



Australian Government

Australian Institute of Health and Welfare

INITIAL CLIENT FORM

Form Version 3

Support Period ID

Specialist Homelessness Services collection

Agency ID

Collection month

Date assistance requested

Date support period commenced

Is the client new to this agency?

Yes 1 No 2 Not sure 3

Client's alpha code

The alpha code consists of the 2nd and 3rd letters of the client's given 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 squares with a 2.

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

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 AN 999

Letters of given name

Letters of family name

Client's sex

Male 1 Female 2

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 **Support Period ID** of the presenting unit head. The presenting unit head is the spokesperson within the presenting unit and identified by their relationship to the client. 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 client's relationship to the presenting unit head?

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?

Questions requiring consent can be provided to AIHW

Yes 1 No 2

Only answer the questions on this page if consent information can be provided to AIHW

3 Is the client of Aboriginal or Torres Strait Islander origin?

- * **Cross one circle only**
- Aboriginal, but not Torres Strait Islander origin 1
- Torres Strait Islander, but not Aboriginal origin 2
- Both Aboriginal and Torres Strait Islander origin 3
- Neither Aboriginal nor Torres Strait Islander origin 4
- Don't know 99
- Not applicable 0

4 If the client is under the age of 18 and has a care or protection order, what were their care arrangements?

- * **Cross one circle only in each column**
- | | Week before | When presenting |
|--|-----------------------|--------------------------|
| Residential care | <input type="radio"/> | <input type="radio"/> 1 |
| Family group home | <input type="radio"/> | <input type="radio"/> 2 |
| Relatives/kin/friends who are reimbursed | <input type="radio"/> | <input type="radio"/> 3 |
| Foster care | <input type="radio"/> | <input type="radio"/> 4 |
| Other home-based care (reimbursed) | <input type="radio"/> | <input type="radio"/> 5 |
| Relatives/kin/friends who are not reimbursed | <input type="radio"/> | <input type="radio"/> 6 |
| Independent living | <input type="radio"/> | <input type="radio"/> 7 |
| Other living arrangements | <input type="radio"/> | <input type="radio"/> 8 |
| Parents | <input type="radio"/> | <input type="radio"/> 9 |
| Don't know | <input type="radio"/> | <input type="radio"/> 99 |
| Not applicable | <input type="radio"/> | <input type="radio"/> 0 |

5 Has the client been in any of the following facilities/ institutions in the last 12 months?

- * **Cross as many boxes as apply**
- Hospital (excluding psychiatric) 1
- Psychiatric hospital/unit 2
- Disability support 3
- Rehabilitation 4
- Adult correctional facility 5
- Youth/juvenile justice correction centre 6
- Immigration detention centre 7
- No institution 88
- Don't know 99
- Not applicable 0

6 Has the client ever been diagnosed with a mental health issue by a health professional? (e.g. psychiatrist, psychologist or doctor)

- * **Cross one circle only**
- Yes 1
- No 2
- Don't know 99
- Not applicable 0

7 What time period has the client received services or assistance for their mental health issue?

- * **Cross one circle only**
- Currently receiving services 1
- Received services in the last 12 months 2
- Received services more than 12 months ago 3
- Received services no timeframe reported 4
- No services ever received 5
- Don't know 99
- Not applicable 0

8 Was there any additional information, informal or formal, that indicates the client has a mental health issue?

- * **Cross one circle only**
- Agency worker 1
- Health professional 2
- Non-government agency 3
- Family/friends/carers 4
- Self-identified 5
- Other 6
- No information indicating mental illness 7
- Not applicable 0

9 What is the client's country of birth?

- * **Cross one circle only**
- Australia 1101
- Other country
- Don't know 0000
- Not applicable 9999

If 'Other country' please specify

10 What year did the client first arrive in Australia?

Enter year of arrival OR don't know OR not applicable

Y Y Y Y

- Don't know 9999
 Not applicable 0000

11 What was the client's source of formal referral to this agency?

Cross one circle only

- Specialist Homelessness Agency/outreach worker 1
- Telephone/crisis referral agency 2
- Centrelink or employment services case worker 3
- Child protection agency 4
- Family and child support agency 5
- Hospital 6
- Mental health service 7
- Disability support service 8
- Drug and alcohol service 9
- Aged care service 10
- Social housing 11
- Youth or juvenile justice correctional centre 12
- Adult correctional facility 13
- Legal unit (including Legal Aid) 14
- School/other education institution 15
- Police 16
- Courts 17
- Immigration department or asylum seeker/refugee support service 18
- Other agency (government or non-government) 19
- Family and/or friends 20
- Other 21
- No formal referral 88
- Don't know 99

12 What reasons does the client report for seeking assistance?

Cross as many boxes as apply

- Financial difficulties 1
- Housing affordability stress (e.g. rent too high) 2
- Housing crisis (e.g. eviction) 3
- Inadequate or inappropriate dwelling conditions 4
- Previous accommodation ended 5
- Time out from family/other situation 6
- Relationship/family breakdown 7
- Sexual abuse 8
- Domestic and family violence 9
- Non-family violence 10
- Mental health issues 11
- Medical issues 12
- Problematic drug or substance use 13
- Problematic alcohol use 14
- Employment difficulties 15
- Unemployment 16
- Problematic gambling 17
- Transition from custodial arrangements 18
- Transition from foster care/child safety residential placements 19
- Transition from other care arrangements 20
- Discrimination including racial and sexual discrimination 21
- Itinerant 22
- Unable to return home due to environmental reasons 23
- Disengagement with school or other education and training 24
- Lack of family and/or community support 25
- Other 26
- Don't know 99

If 'Other' please specify

13 Of these reasons, which does the client report as being the main reason for seeking assistance?

Use codes from Question 12

14 Has the client had an episode of homelessness before presenting for this service episode?

Cross as many boxes as apply

In last month In last 12 months

- Sleeping rough or in non-conventional accommodation 1
- Short-term or emergency accommodation, due to a lack of other options 2
- Not homeless 3
- Don't know 99

Questions 15 – 18 refer to the client's most recent residential address, where they had a permanent place to live

15 How long has it been since the client last had a permanent place to live?

Cross one circle only

- Less than 1 week ago 1
- 1 week to 1 month ago 2
- More than 1 month, to 6 months ago 3
- More than 6 months, to 1 year ago 4
- More than 1 year, to 5 years ago 5
- More than 5 years ago 6
- Don't know 99
- Not applicable 0

16 What was the suburb/town/locality name, where the client last had a permanent place to live?

17 What was the postcode where the client last had a permanent place to live?

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18 What was the State or Territory where the client last had a permanent place to live?

Cross one circle only

- New South Wales 1
- Victoria 2
- Queensland 3
- South Australia 4
- Western Australia 5
- Tasmania 6
- Northern Territory 7
- Australian Capital Territory 8
- Other Territories (Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory) 9
- Don't know 99

Questions 19 – 22 refer to the client's most recent residential address, where they were living last week

19 Was the client's last permanent address also where they were residing last week?

- Yes 1 **▶ GO TO Q23**
- No 2
- Don't know 99

20 What was the suburb/town/locality name, where the client resided last week?

21 What was the postcode where the client resided last week?

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22 What was the State or Territory where the client resided last week?

Cross one circle only

- New South Wales 1
- Victoria 2
- Queensland 3
- South Australia 4
- Western Australia 5
- Tasmania 6
- Northern Territory 7
- Australian Capital Territory 8
- Other Territories (Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory) 9
- Don't know 99

23 Are you a current or former Australian Defence Force member (ADF)? This does not include non-Australian defence forces, or reservists who have never served full-time in the ADF.

Cross one circle only

- Yes 1
- No 2
- Don't know 99
- Not applicable 0

24 What were the living arrangements of the client?

Cross one circle only in each column

	Week before	When presenting
Lone person	<input type="radio"/>	<input type="radio"/> 1
One parent with child(ren)	<input type="radio"/>	<input type="radio"/> 2
Couple with child(ren)	<input type="radio"/>	<input type="radio"/> 3
Couple without child(ren)	<input type="radio"/>	<input type="radio"/> 4
Other family	<input type="radio"/>	<input type="radio"/> 5
Group	<input type="radio"/>	<input type="radio"/> 6
Don't know	<input type="radio"/>	<input type="radio"/> 99

25 In what type of residence/dwelling did the client live?

Cross one circle only in each column

	Week before	When presenting
House/townhouse/flat	<input type="radio"/>	<input type="radio"/> 1
Caravan	<input type="radio"/>	<input type="radio"/> 2
Tent	<input type="radio"/>	<input type="radio"/> 3
Cabin	<input type="radio"/>	<input type="radio"/> 4
Boat	<input type="radio"/>	<input type="radio"/> 5
Improvised building/dwelling	<input type="radio"/>	<input type="radio"/> 6
No dwelling/street/park/in the open	<input type="radio"/>	<input type="radio"/> 7
Motor vehicle	<input type="radio"/>	<input type="radio"/> 8
Boarding/rooming house	<input type="radio"/>	<input type="radio"/> 9
Emergency accommodation	<input type="radio"/>	<input type="radio"/> 10
Hotel/motel/bed and breakfast	<input type="radio"/>	<input type="radio"/> 11
Hospital (excluding psychiatric)	<input type="radio"/>	<input type="radio"/> 12
Psychiatric hospital/unit	<input type="radio"/>	<input type="radio"/> 13
Disability support	<input type="radio"/>	<input type="radio"/> 14
Rehabilitation	<input type="radio"/>	<input type="radio"/> 15
Adult correctional facility	<input type="radio"/>	<input type="radio"/> 16
Youth/juvenile justice correctional centre	<input type="radio"/>	<input type="radio"/> 17
Boarding school/residential college	<input type="radio"/>	<input type="radio"/> 18
Aged care facility	<input type="radio"/>	<input type="radio"/> 19
Immigration detention centre	<input type="radio"/>	<input type="radio"/> 20
Other	<input type="radio"/>	<input type="radio"/> 21
Don't know	<input type="radio"/>	<input type="radio"/> 99

26 Which of the following best describes the client's tenure?

Cross one circle only in each column

	Week before	When presenting
Renter – private housing	<input type="radio"/>	<input type="radio"/> 1
Renter – public housing	<input type="radio"/>	<input type="radio"/> 2
Renter – community housing	<input type="radio"/>	<input type="radio"/> 3
Renter – transitional housing	<input type="radio"/>	<input type="radio"/> 4
Renter – caravan park	<input type="radio"/>	<input type="radio"/> 5
Renter – boarding/rooming house	<input type="radio"/>	<input type="radio"/> 6
Renter – emergency accommodation/night shelter/women's refuge/youth shelter	<input type="radio"/>	<input type="radio"/> 7
Other renter	<input type="radio"/>	<input type="radio"/> 8
Rent free – private housing	<input type="radio"/>	<input type="radio"/> 9
Rent free – public housing	<input type="radio"/>	<input type="radio"/> 10
Rent free – community housing	<input type="radio"/>	<input type="radio"/> 11
Rent free – transitional housing	<input type="radio"/>	<input type="radio"/> 12
Rent free – caravan park	<input type="radio"/>	<input type="radio"/> 13
Rent free – boarding/rooming house	<input type="radio"/>	<input type="radio"/> 14
Rent free – emergency accommodation/night shelter/women's refuge/youth shelter	<input type="radio"/>	<input type="radio"/> 15
Other rent free	<input type="radio"/>	<input type="radio"/> 16
Life tenure scheme	<input type="radio"/>	<input type="radio"/> 17
Owner – shared equity or rent/buy scheme	<input type="radio"/>	<input type="radio"/> 18
Owner – being purchased/with mortgage	<input type="radio"/>	<input type="radio"/> 19
Owner – fully owned	<input type="radio"/>	<input type="radio"/> 20
Other tenure not elsewhere specified	<input type="radio"/>	<input type="radio"/> 21
No tenure	<input type="radio"/>	<input type="radio"/> 22
Don't know	<input type="radio"/>	<input type="radio"/> 99

27 What were the conditions of occupancy for the client's dwelling?

Cross one circle only in each column

	Week before	When presenting
Leased tenure – nominated on lease	<input type="radio"/>	<input type="radio"/> 1
Lease in place – not nominated on lease	<input type="radio"/>	<input type="radio"/> 2
Couch Surfer	<input type="radio"/>	<input type="radio"/> 3
Boarder	<input type="radio"/>	<input type="radio"/> 4
Living with relative fee free	<input type="radio"/>	<input type="radio"/> 5
Other	<input type="radio"/>	<input type="radio"/> 6
Don't know	<input type="radio"/>	<input type="radio"/> 99
Not applicable	<input type="radio"/>	<input type="radio"/> 0

28 If the client is aged 15 or over, what was their labour force status?

Cross one circle only in each column

	Week before	When presenting
Employed	<input type="radio"/>	<input type="radio"/> 1
Unemployed	<input type="radio"/>	<input type="radio"/> 2
Not in the labour force (e.g. retirees, full time students and those in institutions)	<input type="radio"/>	<input type="radio"/> 3
Don't know	<input type="radio"/>	<input type="radio"/> 99
Not Applicable	<input type="radio"/>	<input type="radio"/> 0

29 If the client is aged 15 or over, what was the employment (full/part time) status?

Cross one circle only in each column

	Week before	When presenting
Full time	<input type="radio"/>	<input type="radio"/> 1
Part time	<input type="radio"/>	<input type="radio"/> 2
Don't know	<input type="radio"/>	<input type="radio"/> 99
Not Applicable	<input type="radio"/>	<input type="radio"/> 0

30 Which of the following best describes the client's source of income?

Cross one circle only in each column

	Week before	When presenting
Government pensions and allowances		
Newstart allowance	<input type="radio"/>	<input type="radio"/> 1
Parenting payment	<input type="radio"/>	<input type="radio"/> 2
Disability support pension (Centrelink)	<input type="radio"/>	<input type="radio"/> 3
Youth allowance	<input type="radio"/>	<input type="radio"/> 4
Age pension	<input type="radio"/>	<input type="radio"/> 5
Austudy/ABSTUDY	<input type="radio"/>	<input type="radio"/> 6
DVA pension or payment	<input type="radio"/>	<input type="radio"/> 18
Sickness allowance	<input type="radio"/>	<input type="radio"/> 10
Carer allowance	<input type="radio"/>	<input type="radio"/> 11
Carer Payment	<input type="radio"/>	<input type="radio"/> 12
Other government pensions and allowances (not elsewhere classified)	<input type="radio"/>	<input type="radio"/> 13
Other sources of income		
Employee income	<input type="radio"/>	<input type="radio"/> 14
Unincorporated business income	<input type="radio"/>	<input type="radio"/> 15
Other income (not elsewhere classified)	<input type="radio"/>	<input type="radio"/> 16
Nil income	<input type="radio"/>	<input type="radio"/> 17
Don't know	<input type="radio"/>	<input type="radio"/> 99

31 Was the client registered for a government benefit, pension or allowance, but awaiting their first payment?

Cross one circle only in each column

	Week before	When presenting
Yes	<input type="radio"/>	<input type="radio"/> 1
No	<input type="radio"/>	<input type="radio"/> 2
Don't know	<input type="radio"/>	<input type="radio"/> 99
Not applicable	<input type="radio"/>	<input type="radio"/> 0

32 Was the client undertaking formal study or training (e.g. school, university or vocational studies such as TAFE)?

Cross one circle only in each column

	Week before	When presenting
Yes	<input type="radio"/>	<input type="radio"/> 1
No	<input type="radio"/>	<input type="radio"/> 2
Don't know	<input type="radio"/>	<input type="radio"/> 99

33 What type of education/training was the client enrolled in?

Cross one circle only in each column

	Week before	When presenting
Preschool student	<input type="radio"/>	<input type="radio"/> 1
Primary school student	<input type="radio"/>	<input type="radio"/> 2
Secondary school student	<input type="radio"/>	<input type="radio"/> 3
University student	<input type="radio"/>	<input type="radio"/> 4
Vocational education and training	<input type="radio"/>	<input type="radio"/> 5
Other education or training	<input type="radio"/>	<input type="radio"/> 6
Don't know	<input type="radio"/>	<input type="radio"/> 99
Not applicable	<input type="radio"/>	<input type="radio"/> 0

34 What was the school enrolment and attendance status when the client presented for service?

Cross one circle only

Enrolled and attending school	<input type="radio"/> 1
Enrolled in school but not always attending	<input type="radio"/> 2
Enrolled in school but not attending	<input type="radio"/> 3
Enrolled in school but waiting to commence	<input type="radio"/> 4
Home schooled	<input type="radio"/> 5
Neither enrolled nor home schooled	<input type="radio"/> 6
Don't know	<input type="radio"/> 99
Not applicable	<input type="radio"/> 0

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).

35		<i>Cross one circle only in each row</i>	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
(a)	Self-care	Does the client need help/supervision with self-care (e.g. showering or bathing, dressing or undressing, toileting, eating food)?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 99
(b)	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)?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 99
(c)	Communication	Does the client need help/supervision with communication (e.g. understanding or being understood by other people, including people they know)?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 99

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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 support period.

Is this client receiving ongoing support at the end of this collection month?

Yes – ongoing support 1

No – support ended during this collection month 2

First day of service provided to client in this collection month

D	D	M	M	Y	Y	Y	Y

Last day of service provided to client in this collection month

D	D	M	M	Y	Y	Y	Y

HOW TO USE THIS SECTION:

Questions 1 and 2 — the next 2 pages of this form can be entered throughout 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 last date they receive service or assistance in this month and is used to record changes in the client's circumstances:

- Complete information about the client's situation on 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

Cross as many boxes as apply

	Needs identified	Provided	Referral Arranged	
Housing / Accommodation				1
Short term or emergency accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Medium term/transitional housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
Long-term housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
Assistance to sustain tenancy or prevent tenancy failure or eviction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
Assistance to prevent foreclosures or for mortgage arrears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
General assistance and support				6
Assertive outreach for rough sleepers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6
Assistance to obtain/maintain government allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7
Employment assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
Training assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9
Educational assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
Financial information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11
Material aid/brokerage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12
Assistance for incest/sexual assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
Assistance for domestic/family violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14
Family/relationship assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15
Assistance for trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16
Assistance with challenging social/behavioural problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17
Living skills/personal development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18
Legal information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19
Court support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
Advice/Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21
Retrieval/storage/removal of personal belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22
Advocacy/liaison on behalf of client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23
School liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24
Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25
Structured play/skills development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26
Child contact and residence arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27
Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28
Laundry/Shower facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29
Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31
Other basic assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32
Specialised Services				33
Child protection services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33
Parenting skills education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34
Child specific specialist counselling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35
Psychological services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36
Psychiatric services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38
Pregnancy assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39
Family planning support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40
Physical disability services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41
Intellectual disability services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42
Health/medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43
Professional legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44
Financial advice and counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45
Counselling for problem gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46
Drug/alcohol counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47
Specialist counselling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48
Interpreter services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49
Assistances with immigration services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50
Culturally specific services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51
Assistance to connect culturally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52
Other specialised services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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

Nights of accommodation

1	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	31	

Whole month

Medium term/transitional accommodation

Nights of accommodation

1	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	31	

Whole month

Long term accommodation

Nights of accommodation

1	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	31	

Whole month

Questions 3 to 18 are about the client's situation on the last day they received service/assistance for this collection month.

3 What was the type and amount (total dollars for collection month) of financial assistance provided to the client (including vouchers)?

Please complete as many as apply

Total (dollars)

- Payment for short term or emergency accommodation \$,
- Payment for establishing/maintaining a tenancy \$,
- Payment for training/education/employment \$,
- Payment for accessing external specialist services \$,
- Other payment \$,

Question 4 is a consent only question. Only answer this question if consent data can be provided to AIHW.

4 If the client is under the age of 18 and has a care or * protection order, what were their care arrangements?

Cross one circle only

- Residential care 1
- Family group home 2
- Relatives/kin/friends who are reimbursed 3
- Foster care 4
- Other home-based care (reimbursed) 5
- Relatives/kin/friends who are not reimbursed 6
- Independent living 7
- Other living arrangements 8
- Parents 9
- Don't know 99
- Not applicable 0

5 Was there a case management plan for the client?

Cross one circle only

- Yes 1 **▶ GO TO Q7**
- No 2

6 What is the reason that no current case management plan existed for this client?

Cross one circle only

- Client did not agree to one 1
- Service episode too short 2
- Part of another person's case management plan 3
- Other 8
- Not applicable 0

If 'Other' please specify

7 To what extent were the client's case management plan goals achieved?

Cross one circle only

- Not at all 1
- Up to half 2
- Half or more 3
- All 4
- No case management plan 88

8 Has the client had an episode of homelessness in the last month?

Cross as many boxes as apply

- Sleeping rough or in non-conventional accommodation 1
- Short-term or emergency accommodation, due to a lack of other options 2
- Not homeless 3
- Don't know 99

9 What were the living arrangements of the client?

Cross one circle only

- Lone person 1
- One parent with child(ren) 2
- Couple with child(ren) 3
- Couple without child(ren) 4
- Other family 5
- Group 6
- Don't know 99

10 In what type of residence/dwelling did the client live?

Cross one circle only

- House/townhouse/flat 1
- Caravan 2
- Tent 3
- Cabin 4
- Boat 5
- Improvised building/dwelling 6
- No dwelling/street/park/in the open 7
- Motor vehicle 8
- Boarding/rooming house 9
- Emergency accommodation 10
- Hotel/motel/bed and breakfast 11
- Hospital (excluding psychiatric) 12
- Psychiatric hospital/unit 13
- Disability support 14
- Rehabilitation 15
- Adult correctional facility 16
- Youth/juvenile justice correctional centre 17
- Boarding school/residential college 18
- Aged care facility 19
- Immigration detention centre 20
- Other 21
- Don't know 99

11 Which of the following best describes the client's tenure?

Cross one circle only

- Renter – private housing 1
- Renter – public housing 2
- Renter – community housing 3
- Renter – transitional housing 4
- Renter – caravan park 5
- Renter – boarding/rooming house 6
- Renter – emergency accommodation/night shelter/
women's refuge/youth shelter 7
- Other renter 8
- Rent free – private housing 9
- Rent free – public housing 10
- Rent free – community housing 11
- Rent free – transitional housing 12
- Rent free – caravan park 13
- Rent free – boarding/rooming house 14
- Rent free – emergency accommodation/night shelter/
women's refuge/youth shelter 15
- Other rent free 16
- Life tenure scheme 17
- Owner – shared equity or rent/buy scheme 18
- Owner – being purchased or with mortgage 19
- Owner – fully owned 20
- Other tenure not elsewhere classified 21
- No tenure 22
- Don't know 99

12 What were the conditions of occupancy for the client's dwelling?

Cross one circle only

- Leased tenure – nominated on lease 1
- Lease in place – not nominated on lease 2
- Couch Surfer 3
- Boarder 4
- Living with relative fee free 5
- Other 6
- Don't know 99
- Not applicable 0

13 If the client is aged 15 or over, what was their labour force status?

Cross one circle only

- Employed 1
- Unemployed 2
- Not in the labour force 3
- Don't know 99
- Not applicable 0

14 If the client is aged 15 or over, what was the employment (full/part time) status of the client

Cross one circle only

- Full time 1
- Part time 2
- Don't know 99
- Not applicable 0

15 Which of the following best describes the client's source of income?

Cross as many boxes as apply

- | | | |
|---|---|-----------------------------|
| Government pensions and allowances | Newstart allowance | <input type="checkbox"/> 1 |
| | Parenting payment | <input type="checkbox"/> 2 |
| | Disability support pension (Centrelink) | <input type="checkbox"/> 3 |
| | Youth allowance | <input type="checkbox"/> 4 |
| | Age pension | <input type="checkbox"/> 5 |
| | Austudy/ABSTUDY | <input type="checkbox"/> 6 |
| | DVA pension or payment | <input type="checkbox"/> 18 |
| | Sickness allowance | <input type="checkbox"/> 10 |
| | Carer allowance | <input type="checkbox"/> 11 |
| | Carer payment | <input type="checkbox"/> 12 |
| Other government pensions and allowances (not elsewhere classified) | | <input type="checkbox"/> 13 |
| Other sources of income | Employee income | <input type="checkbox"/> 14 |
| | Unincorporated business income | <input type="checkbox"/> 15 |
| | Other income (not elsewhere classified) | <input type="checkbox"/> 16 |
| | Nil income | <input type="checkbox"/> 17 |
| | Don't know | <input type="checkbox"/> 99 |

If the Support Period has finished please answer the question below

16 Was the client registered for a government benefit, pension or allowance, but awaiting their first payment?

Cross one circle only

- Yes 1
No 2
Don't know 99
Not applicable 0

17 Was the client undertaking formal study or training?

Cross one circle only

- Yes 1
No 2
Don't know 99

18 What is the type of education/training the client was enrolled in?

Cross one circle only

- Preschool student 1
Primary school student 2
Secondary school student 3
University student 4
Vocational education and training 5
Other education or training 6
Don't know 99
Not applicable 0

19 What was the reason the support period ended?

Cross one circle only

- Client referred to another specialist homelessness agency 1
Client referred to a mainstream agency 2
Client's immediate needs met/case management goals achieved 3
Maximum service period reached 4
Service withdrawn from client and no referral made 5
Client no longer requested assistance 6
Client did not turn up 7
Lost contact with client 8
Client institutionalised 9
Client incarcerated 10
Client died 11
Other 12
Don't know 99

NOTE

Please ensure you have answered all questions on page 9 of this form before submitting.

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