
Sibling 7
Aunt or uncle 8
Niece or nephew 9
Grandparent 10
Grandchild 11
Other relative 12
Unrelated person 13
Unrelated flatmate or co-tenant 14
Other relationship 15
Don't know 99

If 'Other relationship' please specify

2 How many people are there in the presenting unit?

3 Was this the first request for services at any agency on this date?

Please cross one circle only

- Yes 1
No 2
Don't know 99

4 What service(s) had been requested?

Please cross as many boxes as apply

- Short-term or emergency accommodation 1
Other housing/accommodation 2
Assistance for family and domestic violence 5
General assistance and support 3
Specialised services 4

5 When had the service(s) been requested for?

Please cross one circle only

- Within 24 Hours 1
Between 24 and 48 hours 2
In 3-4 days 3
In 5-6 days 4
In 7-14 days 5
In more than 2 weeks 6
Don't know 99

6 Why had the service(s) not been provided?

Please cross as many boxes as apply

- Person did not accept service 1
Person wanted different services 2
Agency was in the wrong area 3
Agency had no accommodation available 4
Agency had no other services available 5
Agency had insufficient staff 6
Agency was inappropriate/wrong target group 7
Agency's facilities were not appropriate for a person with special needs 8
Person was refused service/person did not meet criteria 9
No fee-free services available at time of request 10
Other 11