



ONGOING CLIENT FORM

Form Version 4

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

Last day of service provided to client in this collection month	D	D	M	M	Y	Y	Y	Y

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

Agency ID

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Collection month

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Initial date support period commenced

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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**

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

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

- Complete the reason the support period ended.

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

Cross as many boxes as apply

Needs identified	Provided	Referral Arranged
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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	
Family / domestic violence	Assistance for family/domestic violence – victim support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54	
	Assistance for family/domestic violence – perpetrator support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55	
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	
	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

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 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	\$	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payment for establishing/maintaining a tenancy	\$	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payment for training/education/employment	\$	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payment for accessing external specialist services	\$	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other payment	\$	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
- Relative(s)/kin who are reimbursed 3
- Foster care 4
- Other home-based care (reimbursed) 5
- Relative(s)/kin 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 one circle only

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.