

# **Appendix 2 SAAP NDCA Client Collection forms**





# CLIENT FORM

JULY 2001 – JUNE 2002



|                             |                                 |                              |                             |                        |                       |
|-----------------------------|---------------------------------|------------------------------|-----------------------------|------------------------|-----------------------|
| AGENCY NUMBER               | <input type="text"/>            |                              |                             |                        | OFFICE<br>USE<br>ONLY |
| SUPPORT PERIOD              | D D                             | M M                          | Y Y Y Y                     |                        |                       |
| Date commenced              | <input type="text"/>            | <input type="text"/>         | <input type="text"/>        | <input type="text"/>   |                       |
| Date finished               | <input type="text"/>            | <input type="text"/>         | <input type="text"/>        | <input type="text"/>   |                       |
| SUPPORT PERIOD NOT ENDED BY |                                 |                              |                             |                        |                       |
| 30 June 2002                | Yes <input type="checkbox"/>    | 1                            |                             |                        |                       |
| CONSENT OBTAINED            | Yes <input type="checkbox"/>    | 1                            | No <input type="checkbox"/> | 2                      |                       |
| ALPHA CODE                  | <input type="text"/>            | <input type="text"/>         | <input type="text"/>        | <input type="text"/>   |                       |
|                             | 2ND & 3RD LETTERS OF FIRST NAME | 1ST & 2ND LETTERS OF SURNAME | LAST LETTER OF SURNAME      | M/F FOR MALE OR FEMALE |                       |
| YEAR OF BIRTH OF CLIENT     | <input type="text"/>            |                              |                             |                        |                       |

## CHANGES TO THE CLIENT FORM

The 2001 – 2002 Client Collection commences on 1 July 2001. A number of changes have been made to the new Client Form and a new Collectors Manual has been prepared.

- Changes to the form are explained fully in the *Collectors Manual July 2001*.
- Part B—Accompanying and/or Assisted Children section includes all questions related to children accompanying clients to your agency.
- Either a shaded square ■ or ellipse ● defines question numbers. The ellipse denotes questions that require the informed consent of the client to be completed. The square denotes questions that should be completed even without the informed consent of the client.
- When transferring information from the old form to the new form in July 2001 for clients who are ongoing at 30 June 2001, check the *Collectors Manual July 2001* for instructions about answering questions that have been changed.

**Prior to 1 July please read the *Collectors Manual July 2001* and quick reference information card carefully and ensure that your agency members are aware of the changes to the form and procedures to complete it. It is important that all workers at your agency are aware of these changes.**

You should begin using the revised client forms on Sunday 1 July 2001. The new forms should be used for any client who begins a support period on or after 1 July and existing clients who are receiving support from your agency on 1 July.

## REMINDER

As a worker in a SAAP agency, you should complete the form based on information provided by the client. It is not appropriate for clients to complete the form on their own. You should use the Collection Manual to help complete the form accurately.

**COMPLETED FORMS WILL BE KEPT STRICTLY CONFIDENTIAL**

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**1. Source of referral/information**

*please tick one box only*

- self  13
- family  14
- friends  15
- school/other educational institution  2
- community services department  3
- police/legal unit  4
- prison/correction institution  5
- hospital/health/medical services  6
- psychiatric unit  7
- telephone/crisis referral agency  8
- SAAP agency/worker  9
- other government department  10
- other non-government organisation  11
- other (please specify) \_\_\_\_\_  999
- don't know/no information  0

**2. Person(s) receiving assistance**

*please tick one box only*

- WITH** child(ren)
- person with child(ren)  3
- couple with child(ren)  4
- WITHOUT** child(ren)
- person alone or with unrelated person(s)  1
- couple without child(ren)  2
- other (please specify) \_\_\_\_\_  999

**3. Gender of client**

- female  1
- male  2

**IF CONSENT NOT OBTAINED PLEASE GO TO QUESTION 19**

**4. Country of birth of client**

- Australia  1
- other (please specify) \_\_\_\_\_  2

**5. Does the client identify as being of Aboriginal or Torres Strait Islander origin?**

- no  1
- yes, Aboriginal person  2
- yes, Torres Strait Islander person  3
- yes, both  4

**6. What language does the client mainly speak?**

- English  1 go to **8.**
- other (please specify) \_\_\_\_\_  2

**7. How well does the client speak English?**

- very well  1
- well  2
- not well  3
- not at all  4

**8. Cultural identity of the client?**

(please specify) \_\_\_\_\_

**9. Labour force status before and after support period**

*please tick one box only in each column*      **Before**      **After**

- employed full time  1
- employed part time  2
- employed casual  3
- unemployed (looking for work)  4
- not in labour force (see manual)  5
- don't know /no information  0

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**10. Main income source before and after support period**

please tick one box only in each column      Before    After

**No Income**

- no income  1
- registered/awaiting benefit  2

**Government Payments**

- newstart allowance  4
- youth allowance  33
- Austudy Payment - for students aged 25 years of age and over  28
- community development employment program (CDEP)  8
- ABSTUDY  31
- disability support pension  12
- age pension  13
- parenting payment (single) - formerly sole parent pension  14
- parenting payment (partnered)  32
- special benefit  15
- sickness allowance  16
- partner allowance  17
- DVA support pension  29
- DVA disability pension  30
- other type of allowance or benefit  18

**Other Income**

- workcover/compensation  19
- maintenance/child support  20
- wages/salary/own business  21
- spouse/partner's income  22
- other (please specify) \_\_\_\_\_  999
- don't know/no information  0

**11. Student status before and after support period**

please tick one box only in each column      Before    After

- not a student  1
- primary/secondary school student  2
- post-secondary student/employment training  3
- don't know/no information  0

**12. Presenting reasons for seeking assistance**

please tick as many circles as apply

- usual accommodation unavailable  19
- eviction/previous accommodation ended/asked to leave  9
- time out from family/other situation  2
- relationship/family breakdown  3
- interpersonal conflict  4
- physical/emotional abuse  5
- domestic violence  6
- sexual abuse  7
- financial difficulty  8
- drug/alcohol/substance abuse  10
- gambling  20
- emergency accommodation ended  11
- recently left institution  12
- psychiatric illness  13
- recent arrival to area with no means of support  14
- itinerant (moving from place to place)  15
- other (please specify) \_\_\_\_\_  999
- other (please specify) \_\_\_\_\_  998
- don't know/no information  0

**13. Main presenting reason for seeking assistance**

Please write the appropriate code number from Question 12

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**14. Current period of unsafe, insecure or inadequate housing (i.e. homelessness)**

- at imminent risk  888
- less than one week  1
- 1 week - 1 month  2
- 1-3 months  3
- 3-6 months  4
- 6-12 months  5
- 1-2 years  6
- 2-5 years  7
- more than 5 years  8
- don't know/no information  0

**15. Location before the period of unsafe, insecure or inadequate housing in question 14 (i.e. homelessness or at imminent risk)**

state

suburb/town

postcode

overseas  9998

don't know/no information  0

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**16. Type of housing/accommodation *immediately* before and after this support period**

*please tick one box only in each column*      **Before**    **After**

**SAAP/CAP FUNDED ACCOMMODATION**

- crisis/short-term accommodation  1
- medium/long term accommodation  2
- hostel  3
- motel/hotel  4
- community placement  5
- other SAAP/CAP funded accommodation  6

**NON-SAAP HOUSING ACCOMMODATION**

- non-SAAP emergency accommodation  7
- living rent-free in house or flat  8
- renting independently in the private rental market  9
- renting a public housing dwelling  10
- renting community housing  11
- renting a caravan  12
- rooming house/hostel/hotel  13
- boarding in a private home  14
- purchasing or living in own home  15
- living in a car/tent/park/street/squat  16
- other non-SAAP housing/accommodation  17

**INSTITUTIONAL SETTING**

- hospital/psychiatric institution  18
- prison/youth training centre  19
- other government residential arrangement  20
- detoxification unit/rehabilitation centre  21
- other institutional setting  22
- don't know/no information  0

**17. Who was the client living with *immediately* before and after this support period?**

*please tick one box only in each column*      **Before**    **After**

- alone  10
- with both parents  1
- with one parent and parent's spouse/partner  2
- with one parent  3
- with a foster family  4
- with relative(s) - temporary  5
- with relative(s) - long term  6
- with spouse/partner  7
- with spouse/partner and child(ren)  8
- alone with child(ren)  9
- with friend(s) - temporary  11
- with friend(s) - long term  12
- living with other unrelated persons  13
- other (*please specify*) \_\_\_\_\_  999
- don't know/no information  0

**18. Was the client the subject of a legal order or legal processes before or after support?**

**Before**    **After**

no  1

*OR tick as many circles as apply*

- protection or guardianship order (including wardship or equivalent)  2
- intervention/protection/restraining order/ apprehended violence order (as a result of violence perpetrated AGAINST the CLIENT)  3
- intervention/protection/restraining order/ apprehended violence order (as a result of violence perpetrated BY the CLIENT)  6
- other legal processes  999
- don't know/no information  0

**19. Has a case management/support plan been agreed to by the end of the support period?**

*please tick one box only*

- yes  1 go to question 20
- no  2 go to question 21
- not appropriate  3 go to question 21

**20. To what extent have the client's case management goals been achieved by the end of the support period?**

*please tick one box only*

- not at all  1
- some  2
- most  3
- all  4
- not applicable/appropriate  5

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**21. Was SAAP/CAP accommodation provided?**

No  go to question 22  
 Yes  please provide types and dates of SAAP/CAP supported accommodation provided to the client (including THM's and other SAAP managed properties)

1. Type of accommodation Dates of accommodation  
*please tick one box only* *please complete all boxes*

|                   |                            |                            |        |                      |                      |                      |
|-------------------|----------------------------|----------------------------|--------|----------------------|----------------------|----------------------|
|                   | on-site                    | off-site                   |        | D D                  | M M                  | Y Y Y Y              |
| Crisis/short term | <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | Start  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Medium/long term  | <input type="checkbox"/> 2 | <input type="checkbox"/> 5 | Finish | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other SAAP        | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 |        |                      |                      |                      |

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

|                   |                            |                            |        |                      |                      |                      |
|-------------------|----------------------------|----------------------------|--------|----------------------|----------------------|----------------------|
|                   | on-site                    | off-site                   |        | D D                  | M M                  | Y Y Y Y              |
| Crisis/short term | <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | Start  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Medium/long term  | <input type="checkbox"/> 2 | <input type="checkbox"/> 5 | Finish | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other SAAP        | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 |        |                      |                      |                      |

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

|                   |                            |                            |        |                      |                      |                      |
|-------------------|----------------------------|----------------------------|--------|----------------------|----------------------|----------------------|
|                   | on-site                    | off-site                   |        | D D                  | M M                  | Y Y Y Y              |
| Crisis/short term | <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | Start  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Medium/long term  | <input type="checkbox"/> 2 | <input type="checkbox"/> 5 | Finish | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other SAAP        | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 |        |                      |                      |                      |

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

|                   |                            |                            |        |                      |                      |                      |
|-------------------|----------------------------|----------------------------|--------|----------------------|----------------------|----------------------|
|                   | on-site                    | off-site                   |        | D D                  | M M                  | Y Y Y Y              |
| Crisis/short term | <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | Start  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Medium/long term  | <input type="checkbox"/> 2 | <input type="checkbox"/> 5 | Finish | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other SAAP        | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 |        |                      |                      |                      |

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

|                   |                            |                            |        |                      |                      |                      |
|-------------------|----------------------------|----------------------------|--------|----------------------|----------------------|----------------------|
|                   | on-site                    | off-site                   |        | D D                  | M M                  | Y Y Y Y              |
| Crisis/short term | <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | Start  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Medium/long term  | <input type="checkbox"/> 2 | <input type="checkbox"/> 5 | Finish | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other SAAP        | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 |        |                      |                      |                      |

**22. Support to client**

*please tick as many circles as apply*

|  | Needed                | Provided              | Referral Arranged     | Not provided or referred |     |
|--|-----------------------|-----------------------|-----------------------|--------------------------|-----|
| SAAP/CAP accommodation (including THM's and other SAAP managed properties) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 43  |
| assistance to obtain/maintain short-term accommodation                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 39  |
| assistance to obtain/maintain independent housing                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 42  |
| assistance to obtain/maintain benefit/pension/ other government allowance  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 37  |
| employment and training assistance   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 5   |
| financial assistance/material aid  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 6   |
| financial counselling and support  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 7   |
| incest/sexual assault counselling and support                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 8   |
| domestic violence counselling and support                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 9   |
| family/relationship counselling and support                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 10  |
| emotional support/ other counselling                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 11  |
| psychological services   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 12  |
| psychiatric services   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 13  |
| living skills/personal development   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 14  |
| pregnancy support  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 33  |
| family planning support  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 34  |
| drug/alcohol support or intervention                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 16  |
| physical disability services   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 17  |
| intellectual disability services   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 18  |
| culturally appropriate support   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 19  |
| interpreter services   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 20  |
| meals  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 21  |
| laundry/shower facilities  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 22  |
| recreation   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 23  |
| transport  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 24  |
| assistance with legal issues/ court support                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 25  |
| health/medical services  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 26  |
| advice/information   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 27  |
| brokerage services   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 28  |
| retrieval/storage/removal of personal belongings                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 29  |
| advocacy/liaison on behalf of client                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 30  |
| assistance with problem gambling   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 36  |
| assistance with immigration issues   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 38  |
| other (please specify)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 999 |

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**PART B—ACCOMPANYING AND/OR ASSISTED CHILDREN**

(Complete a separate client form for each child aged 18 years and over)

**23. Does this client have children reported on this form or another form for this period of support?**

(children should be recorded on only one of the parent/guardian's form)

please tick one box only

Yes, child(ren) recorded on this form  1 No, child(ren) recorded on 'other adults' form  2 not applicable  3

**24.**

| CHILD 1   |                                       |                                 |                                 | CHILD 2   |                                       |                                 |                                 | CHILD 3   |                                       |                                 |                                 |
|---|---------------------------------------|---------------------------------|---------------------------------|---|---------------------------------------|---------------------------------|---------------------------------|---|---------------------------------------|---------------------------------|---------------------------------|
| ALPHA CODE  |                                       |                                 |                                 | ALPHA CODE  |                                       |                                 |                                 | ALPHA CODE  |                                       |                                 |                                 |
| <input type="checkbox"/>  | <input type="checkbox"/>              | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>  | <input type="checkbox"/>              | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>  | <input type="checkbox"/>              | <input type="checkbox"/>        | <input type="checkbox"/>        |
| 2ND & 3RD<br>LETTERS<br>OF FIRST<br>NAME  | 1ST & 2ND<br>LETTERS<br>OF<br>SURNAME | LAST<br>LETTER<br>OF<br>SURNAME | M/F FOR<br>MALE<br>OR<br>FEMALE | 2ND & 3RD<br>LETTERS<br>OF FIRST<br>NAME  | 1ST & 2ND<br>LETTERS<br>OF<br>SURNAME | LAST<br>LETTER<br>OF<br>SURNAME | M/F FOR<br>MALE<br>OR<br>FEMALE | 2ND & 3RD<br>LETTERS<br>OF FIRST<br>NAME  | 1ST & 2ND<br>LETTERS<br>OF<br>SURNAME | LAST<br>LETTER<br>OF<br>SURNAME | M/F FOR<br>MALE<br>OR<br>FEMALE |
| YEAR OF BIRTH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                       |                                 |                                 | YEAR OF BIRTH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                       |                                 |                                 | YEAR OF BIRTH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                       |                                 |                                 |

**25. Country of birth of the child(ren)**

|   |   |   |
|---|---|---|
| Australia <input type="checkbox"/> 1              | Australia <input type="checkbox"/> 1              | Australia <input type="checkbox"/> 1              |
| other (please specify) <input type="checkbox"/> 2 | other (please specify) <input type="checkbox"/> 2 | other (please specify) <input type="checkbox"/> 2 |

**26. Number of homes the child(ren) has lived in during the past year**

|   |   |   |
|---|---|---|
| homes <input type="checkbox"/> <input type="checkbox"/> | homes <input type="checkbox"/> <input type="checkbox"/> | homes <input type="checkbox"/> <input type="checkbox"/> |
|---|---|---|

**27. Age of child(ren)**

|  |  |  |
|--|--|--|
| 0-4 years <input type="checkbox"/> 1   | 0-4 years <input type="checkbox"/> 1   | 0-4 years <input type="checkbox"/> 1   |
| 5-12 years <input type="checkbox"/> 2  | 5-12 years <input type="checkbox"/> 2  | 5-12 years <input type="checkbox"/> 2  |
| 13-15 years <input type="checkbox"/> 3 | 13-15 years <input type="checkbox"/> 3 | 13-15 years <input type="checkbox"/> 3 |
| 16-17 years <input type="checkbox"/> 4 | 16-17 years <input type="checkbox"/> 4 | 16-17 years <input type="checkbox"/> 4 |

**28. Gender of child(ren)**

|                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|
| female <input type="checkbox"/> 1 | female <input type="checkbox"/> 1 | female <input type="checkbox"/> 1 |
| male <input type="checkbox"/> 2   | male <input type="checkbox"/> 2   | male <input type="checkbox"/> 2   |

**29. Support to child(ren)**

no assistance

OR tick as many circles as apply

|  | Needed                | Provided              | Referral Arranged     | Not provided or referred |     | Needed                | Provided              | Referral Arranged     | Not provided or referred |     | Needed                | Provided              | Referral Arranged     | Not provided or referred |     |
|--|-----------------------|-----------------------|-----------------------|--------------------------|-----|-----------------------|-----------------------|-----------------------|--------------------------|-----|-----------------------|-----------------------|-----------------------|--------------------------|-----|
| SAAP/CAP accommodation (including THM's and other SAAP managed properties) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 21  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 21  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 21  |
| help with behavioural problems   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 1   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 1   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 1   |
| sexual/physical abuse counselling/support                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 2   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 2   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 2   |
| child care   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 3   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 3   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 3   |
| liaison with kindergarten/school access arrangements                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 4   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 4   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 4   |
| culturally sensitive services  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 10  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 10  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 10  |
| meals  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 11  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 11  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 11  |
| showers/hygiene support  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 12  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 12  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 12  |
| recreation   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 13  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 13  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 13  |
| transport  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 14  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 14  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 14  |
| advice/information   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 15  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 15  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 15  |
| brokerage services   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 16  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 16  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 16  |
| skills education   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 17  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 17  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 17  |
| advocacy   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 18  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 18  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 18  |
| health/medical services  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 19  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 19  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 19  |
| general counselling/support  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 20  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 20  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 20  |
| other (please specify) _____   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 999 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 999 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 999 |
| other (please specify) _____   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 998 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 998 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 998 |

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| CHILD 4   | CHILD 5   | CHILD 6   | CHILD 7   |
|---|---|---|---|
| <b>ALPHA CODE</b>   | <b>ALPHA CODE</b>   | <b>ALPHA CODE</b>   | <b>ALPHA CODE</b>   |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><small>2ND &amp; 3RD LETTERS OF FIRST NAME</small> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><small>2ND &amp; 3RD LETTERS OF FIRST NAME</small> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><small>2ND &amp; 3RD LETTERS OF FIRST NAME</small> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><small>2ND &amp; 3RD LETTERS OF FIRST NAME</small> |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><small>1ST &amp; 2ND LETTERS OF SURNAME</small>    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><small>1ST &amp; 2ND LETTERS OF SURNAME</small>    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><small>1ST &amp; 2ND LETTERS OF SURNAME</small>    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><small>1ST &amp; 2ND LETTERS OF SURNAME</small>    |
| <input type="text"/> <input type="text"/><br><small>LAST LETTER OF SURNAME</small>  | <input type="text"/> <input type="text"/><br><small>LAST LETTER OF SURNAME</small>  | <input type="text"/> <input type="text"/><br><small>LAST LETTER OF SURNAME</small>  | <input type="text"/> <input type="text"/><br><small>LAST LETTER OF SURNAME</small>  |
| <input type="text"/> <input type="text"/><br><small>M/F FOR MALE OR FEMALE</small>  | <input type="text"/> <input type="text"/><br><small>M/F FOR MALE OR FEMALE</small>  | <input type="text"/> <input type="text"/><br><small>M/F FOR MALE OR FEMALE</small>  | <input type="text"/> <input type="text"/><br><small>M/F FOR MALE OR FEMALE</small>  |
| YEAR OF BIRTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   | YEAR OF BIRTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   | YEAR OF BIRTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   | YEAR OF BIRTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |

|   |   |   |   |
|---|---|---|---|
| Australia <input type="checkbox"/> 1<br>other (please specify) ..... <input type="checkbox"/> 2<br>homes <input type="text"/> <input type="text"/>                | Australia <input type="checkbox"/> 1<br>other (please specify) ..... <input type="checkbox"/> 2<br>homes <input type="text"/> <input type="text"/>                | Australia <input type="checkbox"/> 1<br>other (please specify) ..... <input type="checkbox"/> 2<br>homes <input type="text"/> <input type="text"/>                | Australia <input type="checkbox"/> 1<br>other (please specify) ..... <input type="checkbox"/> 2<br>homes <input type="text"/> <input type="text"/>                |
| 0-4 years <input type="checkbox"/> 1<br>5-12 years <input type="checkbox"/> 2<br>13-15 years <input type="checkbox"/> 3<br>16-17 years <input type="checkbox"/> 4 | 0-4 years <input type="checkbox"/> 1<br>5-12 years <input type="checkbox"/> 2<br>13-15 years <input type="checkbox"/> 3<br>16-17 years <input type="checkbox"/> 4 | 0-4 years <input type="checkbox"/> 1<br>5-12 years <input type="checkbox"/> 2<br>13-15 years <input type="checkbox"/> 3<br>16-17 years <input type="checkbox"/> 4 | 0-4 years <input type="checkbox"/> 1<br>5-12 years <input type="checkbox"/> 2<br>13-15 years <input type="checkbox"/> 3<br>16-17 years <input type="checkbox"/> 4 |
| female <input type="checkbox"/> 1<br>male <input type="checkbox"/> 2  | female <input type="checkbox"/> 1<br>male <input type="checkbox"/> 2  | female <input type="checkbox"/> 1<br>male <input type="checkbox"/> 2  | female <input type="checkbox"/> 1<br>male <input type="checkbox"/> 2  |

| CHILD 4   | CHILD 5   | CHILD 6   | CHILD 7   |                          |   |        |          |                   |                          |   |        |          |                   |                          |   |        |          |                   |                          |
|---|---|---|---|--------------------------|---|--------|----------|-------------------|--------------------------|---|--------|----------|-------------------|--------------------------|---|--------|----------|-------------------|--------------------------|
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |                          |   |        |          |                   |                          |   |        |          |                   |                          |   |        |          |                   |                          |
| <table border="0" style="width:100%;"> <tr> <td style="width:25%;">Needed</td> <td style="width:25%;">Provided</td> <td style="width:25%;">Referral Arranged</td> <td style="width:25%;">Not provided or referred</td> </tr> </table>   | Needed  | Provided  | Referral Arranged   | Not provided or referred | <table border="0" style="width:100%;"> <tr> <td style="width:25%;">Needed</td> <td style="width:25%;">Provided</td> <td style="width:25%;">Referral Arranged</td> <td style="width:25%;">Not provided or referred</td> </tr> </table> | Needed | Provided | Referral Arranged | Not provided or referred | <table border="0" style="width:100%;"> <tr> <td style="width:25%;">Needed</td> <td style="width:25%;">Provided</td> <td style="width:25%;">Referral Arranged</td> <td style="width:25%;">Not provided or referred</td> </tr> </table> | Needed | Provided | Referral Arranged | Not provided or referred | <table border="0" style="width:100%;"> <tr> <td style="width:25%;">Needed</td> <td style="width:25%;">Provided</td> <td style="width:25%;">Referral Arranged</td> <td style="width:25%;">Not provided or referred</td> </tr> </table> | Needed | Provided | Referral Arranged | Not provided or referred |
| Needed  | Provided  | Referral Arranged   | Not provided or referred  |                          |   |        |          |                   |                          |   |        |          |                   |                          |   |        |          |                   |                          |
| Needed  | Provided  | Referral Arranged   | Not provided or referred  |                          |   |        |          |                   |                          |   |        |          |                   |                          |   |        |          |                   |                          |
| Needed  | Provided  | Referral Arranged   | Not provided or referred  |                          |   |        |          |                   |                          |   |        |          |                   |                          |   |        |          |                   |                          |
| Needed  | Provided  | Referral Arranged   | Not provided or referred  |                          |   |        |          |                   |                          |   |        |          |                   |                          |   |        |          |                   |                          |
| <input type="radio"/> 21<br><input type="radio"/> 1<br><input type="radio"/> 2<br><input type="radio"/> 3<br><input type="radio"/> 4<br><input type="radio"/> 5<br><input type="radio"/> 10<br><input type="radio"/> 11<br><input type="radio"/> 12<br><input type="radio"/> 13<br><input type="radio"/> 14<br><input type="radio"/> 15<br><input type="radio"/> 16<br><input type="radio"/> 17<br><input type="radio"/> 18<br><input type="radio"/> 19<br><input type="radio"/> 20<br><input type="radio"/> 999<br><input type="radio"/> 998 | <input type="radio"/> 21<br><input type="radio"/> 1<br><input type="radio"/> 2<br><input type="radio"/> 3<br><input type="radio"/> 4<br><input type="radio"/> 5<br><input type="radio"/> 10<br><input type="radio"/> 11<br><input type="radio"/> 12<br><input type="radio"/> 13<br><input type="radio"/> 14<br><input type="radio"/> 15<br><input type="radio"/> 16<br><input type="radio"/> 17<br><input type="radio"/> 18<br><input type="radio"/> 19<br><input type="radio"/> 20<br><input type="radio"/> 999<br><input type="radio"/> 998 | <input type="radio"/> 21<br><input type="radio"/> 1<br><input type="radio"/> 2<br><input type="radio"/> 3<br><input type="radio"/> 4<br><input type="radio"/> 5<br><input type="radio"/> 10<br><input type="radio"/> 11<br><input type="radio"/> 12<br><input type="radio"/> 13<br><input type="radio"/> 14<br><input type="radio"/> 15<br><input type="radio"/> 16<br><input type="radio"/> 17<br><input type="radio"/> 18<br><input type="radio"/> 19<br><input type="radio"/> 20<br><input type="radio"/> 999<br><input type="radio"/> 998 | <input type="radio"/> 21<br><input type="radio"/> 1<br><input type="radio"/> 2<br><input type="radio"/> 3<br><input type="radio"/> 4<br><input type="radio"/> 5<br><input type="radio"/> 10<br><input type="radio"/> 11<br><input type="radio"/> 12<br><input type="radio"/> 13<br><input type="radio"/> 14<br><input type="radio"/> 15<br><input type="radio"/> 16<br><input type="radio"/> 17<br><input type="radio"/> 18<br><input type="radio"/> 19<br><input type="radio"/> 20<br><input type="radio"/> 999<br><input type="radio"/> 998 |                          |   |        |          |                   |                          |   |        |          |                   |                          |   |        |          |                   |                          |

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## RETURNING FORMS TO THE NDCA

- In the first week of each month, send the forms of *clients who have left your agency in the last month* to the NDCA in the prepaid envelope provided.
- **Forms should reach the NDCA by the 15th of each month.**
- Include a completed Form Return Sheet with your forms. If no clients left your agency in the last month record **zero** forms to return on the Form Return Sheet. This ensures that your agency is counted as participating in the National Data Collection. The NDCA is required to notify State/Territory funding departments of agencies that do not return forms (or Form Return Sheets) each month.

## 30 JUNE 2001 AND 31 DECEMBER 2001

- Twice a year (in the first week of July 2001 and in the first week of January 2002), you should notify the NDCA of clients who are still being supported as at 30 June 2001 and 31 December 2001.
- For clients who are ongoing at 30 June 2001, transfer the information from the old 2000–2001 form to the new 2001–2002 form. Return the old form to the NDCA along with the forms of *clients who have left your agency in the last month*. Retain the new form in your agency until the client has finished his/her support period.
- For ongoing clients at 31 December – use the December Form Return Sheet and note in the box provided the number of clients being supported on 31 December 2001. It is important to send in a December Form Return Sheet even if you did not have any client forms to remit or you had no ongoing clients.

If you do not need materials sent to you, please return them to the NDCA addressed:

REPLY PAID  
SAAP National Data Collection Agency  
Australian Institute of Health and Welfare  
Locked Bag 8900  
Canberra ACT 2601

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# CLIENT FORM

## HIGH VOLUME AGENCIES

JULY 2001 – JUNE 2002



|                                    |                                 |                              |                        |                        |                          |                      |                      |                      |                      |                      |                      |                        |
|------------------------------------|---------------------------------|------------------------------|------------------------|------------------------|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|
| <b>AGENCY NUMBER</b>               | <input type="text"/>            | <input type="text"/>         | <input type="text"/>   | <input type="text"/>   | <input type="text"/>     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <b>OFFICE USE ONLY</b> |
| <b>SUPPORT PERIOD</b>              | <b>D D</b>                      | <b>M M</b>                   | <b>Y Y</b>             | <b>Y Y</b>             | <b>Y Y</b>               | <b>Y Y</b>           | <b>Y Y</b>           | <b>Y Y</b>           | <b>Y Y</b>           | <b>Y Y</b>           | <b>Y Y</b>           | 1                      |
| Date commenced                     | <input type="text"/>            | <input type="text"/>         | <input type="text"/>   | <input type="text"/>   | <input type="text"/>     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 2                      |
| <b>Date finished</b>               | <input type="text"/>            | <input type="text"/>         | <input type="text"/>   | <input type="text"/>   | <input type="text"/>     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 3                      |
| <b>SUPPORT PERIOD NOT ENDED BY</b> |                                 |                              |                        |                        |                          |                      |                      |                      |                      |                      |                      | 4                      |
| 30 June 2002                       | Yes                             | <input type="checkbox"/>     | 1                      |                        |                          |                      |                      |                      |                      |                      |                      | 5                      |
| <b>CONSENT OBTAINED</b>            | Yes                             | <input type="checkbox"/>     | 1                      | No                     | <input type="checkbox"/> | 2                    |                      |                      |                      |                      |                      | 6                      |
| <b>ALPHA CODE</b>                  | <input type="text"/>            | <input type="text"/>         | <input type="text"/>   | <input type="text"/>   | <input type="text"/>     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 7                      |
|                                    | 2ND & 3RD LETTERS OF FIRST NAME | 1ST & 2ND LETTERS OF SURNAME | LAST LETTER OF SURNAME | M/F FOR MALE OR FEMALE |                          |                      |                      |                      |                      |                      |                      | 8                      |
| <b>YEAR OF BIRTH OF CLIENT</b>     | <input type="text"/>            | <input type="text"/>         | <input type="text"/>   | <input type="text"/>   | <input type="text"/>     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 9                      |
|                                    |                                 |                              |                        |                        |                          |                      |                      |                      |                      |                      |                      | 10                     |
|                                    |                                 |                              |                        |                        |                          |                      |                      |                      |                      |                      |                      | 11                     |
|                                    |                                 |                              |                        |                        |                          |                      |                      |                      |                      |                      |                      | 12                     |

### 1. Person(s) receiving assistance

please tick one box only

#### WITH child(ren)

person with child(ren)  3

couple with child(ren)  4

#### WITHOUT child(ren)

person alone or with unrelated person(s)  1

couple without child(ren)  2

other (please specify) \_\_\_\_\_  999

### 2. Does this client have children reported on this form or another form for this period of support?

(children should be recorded on only one of the parent/guardian's form)

please tick one box only

Yes, child(ren) recorded on this form  1

No, child(ren) recorded on 'other adults' form  2

not applicable  3

### 3. Number of accompanying children assisted in each age group

0 – 4 years  1

5 – 12 years  2

13 – 15 years  3

16 – 17 years  4

(complete a separate client form for each child aged 18 years and over)

### 4. Gender of client

female  1

male  2

### 5. Main income source at commencement

please tick one box only in each column

#### No Income

no income  1

registered/awaiting benefit  2

#### Government Payments

newstart allowance  4

youth allowance  33

Austudy Payment - for students aged 25 years of age and over  28

community development employment program (CDEP)  8

ABSTUDY  31

disability support pension  12

age pension  13

parenting payment (single) - formerly sole parent pension  14

parenting payment (partnered)  32

special benefit  15

sickness allowance  16

partner allowance  17

DVA support pension  29

DVA disability pension  30

other type of allowance or benefit  18

#### Other Income

workcover/compensation  19

maintenance/child support  20

wages/salary/own business  21

spouse/partner's income  22

other (please specify) \_\_\_\_\_  999

don't know/no information  0

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**6. Country of birth of client**

- Australia  1  
 other (please specify) \_\_\_\_\_  2

**7. Does the client identify as being of Aboriginal or Torres Strait Islander origin?**

- no  1  
 yes, Aboriginal person  2  
 yes, Torres Strait Islander person  3  
 yes, both  4

**8. Cultural identity of the client**

other (please specify) \_\_\_\_\_

**9. Type of housing/accommodation immediately before this support period**

*please tick one box only*

**SAAP/CAP FUNDED ACCOMMODATION**

- crisis/short-term accommodation  1  
 medium/long term accommodation  2  
 hostel  3  
 motel/hotel  4  
 community placement  5  
 other SAAP/CAP funded accommodation  6

**NON-SAAP HOUSING ACCOMMODATION**

- non-SAAP emergency accommodation  7  
 living rent-free in house or flat  8  
 renting independently in the private rental market  9  
 renting a public housing dwelling  10  
 renting community housing  11  
 renting a caravan  12  
 rooming house/hostel/hotel  13  
 boarding in a private home  14  
 purchasing or living in own home  15  
 living in a car/tent/park/street/squat  16  
 other non-SAAP housing/accommodation  17

**INSTITUTIONAL SETTING**

- hospital/psychiatric institution  18  
 prison/youth training centre  19  
 other government residential arrangement  20  
 detoxification unit/rehabilitation centre  21  
 other institutional setting  22  
 don't know/no information  0

**10. Support to client**

*please tick as many circles as apply*

|  | Needed                | Provided              | Referral Arranged     | Not provided or referred |     |
|--|-----------------------|-----------------------|-----------------------|--------------------------|-----|
| SAAP/CAP accommodation (including THM's and other SAAP managed properties) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 43  |
| assistance to obtain/maintain short-term accommodation                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 39  |
| assistance to obtain/maintain independent housing                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 42  |
| assistance to obtain/maintain benefit/pension/ other government allowance  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 37  |
| employment and training assistance   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 5   |
| financial assistance/material aid  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 6   |
| financial counselling and support  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 7   |
| incest/sexual assault counselling and support                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 8   |
| domestic violence counselling and support                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 9   |
| family/relationship counselling and support                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 10  |
| emotional support/ other counselling                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 11  |
| psychological services   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 12  |
| psychiatric services   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 13  |
| living skills/personal development   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 14  |
| pregnancy support  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 33  |
| family planning support  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 34  |
| drug/alcohol support or intervention                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 16  |
| physical disability services   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 17  |
| intellectual disability services   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 18  |
| culturally appropriate support   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 19  |
| interpreter services   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 20  |
| meals  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 21  |
| laundry/shower facilities  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 22  |
| recreation   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 23  |
| transport  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 24  |
| assistance with legal issues/ court support                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 25  |
| health/medical services  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 26  |
| advice/information   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 27  |
| brokerage services   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 28  |
| retrieval/storage/removal of personal belongings                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 29  |
| advocacy/liaison on behalf of client                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 30  |
| assistance with problem gambling   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 36  |
| assistance with immigration issues   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 38  |
| other (please specify) _____   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | 999 |

**COMPLETED FORMS WILL BE KEPT STRICTLY CONFIDENTIAL**

If you have any problems completing this form please telephone the SAAP NDCA hotline on 1-800 627 191 or email [ndca@aihw.gov.au](mailto:ndca@aihw.gov.au)