



ONGOING CLIENT FORM

Form Version 3

Support Period ID

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Specialist Homelessness Services collection

First day of service provided to client in this collection month	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"/>

Agency ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Collection month	M	M	Y	Y	Y	Y
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Initial date support period commenced	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"/>

Support period ongoing at the end of this collection month?

Yes – ongoing support 1

No – support ended during the collection month 2

No – support ended during previous collection month 3 **▶ GO TO Q19**

Do not answer any questions other than Q19 if 'support ended during previous collection month'

Last day of service provided to client in this collection month	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"/>

HOW TO USE THIS SECTION:

Questions 1 and 2 - the next two questions 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.

No services this collection month - if this client did not receive any support during this collection month:

- The support period should be closed at the last service date - this date will have already been submitted on their form from the previous collection month.
- Select "No - support ended during previous collection month" for the question at the top of this page.
- Complete question 19 - the reason the support period ended.

1 Services and Assistance

Please cross as many boxes as apply

	Needs identified	Provided	Referral Arranged		
Housing / Accommodation	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	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	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
	Assistance 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

Dates 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

Dates 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

Day of month

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 the 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?**

Please 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?

Please cross one circle only

- Yes 1
- No 2

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

Please 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

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7 To what extent were the clients case management plan goals achieved?

Please 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?

Please 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?

Please 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?

Please 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?

Please 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/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?

Please 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 15 or over, what was their labour force status?

Please 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 15 or over, what was their employment (full/part time) status?

Please 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 main source of income?

Please cross as many boxes as apply

Government pensions and allowances

- Newstart allowance 1
- Parenting payment 2
- Disability support pension (Centrelink) 3
- Youth allowance 4
- Age pension 5
- Austudy/ABSTUDY 6
- DVA pension or payment 18
- Sickness allowance 10
- Carer allowance 11
- Carer payment 12
- Other government pensions and allowances
(not elsewhere classified) 13

Other sources of income

- Employee income 14
- Unincorporated business income 15
- Other income (not elsewhere classified) 16
- Nil income 17
- Don't know 99

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

Please cross one circle only

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

17 Was the client undertaking formal study or training?

Please 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?

Please 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

If the Support Period has finished please answer the question below

19 What was the reason the support period ended?

Please cross one circle only

- Client referred to another specialist homelessness agency 1
Client referred to a mainstream agency 2
Clients 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 the first page of this form before submitting.

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