Australian Government	Agency ID	
Australian Institute of Health and Welfare	Collection month	Y Y
INITIAL CLIENT FORM Form Version 5	Date assistance requested	Y Y V Y Y
Support Period ID	Date support period commenced	
Specialist Homelessness Services collection	Dn Is the client new Yes 1 No 2 Not sure	<u> </u>
Client's alpha code		
The alpha code consists of the 2nd and 3rd letters of the client's give name, and the 2nd, 3rd and 5th letters of the client's family name. Where a name is not long enough please fill in any remaining square a 2.	head?	it
Where part of the name is missing or unknown please substitute a 9. For example, a female client known to you only as Jane will become	. Self () 1
999 Do not count hyphens, apostrophes, blank spaces or any other such	Spouse / partner	2
characters as a letter of the alphabet.	Parent / guardian (3
Letters of given name	Child (4
2nd 3rd	Step child (5
Letters of family name 2nd 3rd 5th	Foster child (6
Client's sex	Sibling (7 C
Cross one circle only	Aunt or uncle (8 🤇
Male 🔵 1 Female 🔵 2 Other 🔵 3	Niece or nephew (9
Date of birth	Grandparent () 10
Complete date of birth as best as you can. For the day, month and year of birth please write one of the following) 11
letters in each of the boxes provided - A if details are accurate		12
- E if details are estimated - U if details are unknown	Unrelated person () 13
) 14
Date of birth) 15
Accuracy of date of birth (A,E,U) Day Month	Don't know (99
Presenting Unit ID	If 'Other relationship' please specify	
The Presenting Unit ID is the Support Period ID of the presenting un	nit	
head. The presenting unit head is the spokesperson within the presenting and identified by their relationship to the client. If children (under 18) are present, the presenting unit head is the par		
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 presenunit.	ting 2 How many people are there in the presenting unit?	\square
Presenting Unit ID		

Questions requiring consent can be provided to AIHW											
Yes ◯ 1 No ◯ 2											
Only answer the questions on this page	if cons	ent information can be provided to AIHW									
3 Is the client of Aboriginal or Torres Strait Islander Cross one circle only	origin?	6 Has the client ever been diagnosed with a mental health issue by a health professional (e.g. psychiatrist, psychologist or doctor)?									
Aboriginal, but not Torres Strait Islander origin Torres Strait Islander, but not Aboriginal origin	$\bigcirc 1$ $\bigcirc 2$ $\bigcirc 3$	Cross one circle only Yes 0 1 No 0 2									
Both Aboriginal and Torres Strait Islander origin	0										
Neither Aboriginal nor Torres Strait Islander origin Don't know	○ 4○ 99										
Not applicable	○ 99○ 0	Not applicable 🔾 0									
4 If the client is under the age of 18 and has a care of	<u> </u>	 7 What time period has the client received services or ★ assistance for their mental health issue? 									
protection order, what were their care arrangemen	nts?	Cross one circle only									
Cross one circle only in each column		Currently receiving services O 1									
Week before	When presenting	Received services in the last 12 months O 2									
Residential care	01	Received services more than 12 months ago 🥥 3									
Family group home	<u> </u>	Received services no timeframe reported O 4									
Relatives/kin/friends who are reimbursed) 3	No services ever received O 5									
Foster care	0 4	Don't know 🔵 99									
Other home-based care (reimbursed)	05	Not applicable 🔵 0									
Relatives/kin/friends who are not reimbursed	6	8 Was there any additional information, informal or formal, ★ that indicates the client has a mental health issue?									
Independent living	07	Cross one circle only									
Other living arrangements	0 8										
Parents 🔘	0 9	Agency worker () 1									
Don't know 🔘	99	Health professional 2 Non-government agency 3									
Not applicable	0	Family/friends/carers 0 4									
		Self-identified 0 5									
5 Has the client been in any of the following facilities tinstitutions in the last 12 months?	es/	Other O 6									
Cross as many boxes as apply		No information indicating mental illness 🔵 7									
Hospital (excluding psychiatric)	1	Not applicable 🔘 0									
Psychiatric hospital/unit	2	9 What is the client's country of birth?									
Disability support	3	Cross one circle only									
Rehabilitation	4										
Adult correctional facility	5	Australia () 1101									
Youth/juvenile justice correctional centre	6	Other country O Don't know O 0000									
Immigration detention centre	7	Not applicable 9999									
No institution	88	If 'Other country' please specify									
Don't know	99										
Not applicable	0										

10	What year did the client first arrive in Australia?	13 What was the client's source of formal referral to this agency?
	Y Y Y Y Y Enter year of arrival OR don't know OR not applicable Image: Comparison of the second	Cross one circle only
	Don't know 🔘 9999	Specialist Homelessness Agency/outreach worker 🔵 1
	Not applicable 🔵 0000	Family and domestic violence service (non SHS) O 22
		Telephone/crisis referral agency 🔘 2
11	Does the client speak a language other than English at home?	Centrelink or employment services case worker 3
	Cross one circle only	Child protection agency O 4
	No, English only 🔵 1201	Family and child support agency O 5
	Yes, Other language	Hospital 🔵 6
	Not stated () 0002	Mental health service O 7
	If 'Other language' please specify	Disability support service O 8
		Drug and alcohol service O 9
		Aged care service O 10
		Social housing 🔵 11
40	Does the client consider that they speak English: very	Youth or juvenile justice correctional centre 0 12
12	well, well, not well or not at all?	Adult correctional facility 0 13
	Cross one circle only	Legal unit (including Legal Aid) 🔵 14
	Very well 🔿 1	School/other education institution 0 15
	Well O 2	Police 0 16
	Ğ	Courts 0 17 Immigration department or asylum seeker/ 0 18
	Not well 3	refugee support service 18
	Not at all 0 4	Other agency (government or non-government) 019
	Don't know 🔘 99	Family and/or friends 20
	Not applicable 🔵 0	Other () 21
		No formal referral 0 88
		Don't know O 99

14 What reasons does the client report for seeking assistance?	16 Has the client experienced homelessness before presenting for this service episode?							
Cross as many boxes as apply			Cross as many boxes as apply					
Financial difficulties		1	In last 12 month months					
Housing affordability stress (e.g. rent too high)		2	Sleeping rough or in non-conventional accommodation					
Housing anotability sitess (e.g. rent too high)		2	Short-term or emergency accommodation, due to a lack of other options					
Inadequate or inappropriate dwelling conditions		4	Not homeless 3					
Previous accommodation ended		5	Don't know					
Time out from family/other situation		6	Questions 17 – 20 refer to the client's most recent					
Relationship/family breakdown		7	residential address, where they had a permanent place to live					
Sexual abuse		8	17 How long has it been since the client last had a					
Domestic and family violence		9	permanent place to live? Cross one circle only					
Non-family violence		10	Less than 1 week ago 0 1					
Mental health issues		11	1 week to 1 month ago 2 More than 1 month, to 6 months ago 3					
Medical issues		12	More than 6 months, to 1 year ago 4					
Problematic drug or substance use		13	More than 1 year, to 5 years ago O 5					
Problematic alcohol use		14	More than 5 years ago 6 Don't know 99					
Employment difficulties		15	Not applicable 0					
Unemployment		16	18 What was the suburb/town/locality name, where the client					
Problematic gambling		17	last had a permanent place to live?					
Transition from custodial arrangements		18						
Transition from foster care/child safety residential placements		19						
Transition from other care arrangements		20	19 What was the postcode where the client last had a permanent place to live?					
Discrimination including racial and sexual discrimination		21	Cross one circle only Not stated/inadequately described 0099					
Itinerant		22	Unknown 🔘 0098					
Unable to return home due to environmental reasons		23	Not applicable 🔘 0097					
Disengagement with school or other education and training		24	20 What was the State or Territory where the client last had					
Lack of family and/or community support		25	a permanent place to live?					
Other		26	Cross one circle only New South Wales 1					
Don't know		99	Victoria 🔵 2					
If 'Other' please specify			Queensland 🔵 3					
			South Australia 🔾 4					
			Western Australia O 5					
			Tasmania () 6					
15 Of these reasons, which does the client report as the main reason for seeking assistance?	s bei	ng	Northern Territory () 7 Australian Capital Territory () 8					
Use codes from Question 14	Τ		Other Territories (Cocos (Keeling) Islands, Christmas					
			Island and Jervis Bay Territory) O S Don't know O 99					

Que	estions 21 – 24 refer to the client's most rece	nt	26 What were the living arrangements of the	e client?	
res	dential address, where they were living last v	week	Cross one circle only in each column		
21	Was the client's last permanent address also whe	ere they		Week be fo re	When presenting
	were residing last week? Yes ○ 1 ► GO	O TO Q25	Lone person	0	0 1
	No 🔵 2		One parent with child(ren)	\bigcirc	<u> </u>
	Don't know 🔵 99		Couple with child(ren)	\bigcirc	<u> </u>
			Couple without child(ren)	\bigcirc	0 4
22	What was the suburb/town/locality name, where t resided last week?	the client	Other family	\bigcirc	0 5
			Group	\bigcirc	0 6
			Don't know	\bigcirc	99
23	What was the postcode where the client resided last week?		27 In what type of residence/dwelling did the	e client	live?
	Cross one circle only		Cross one circle only in each column		
	Not stated/inadequately described	0099		Week before	When presenting
	Unknown	0098	House/townhouse/flat	\bigcirc	0 1
	Not applicable	0097	Caravan	\bigcirc	<u> </u>
24	What was the State or Territory where the client r last week?	esided	Tent	\bigcirc	О з
	Cross one circle only		Cabin	\bigcirc	0 4
		\bigcirc 1	Boat	\bigcirc	0 5
	New South Wales Victoria	$\bigcirc 1$	Improvised building/dwelling	\bigcirc	6
	Queensland	$\bigcirc 2$	No dwelling/street/park/in the open	\bigcirc	7 🔾
	South Australia	○ 3	Motor vehicle	\bigcirc	8 🔾
	Western Australia	↓ 4↓ 5	Boarding/rooming house	0	0 9
	Tasmania	0	Emergency accommodation	0	0 10
	Northern Territory	$\bigcirc 6$	Hotel/motel/bed and breakfast	0	0 11
	Australian Capital Territory	07	Hospital (excluding psychiatric)	0	0 12
	Other Territories (Cocos (Keeling) Islands, Christmas	-	Psychiatric hospital/unit	0	0 13
	Island and Jervis Bay Territory) Don't know) 9 () 99	Disability support Rehabilitation	0	1415
	Dont Niew	0 99	Adult correctional facility	0	0 15
25	If the client is aged 18 or over, is the client a curr former Australian Defence Force member (ADF)?		Youth/juvenile justice correctional centre	0	0 10
	does not include non-Australian defence forces, reservists who have never served full-time in the		Boarding school/residential college	0	0 18
	Cross one circle only		Aged care facility	\bigcirc	0 19
	Yes	0 1	Immigration detention centre	\bigcirc	20
	No	<u> </u>	Other	\bigcirc	21
	Don't know	0 99	Don't know	\bigcirc	0 99
	Not applicable	0 🔾			

28	Which of the following best describes th	e client's	tenure?	30	If the client is aged 15 or over, what was force status?	their lab	our
					Cross one circle only in each column		
		Week before	When presenting			Week before	When presenting
	Renter – private housing	0	0 1		Employed		
	Renter – public housing	\bigcirc	<u> </u>		Employed	0	01
	Renter – community housing	0	<u> </u>		Unemployed Not in the labour force (e.g. retirees, full time	0	0 2
	Renter – transitional housing	0	0 4		students and those in institutions)	0	<u> </u>
	Renter – caravan park	\bigcirc	0 5		Don't know	0	99
	Renter – boarding/rooming house	0	0 6		Not Applicable	0	0
	Renter – emergency accommodation/night shelter/women's refuge/youth shelter	0	7 🔾	31	If the client is aged 15 or over, what was employment (full/part time) status?	their	
	Other renter	\bigcirc	0 8		Cross one circle only in each column		
	Rent free – private housing	\bigcirc	0 9			Week before	When presenting
	Rent free – public housing	\bigcirc	0 10		Full time	0	0 1
	Rent free – community housing	\bigcirc	0 11		Part time	0	<u> </u>
	Rent free – transitional housing	\bigcirc	0 12		Don't know	\bigcirc	O 99
	Rent free – caravan park	\bigcirc	0 13		Not Applicable	0	0 0
	Rent free – boarding/rooming house	\bigcirc	0 14				-
	Rent free – emergency accommodation/night shelter/women's refuge/youth shelter	0	0 15	32	Which of the following best describes the source of income?	e client's	s main
	Other rent free	0	0 16		Cross one circle only in each column		
	Life tenure scheme	0	0 17		Government pensions	Week before	When presenting
	Owner – shared equity or rent/buy scheme	0	0 18		and allowances Newstart allowance	\bigcirc	O 1
	Owner – being purchased/with mortgage	0	0 19		Parenting payment	0	O 2
	Owner – fully owned	0	20		Disability support pension (Centrelink)	0	O 2 O 3
	Other tenure not elsewhere specified	0	0 21		Youth allowance	-	
	No tenure	0	22			0	↓ 4
	Don't know	<u> </u>	99		Age pension	0	0 5
29	What were the conditions of occupancy	for the c	lient's		Austudy/ABSTUDY	\bigcirc	6
	dwelling? Cross one circle only in each column	1			DVA pension or payment	\bigcirc	0 18
		Week	When		Sickness allowance	\bigcirc	0 10
		before	presenting		Carer allowance	\bigcirc	0 11
	Leased tenure – nominated on lease	\bigcirc	$\bigcirc 1$		Carer payment	\bigcirc	0 12
	Lease in place – not nominated on lease	0	$\bigcirc 2$		Other government pensions and allowances (not elsewhere classified)	\bigcirc	0 13
	Couch Surfer	0	○ 3 ○ 4		Other sources Employee income	\bigcirc	0 14
	Boarder	0	5		of income Unincorporated business income	\bigcirc	0 15
	Living with relative fee free Other	0	\bigcirc 6		Other income (not elsewhere classified)	\bigcirc	0 16
	Don't know	0	99		Nil income	0	0 17
	Not applicable	0	0 0		Don't know	0	99

Cross one circle only in each column			Cross one circle only	
	Week	When	Enrolled and attending school	C
l	before	presenting	Enrolled in school but not always attending	(
Yes	0	01	Enrolled in school but not attending	(
No	0	<u> </u>	Enrolled in school but waiting to commence	(
Don't know	0	99	Home schooled	(
Not applicable	0	0 🔾	Neither enrolled nor home schooled	(
 			Don't know	(
Was the client undertaking formal study school, university or vocational studies			Not applicable	(
Cross one circle only in each column		·		
]	Week before	When presenting		
Yes	0	01		
No	0	<u> </u>		
Don't know What type of education/training was the in?	Client e	99		
Don't know What type of education/training was the	Week	99 enrolled		
Don't know What type of education/training was the in?	Week before	99 enrolled		
Don't know What type of education/training was the in? Cross one circle only in each column	Week	99 enrolled		
Don't know What type of education/training was the in? Cross one circle only in each column	Week before	99 enrolled <i>When</i> presenting 0 1		
Don't know What type of education/training was the in? Cross one circle only in each column Preschool student Primary school student	Week before	99 enrolled When presenting 1 2		
Don't know What type of education/training was the in? Cross one circle only in each column Preschool student Primary school student Secondary school student	Week before	99 enrolled When presenting 1 2 2 3		
Don't know What type of education/training was the in? Cross one circle only in each column Preschool student Primary school student Secondary school student University student	Week before	 99 enrolled When presenting 1 2 3 4 		
Don't know What type of education/training was the in? Cross one circle only in each column Preschool student Primary school student Secondary school student University student Vocational education and training	Week before	 99 enrolled When presenting 1 2 3 4 5 		

The next question is about whether, and to what extent, a long-term health condition or disability restricts your client's everyday activities.

A long-term health condition is one that has lasted, or is expected to last, 6 months or more. Examples of long-term health conditions that might restrict your everyday activities include severe asthma, epilepsy, mental health condition, hearing loss, arthritis, depression, autism, kidney disease, chronic pain, speech impairment, stroke.

Disability is a general term that covers:

- impairments in body structures or functions (for example, loss or abnormality of a body part)
- limitations in everyday activities (such as difficulty bathing or managing daily routines)
- restrictions in participation in life situations (such as needing special arrangements to attend work).

37	Cross one circle only in each row	Always/sometimes need help and/or supervision	Have difficulty, but don't need help/supervision	Don't have difficulty, but use aids/equipment	Have no difficulty	Don't know
(e) Self-care	Does the client need help/supervision with self-care (e.g. showering or bathing, dressing or undressing, toileting, eating food)?	<u> </u>	<u>)</u> 2	<u> </u>	4) 99
ପ୍ Mobility	Does the client need help/supervision with mobility (e.g. moving around the house, moving around outside the home, getting in or out of a chair)?	<u> </u>	<u>)</u> 2) 3	4	0 99
ဂ် Communication	Does the client need help/supervision with communication (e.g. understanding or being understood by other people, including people they know)?	O 1	<u>)</u> 2	<u>)</u> 3	4) 99

38 Is the client currently receiving an agreed package of support through the National Disability Insurance Scheme?

Cross one circle only



NOTE	
This following section of the form relates to service provided during this collection month and the client's status at the end of the collection month or	Is this client receiving ongoing support at the end of this collection month?Yes - ongoing support1No - support ended during this collection month2
support period.	
First day of service D D M Y Y Y provided to client in / / / / /	Last day of service D D M Y Y Y provided to client in this collection month Image: Client in this collection month Image: Client in this collection month Image: Client in this collection month Image: Client in this collection month

HOW TO USE THIS SECTION:

Questions 1 and 2 — the next 2 pages of this form can be entered <u>throughout</u> the collection month:

- Enter services and assistance provided this collection month
- Enter accommodation provided

Questions 3 to 18 — these questions collect data about the client's situation at the <u>last date they receive service or assistance</u> in this month and is used to record changes in the client's circumstances:

- Complete information about the client's situation on the day they last received a service for this collection month
- If the client was still accommodated at the end of the month, this refers to the last day of the collection month
- If the support period ended this collection month, this refers to the client's situation on the last day of the support period this data is used to measure client outcomes.
- Financial assistance provided should not be finalised until the end of the month because it records the total amount.

Question 19 — the last question on the form is only completed if the client's support period ended during this collection month:

• Complete the reason the support period ended

1	Services and Assistance		Needs	Provided	Referra	
	Cross as many boxes as a	pply	identified	d Troviacu	Arrange	əd
	Housing / Accommodation	Short term or emergency accommodation				1
	nousing / Accommodation	Medium term/transitional housing				2
		Long-term housing				3
		Assistance to sustain tenancy or prevent tenancy failure or eviction				4
		Assistance to prevent foreclosures or for mortgage arrears				5
	Family / domestic violence	Assistance for family/domestic violence – victim support services				54 55
		Assistance for family/domestic violence – perpetrator support services				6
	General assistance and sup			H		7
		Assistance to obtain/maintain government allowance Employment assistance				8
		Training assistance				9
		Educational assistance				10
		Financial information				11
		Material aid/brokerage				12
		Assistance for incest/sexual assault				13
		Family/relationship assistance				15
		Assistance for trauma				16
		Assistance with challenging social/behavioural problems				17
		Living skills/personal development				18
		Legal information				19
		Court support				20
		Advice/Information				21
		Retrieval/storage/removal of personal belongings				22
		Advocacy/liaison on behalf of client	Ц		Ц	23
		School liaison				24
		Child care				25
		Structured play/skills development Child contact and residence arrangements				26
		Child Contact and residence an angements Meals				27 28
		Laundry/Shower facilities				20
		Recreation				30
		Transport				31
		Other basic assistance				32
	Specialised Services	Child protection services				33
		Parenting skills education				34
		Child specific specialist counselling services				35
		Psychological services				36
		Psychiatric services				37
		Mental health services				38
		Pregnancy assistance				39
		Family planning support				40
		Physical disability services	Ц			41
		Intellectual disability services				42
		Health/medical services				43
		Professional legal services				44
		Financial advice and counselling Counselling for problem gambling				45 46
		Counselling for problem gambling Drug/alcohol counselling				46
		Specialist counselling services				47 48
		Interpreter services				40 49
		Assistances with immigration services				43 50
		Culturally specific services				51
		Assistance to connect culturally				52
		Other specialised services				53

2 If accommodation was provided please record the date(s) for each type of accommodation provided

Please cross or put a line through all nights the client was accommodated for. Record only one type of accommodation for each night. If a client is marked down as being in two types of accommodation on the same date, this will be recorded as an error.

Short term or emergency accommodation

1	0	_		_																									
	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30 3
	lium		n/tra		onal a		mmo	odati	on																				
	2 2	3 3	com	mod a 5	ation 6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30 3
							_	_									_	-									-		
1	/hole	mor	nth	7																									
	-				dation ation																								
ĺ	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30 3
/h	ole	mor	nth]																									
	ce/	las												s s nor															
Ie		ion r	non	th) c		nanc	ial a			ollars ce pro			to tł	ne	Onl	ly al	nsv	ver		qu		onl on i				ata	can	be	
	ent (i	ion r inclu	non udin	th) c g vo	of fin	anc ers)	ial a ?	ssis					to th	ne	On l pro	y al vide	nsv ed t	to A	this IHV	qu V.	es <i>ti</i> o	on ii		nse 18	nt d		a ca	are c	r ts?
	ent (i	ion r inclu	non udin	th) c g vo	of fin ouch	anc ers)	ial a ?	ssis			ovic	ded 1		ne	On l pro	ly al vide If tl pro	nsw ed t he c otec	to A lien tion	this IHV	que V. und er, \	es <i>tic</i> erth what	on ii		nse	nt d	lata has	a ca	are c	r ts?
•	ent (i ease	ion r inclu com	non udin nplet	th) c g vo e as	of fin ouch many nor e	ers) y as	ial a ? apply gency	y y	itan (ce pro	ovic	ded 1		ne	On l pro	ly al vide If tl pro	nsw ed t he c otec	to A lien tion	this IHV tis ord	que V. und er, \	es <i>tic</i> erth what	on il		nse 18 eir c	nt d and care	lata has	a ca nge	are c men	r ts?
2	nt (i ease	inclu com	mon udin nplet	th) c g vo e as term	n or e	ers) y as merg	ial a ? apply gency lation	y y		ce pro	ovic	ded 1			On l pro	ly al vide If tl pro	nsw ed t he c otec	to A lien tion	this IHV tis ord	que V. und er, \	es <i>tic</i> erth what	on il		nse 18 eir c	nt d and care	has arra	a ca nge al ca	are c men	r ts? () 1 () 2
	ent (i ease	inclu com	mon udin nplet	th) c g vo e as term	n or e accon	emergonmod	ial a ? apply gency lation	y y		ce pro	ovic	ded 1			On l pro	ly al vide If tl pro	nsw ed t he c otec	to A lien tion	this IHW tis ord <i>circ</i>	que V. und er, \ le or	estic erth what	on in ne aç	ge of re th	nse 18 eir c	nt d and care Resi	has arra	a ca nge al ca	are c men are	ts?
	ent (i ease men ymer	t for	non udin oplet short esta	th) c g vo e as term a blish	n or e accon ing/m	emerg nmod a ter educa	ial a ? apply gency lation aining nancy	ssis y \$ \$		ce pro	ovic	ded 1			On l pro	ly al vide If tl pro	nsw ed t he c otec	to A lien tion	this IHW tis ord <i>circ</i>	que V. und er, \ le or	estic erth what	on in ne aç	ge of re th	nse 18 eir c	nt d and care Resi mily (has arra dentia	a ca nge al ca o hom burse	are o men ne ed	ts?
2	men men Pa	ion r in clu com t for t for	mon udin nplet short esta nt for	th) c g vo e as blish t train r acco	n or e accon ing/m essin	emergenmod	ial a ? apply gency dation aining nancy ation/ ment ternal	ssis y y y y y y y y y y y y y y y y y y		ce pro	ovic	ded 1			On l pro	ly al vide If tl pro	nsw ed t he c otec	to A lien tion	this IHW tis ord <i>circ</i>	qua V. und er, v le on	er th what	on il	f col	18 : eir c	nt d and care Resi mily (has arra dentia group reim	a ca nge al ca) horr burse er ca	are c men re ne ed re	ts?
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5	Was there a case management plan for the client?		9 What were the living arrangements of the client?	
	Cross one circle only		Cross one circle only	
	Yes	0 1	Lone person	0 1
	No	<u> </u>	One parent with child(ren)	0 2
			Couple with child(ren)	<u> </u>
			Couple without child(ren)	0 4
6	What is the reason that no current case managem plan existed for this client?	ent	Other family	0 5
	Cross one circle only		Group	0 6
	Client did not agree to one	O 1	Don't know	0 99
	Service episode too short	O 2		
	Part of another person's case management plan	<u> </u>		
	Other	0 8	10 In what type of residence/dwelling did the client live	ve?
	Not applicable	$\bigcirc 0$	Cross one circle only	
		0.	House/townhouse/flat	0 1
	If 'Other' please specify		Caravan	0 2
			Tent	<u> </u>
			Cabin	0 4
			Boat	0 5
			Improvised building/dwelling	0 6
7	To what extent were the client's case managemen	t plan	No dwelling/street/park/in the open	7 🔾
	goals achieved?	•	Motor vehicle	8 🔾
	Cross one circle only		Boarding/rooming house	9
	Not at all	0 1	Emergency accommodation	0 10
	Up to half	<u> </u>	Hotel/motel/bed and breakfast	0 11
	Half or more	О 3	Hospital (excluding psychiatric)	0 12
	All	0 4	Psychiatric hospital/unit	0 13
	No case management plan	88 🔘	Disability support	0 14
			Rehabilitation	0 15
•			Adult correctional facility	0 16
8	Has the client had an episode of homelessness in month?	the last	Youth/juvenile justice correctional centre	0 17
	Cross as many boxes as apply		Boarding school/residential college	0 18
	Sleeping rough or in non-conventional accommodation	1	Aged care facility	0 19
	Short-term or emergency accommodation, due to a lack of other options	2	Immigration detention centre	0 20
	Not homeless	3	Other	0 21
	Don't know	99	Don't know	0 99

Cross one circle only			force status?	
Renter – private housing	0 1		Cross one circle only	
Renter – public housing	<u> </u>		Employed	01
Renter – community housing	O 3		Unemployed	<u> </u>
Renter – transitional housing	O 4		Not in the labour force	<u> </u>
Renter – caravan park	\bigcirc 5		Don't know	099
Renter – boarding/rooming house	○ ○ 6		Not applicable	0 🔾
Renter – emergency accommodation/night shelter/ women's refuge/youth shelter	07	14	If the client is aged 15 or over, what was their	
Other renter	0 8		employment (full/part time) status of the client?	
Rent free – private housing	0 9		Cross one circle only	
Rent free – public housing	0 10		Full time	01
Rent free – community housing	0 11		Part time	<u> </u>
Rent free – transitional housing	0 12		Don't know	0 99
Rent free – caravan park	0 13		Not applicable	0 0
Rent free – boarding/rooming house	0 14			
Rent free – emergency accommodation/night shelter/	0 15			
women's refuge/youth shelter Other rent free	0 16	15	Which of the following best describes the client's	main
Life tenure scheme	~		source of income?	
Life tenure scheme	0 17		Cross one circle only	0
Owner – shared equity or rent/buy scheme	1718		Cross one circle only Government pensions and allowances Newstart allowance	01
Owner – shared equity or rent/buy scheme Owner – being purchased or with mortgage	 17 18 19 		Cross one circle only Government pensions and allowances Newstart allowance Parenting payment	0 2
Owner – shared equity or rent/buy scheme Owner – being purchased or with mortgage Owner – fully owned	 17 18 19 20 		Cross one circle only Government pensions and allowances Newstart allowance Parenting payment Disability support pension (Centrelink)	0
Owner – shared equity or rent/buy scheme Owner – being purchased or with mortgage Owner – fully owned Other tenure not elsewhere classified	 17 18 19 		Cross one circle only Government pensions and allowances Newstart allowance Parenting payment	0 2
Owner – shared equity or rent/buy scheme Owner – being purchased or with mortgage Owner – fully owned	 17 18 19 20 		Cross one circle only Government pensions and allowances Newstart allowance Parenting payment Disability support pension (Centrelink)) 2 () 3
Owner – shared equity or rent/buy scheme Owner – being purchased or with mortgage Owner – fully owned Other tenure not elsewhere classified	 17 18 19 20 21 		Cross one circle only Government pensions and allowances Newstart allowance Parenting payment Disability support pension (Centrelink) Youth allowance	 2 3 4
Owner – shared equity or rent/buy scheme Owner – being purchased or with mortgage Owner – fully owned Other tenure not elsewhere classified No tenure	 17 18 19 20 21 22 		Cross one circle only Government pensions and allowances Newstart allowance Parenting payment Disability support pension (Centrelink) Youth allowance Age pension	 2 3 4 5 6
Owner – shared equity or rent/buy scheme Owner – being purchased or with mortgage Owner – fully owned Other tenure not elsewhere classified No tenure Don't know	 17 18 19 20 21 22 99 		Cross one circle only Government pensions and allowances Newstart allowance Parenting payment Disability support pension (Centrelink) Youth allowance Age pension Austudy/ABSTUDY	 2 3 4 5
Owner – shared equity or rent/buy scheme Owner – being purchased or with mortgage Owner – fully owned Other tenure not elsewhere classified No tenure Don't know	 17 18 19 20 21 22 99 		Cross one circle only Government pensions and allowances Newstart allowance Parenting payment Disability support pension (Centrelink) Youth allowance Age pension Austudy/ABSTUDY DVA pension or payment	 2 3 4 5 6 18 10
Owner – shared equity or rent/buy scheme Owner – being purchased or with mortgage Owner – fully owned Other tenure not elsewhere classified No tenure Don't know	 17 18 19 20 21 22 99 		Cross one circle only Government pensions and allowances Newstart allowance Parenting payment Disability support pension (Centrelink) Youth allowance Age pension Austudy/ABSTUDY DVA pension or payment Sickness allowance	 2 3 4 5 6 11 11 11
Owner – shared equity or rent/buy scheme Owner – being purchased or with mortgage Owner – fully owned Other tenure not elsewhere classified No tenure Don't know What were the conditions of occupancy for the clied dwelling? Cross one circle only Leased tenure – nominated on lease	 17 18 19 20 21 22 99 ent's		Cross one circle only Government pensions and allowances Newstart allowance Parenting payment Disability support pension (Centrelink) Youth allowance Age pension Austudy/ABSTUDY DVA pension or payment Sickness allowance Carer allowance	 2 3 4 5 6 11 11 11
Owner – shared equity or rent/buy scheme Owner – being purchased or with mortgage Owner – fully owned Other tenure not elsewhere classified No tenure Don't know What were the conditions of occupancy for the clied dwelling? Cross one circle only Leased tenure – nominated on lease Lease in place – not nominated on lease	 17 18 19 20 21 22 99 ent's 1 2 		Cross one circle only Government pensions and allowances Newstart allowance Parenting payment Disability support pension (Centrelink) Youth allowance Age pension Austudy/ABSTUDY DVA pension or payment Sickness allowance Carer allowance Carer payment Other government pensions and allowances (not elsewhere classified)	 2 3 4 5 6 11 11 11 11 11 11 11
Owner – shared equity or rent/buy scheme Owner – being purchased or with mortgage Owner – fully owned Other tenure not elsewhere classified No tenure Don't know What were the conditions of occupancy for the clied dwelling? Cross one circle only Leased tenure – nominated on lease Lease in place – not nominated on lease Couch Surfer	 17 18 19 20 21 22 99 ent's 1 2 3 		Cross one circle only Government pensions and allowances Newstart allowance Parenting payment Disability support pension (Centrelink) Youth allowance Age pension Austudy/ABSTUDY DVA pension or payment Sickness allowance Carer allowance Carer payment Other government pensions and allowances	 2 3 4 5 6 11
Owner – shared equity or rent/buy scheme Owner – being purchased or with mortgage Owner – fully owned Other tenure not elsewhere classified No tenure Don't know What were the conditions of occupancy for the clist dwelling? Cross one circle only Leased tenure – nominated on lease Lease in place – not nominated on lease Couch Surfer Boarder	 17 18 19 20 21 22 99 ent's 1 2 3 4 		Cross one circle only Government pensions and allowances Newstart allowance Parenting payment Disability support pension (Centrelink) Youth allowance Age pension Austudy/ABSTUDY DVA pension or payment Sickness allowance Carer allowance Carer payment Other government pensions and allowances (not elsewhere classified) Other sources of income	 2 3 4 5 6 18 10 11 12 14 14 14
Owner – shared equity or rent/buy scheme Owner – being purchased or with mortgage Owner – fully owned Other tenure not elsewhere classified No tenure Don't know What were the conditions of occupancy for the classified eventing? Cross one circle only Leased tenure – nominated on lease Couch Surfer Boarder Living with relative fee free	 17 18 19 20 21 22 99 ent's 1 2 3 4 5 		Cross one circle only Government pensions and allowances Newstart allowance Parenting payment Disability support pension (Centrelink) Youth allowance Age pension Austudy/ABSTUDY DVA pension or payment Sickness allowance Carer allowance Carer payment Other government pensions and allowances (not elsewhere classified) Other sources of income	 2 3 4 5 6 18
Owner – shared equity or rent/buy scheme Owner – being purchased or with mortgage Owner – fully owned Other tenure not elsewhere classified No tenure Don't know What were the conditions of occupancy for the clist dwelling? Cross one circle only Leased tenure – nominated on lease Lease in place – not nominated on lease Couch Surfer Boarder	 17 18 19 20 21 22 99 ent's 1 2 3 4 		Cross one circle only Government pensions and allowances Newstart allowance Parenting payment Disability support pension (Centrelink) Youth allowance Age pension Austudy/ABSTUDY DVA pension or payment Sickness allowance Carer allowance Carer payment Other government pensions and allowances (not elsewhere classified) Other income (not elsewhere classified)	 2 3 4 5 6 18 10 11 11 11 11 11 11 11 11

16	Was the client registered for a government benefit pension or allowance, but awaiting their first paym		<i>If the Support Period has finished please answer the question below</i>	
	Cross one circle only			
	Yes	0 1	19 What was the reason the support period ended?	
	No	<u> </u>	Cross one circle only	
	Don't know	0 99	Client referred to another specialist homelessness agency	01
	Not applicable	0 🔾	Client referred to a mainstream agency	<u> </u>
			Client's immediate needs met/case management goals achieved	<u> </u>
			Maximum service period reached	04
17	Was the client undertaking formal study or trainin	g?	Service withdrawn from client and no referral made	0 5
	Cross one circle only		Client no longer requested assistance	0 6
	Yes	<u> </u>	Client did not turn up	07
	No	<u> </u>	Lost contact with client	0 8
	Don't know	O 99	Client institutionalised	0 9
			Client incarcerated	0 10
			Client died	0 11
			Other	0 12
18	What is the type of education/training the client w enrolled in?	as	Don't know	0 99
	Cross one circle only			
	Preschool student	<u> </u>	NOTE	
	Preschool student Primary school student	○ 1○ 2	NOTE	
		Ŭ	Please ensure you have	
	Primary school student	O 2	Please ensure you have answered all questions of	n
	Primary school student Secondary school student) 2 () 3	Please ensure you have answered all questions of page 9 of this form before	n
	Primary school student Secondary school student University student	○ 2 ○ 3 ○ 4	Please ensure you have answered all questions of	n
	Primary school student Secondary school student University student Vocational education and training	 2 3 4 5 	Please ensure you have answered all questions of page 9 of this form before	n
	Primary school student Secondary school student University student Vocational education and training Other education or training	 2 3 4 5 6 	Please ensure you have answered all questions of page 9 of this form before	n
	Primary school student Secondary school student University student Vocational education and training Other education or training Don't know	 2 3 4 5 6 99 	Please ensure you have answered all questions of page 9 of this form before	n
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	Primary school student Secondary school student University student Vocational education and training Other education or training Don't know	 2 3 4 5 6 99 	Please ensure you have answered all questions of page 9 of this form before	n