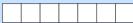


### **CLIENT FORM**

Form Version 8

**Support Period ID** 



### Specialist Homelessness Services collection

Agency ID							
Collection month		M M	]/	Y	Υ	Y	Y
Date assistance requested	D D /	M M	]/	Y	Y	Y	Y
Date support period commenced	D D /	M M	]/	Y	Y	Y	Y
Is the client new to this agency?	Yes 1	No 🔵	2	Not	sure	0	3

Client's alpha code	1 What
The alpha code consists of the 2nd and 3rd letters of the client's given name, and the 2nd, 3rd and 5th letters of the client's family name.  Where a name is not long enough please fill in any remaining squares with	head?
a 2. For example, a male client called Ng Tien will become G2 IE2 Where part of the name is missing or unknown please substitute a 9. For example, a female client known to you only as Jane will become AN 999	
Do not count hyphens, apostrophes, blank spaces or any other such characters as a letter of the alphabet.	
Letters of given name	
Letters of family name  2nd 3rd  2nd 3rd  5th	
Client's sex	
Male 1 Female 2 Other 3	
Date of birth	
Complete date of birth as best as you can. For the day, month and year of birth please write one of the following letters in each of the boxes provided  - A if details are accurate  - E if details are estimated  - U if details are unknown	
Date of birth Date of birth Date of birth	
Accuracy of date of birth (A,E,U)  Day  Month  Year	lf 'Oth
Presenting Unit ID	
The Presenting Unit ID is the <b>Support Period ID</b> of the presenting unit head.	
The presenting unit head is the spokesperson within the presenting unit and identified by their relationship to the client.  If children (under 18) are present, the presenting unit head is the parent/	
guardian representing the child(ren); Or if there is no parent/guardian, the most direct relationship to the child(ren), e.g. sibling, is considered the spokesperson of the presenting unit.	2 How r unit?
Presenting Unit ID	

Cross one circle only	
Self	
Spouse / partner	$\bigcirc$
Parent / guardian	$\bigcirc$
Child	$\bigcirc$
Step child	$\bigcirc$
Foster child	$\bigcirc$
Sibling	$\bigcirc$
Aunt or uncle	$\bigcirc$
Niece or nephew	$\bigcirc$
Grandparent	$\bigcirc$
Grandchild	$\bigcirc$
Other relative	$\bigcirc$
Unrelated person	$\bigcirc$
Unrelated flatmate or co-tenant	$\bigcirc$
Other relationship	$\bigcirc$
Don't know	$\bigcirc$
If 'Other relationship' please specify	

3	Is the client of Aboriginal or Torres Strait	l Islande	r origin?		as the clier sue by a h								hea	lth
	Cross one circle only			ps	sychologis	t or doo	tor)?				_			
	Aboriginal, but not Torres Strait Islan	der origin	<u> </u>		Cross one ci	ircle only	<u>/</u>					Yes		1
	Torres Strait Islander, but not Aborigi	inal origin	<u> </u>											
	Both Aboriginal and Torres Strait Islan	der origin	<u></u> 3									No		2 99
	Neither Aboriginal nor Torres Strait Islan	der origin	<u> </u>		Don't know									
	D	on't know	99							INOL	t applic	zable		0
	Not a	applicable	<u> </u>		/hat time po ssistance fo							vices	or	
4	If the client is under the age of 18 and ha	s a care	or	(	Cross one ci	ircle only	/							
	protection order, what were their care an	rangeme	nts?				С	urren	tly red	ceivii	ng serv	vices	$\bigcirc$	1
	Cross one circle only in each column					Recei	ved ser	vices i	in the	last	12 mc	onths		2
		Week before	When presenting		R	eceived s	services	more	than	12 r	nonths	s ago		3
	Residential care	$\bigcirc$	<u> </u>			Receiv	ed servi	ces no	o time	efran	ne repo	orted		4
	Family group home	$\bigcirc$	<u> </u>					No se	ervice	es ev	er rece	eived		5
	Relatives/kin/friends who are reimbursed	$\bigcirc$	<u> </u>								Don't k	know		99
	Foster care	$\bigcirc$	<u> </u>							Not	t applic	cable		0
	Other home-based care (reimbursed)	$\bigcirc$	<u> </u>											
	Relatives/kin/friends who are not reimbursed	$\bigcirc$	<u> </u>		las there an									nal,
	Independent living	$\bigcirc$	7	-	Cross one ci			15 a 11	Helli	ai iii	Cailli	issu	7 [	
	Other living arrangements	$\bigcirc$	8				<u> </u>			Age	ncy wo	orker	$\bigcirc$	1
	Parents	$\bigcirc$	<u> </u>						Hea	_	rofessi			2
	Don't know	$\circ$	99					Non			ent ag			3
	Not applicable	$\bigcirc$	<u> </u>								ends/ca			4
											elf-ident			5
5	Has the client been in any of the followin institutions in the last 12 months?	g faciliti	es/									Other		6
	Cross as many boxes as apply					No in	formation	on indi	icatin	a me				7
	Harried (analysis are a									_	t applic			0
	Hospital (excluding ps		<u></u> 1										—	
	Psychiatric hos	y support		9 W	/hat is the o	client's	countr	y of	birth	?				
		abilitation	3 4	(	Cross one ci	ircle only	/							
	Adult correction		<del>-</del> 5								Aust	tralia	0	1101
	Youth/juvenile justice correction		5 6								her cou	·	$\bigcirc$	
	Immigration detention		☐ 7								Don't k		_	0000
	· ·	nstitution	88	If	'Other coun	itry' plea	se spec	cify		Not	t applic	cable	$\cup$	9999
		on't know	99											
		pplicable	o											
														ш

10	What year did the client first arrive in Australia?	13 What was the client's source of formal referral to this agency?
	Enter year of arrival OR don't know OR not applicable	Cross one circle only
	Don't know 9999	Specialist Homelessness Agency/outreach worker
	Not applicable 0000	Family and domestic violence service (non SHS) 22
		Telephone/crisis referral agency 2
11	Does the client speak a language other than English at home?	Centrelink or employment services case worker 3
	Cross one circle only	Child protection agency 4
	No, English only 1201	Family and child support agency 5
	Yes, Other language	Hospital 6
	Not stated 00002	Mental health service 7
	If 'Other language' please specify	Disability support service 8
		Drug and alcohol service 9
		Aged care service 10
		Social housing 11
40	Deep the alient consider that they appel English, your	Youth or juvenile justice correctional centre 12
12	Does the client consider that they speak English: very well, well, not well or not at all?	Adult correctional facility 13
	Cross one circle only	Legal unit (including Legal Aid) 14
	Ventural 4	School/other education institution 15
	Very well 1	Police 16
	Well ( 2	Courts 17
	Not well 3	Immigration department or asylum seeker/ refugee support service 18
	Not at all 4	Other agency (government or non-government) 19
	Don't know 99	Family and/or friends 20
	Not applicable 0	Other 21
		No formal referral 88
		Don't know 99

14	What reasons does the client report for seekin assistance?	g		16		tne cii enting							1ess	ber	ore		
	Cross as many boxes as apply				Cros	ss as n	nany	boxe	s as	apply	•						
	Financial difficulties		1			01								In la		In las mon	
	Housing affordability stress (e.g. rent too high)		2			Si	ieepin	ig rou	ıgn c	or in no a	n-con						1
	Housing crisis (e.g. eviction)		3			Short-	term (			ency a a lack (							2
	Inadequate or inappropriate dwelling conditions		4								Not h	nomel	ess				3
	Previous accommodation ended		5								Do	on't kr	now				99
	Time out from family/other situation		6	1		s 17											e
	Relationship/family breakdown		7	to li							,						
	Sexual abuse		8	17		long nanen					the c	lient	last	had	а		
	Domestic and family violence		9		Cros	ss one	circl	e onl	ly								
	Non-family violence		10									ss tha			Ŭ	0	1
	Mental health issues		11						More	than		eek to			Ŭ	_	2
	Medical issues		12							re tha					Ū	_	
	Problematic drug or substance use		13						N	∕lore th	an 1 y	/ear, t	to 5 y	ears	ago	$\bigcirc$	5
	Problematic alcohol use		14								Мо	re tha		ears on't k	_	_	
	Employment difficulties		15									ı		pplica			
	Unemployment		16	18		t was						ty na					
	Problematic gambling		17		last I	nad a	pern	nane	nt p	lace	to liv	e?					$\neg$
	Transition from custodial arrangements		18				<u> </u>										$\dashv$
	Transition from foster care/child safety residential placements		19														
	Transition from other care arrangements		20	19	last l	t was	pern	nane	nt p				ent				
	Discrimination including racial and sexual discrimination		21		Cros	ss one	circle			stated/	inadeo	guatel	 v des	scribe	ed (	oc	)99
	Itinerant		22									•		ıknow		) oc	98
	Unable to return home due to environmental reasons		23									No	t app	licab	le (	) 00	97
	Disengagement with school or other education and training		24														
	Lack of family and/or community support		25	20		t was rmane					ory w	/here	the	clie	nt la	st ha	d
	Other		26		Cros	ss one	circle	e onl	y								
	Don't know		99									New	/ Sou	ıth W	ales	$\bigcirc$	1
	If 'Other' please specify													Vict	toria	$\bigcirc$	2
													Qu	eensl	land	$\circ$	3
Γ												S	outh	Aust	ralia	$\bigcirc$	4
L												Wes	stern	Aust	ralia	$\circ$	5
													Т	Tasma	ania	$\circ$	6
15	Of these reasons, which does the client report the main reason for seeking assistance?	as be	ing									Nort	thern	Terri	itory	0	7
	Use codes from Question 14									A	ustrali	an Ca	apital	Terri	itory	0	8
													Do	on't k	now	0	99

	estions 21 – 24 refer to the client's most recent	26	What were the living arrangements of the	e client?	•
resi	dential address, where they were living last week		Cross one circle only in each column		
21	Was the client's last permanent address also where they were residing last week?			Week before	When presenting
	Yes 1 <b>GO TO Q25</b>		Lone person	$\bigcirc$	<u> </u>
	No 🔘 2		One parent with child(ren)	$\bigcirc$	<u> </u>
	Don't know 99		Couple with child(ren)	$\bigcirc$	<b>3</b>
22	What was the suburb town/leastity name, where the clien		Couple without child(ren)	$\bigcirc$	<u> </u>
22	What was the suburb/town/locality name, where the clien resided last week?		Other family	$\bigcirc$	<u> </u>
			Group	$\bigcirc$	<u> </u>
			Don't know	$\bigcirc$	<b>99</b>
23	What was the postcode where the client	27	In what type of residence/dwelling did the Cross one circle only in each column	e client	live?
	resided last week?		Cross one circle only in each column		
	Cross one circle only  Not stated/inadequately described 0099			Week before	When presenting
	Unknown 0098		House/townhouse/flat	$\bigcirc$	<u> </u>
	Not applicable 0097		Caravan	$\bigcirc$	<u> </u>
			Tent	$\bigcirc$	<u> </u>
24	What was the State or Territory where the client resided last week?		Cabin	$\bigcirc$	<u> </u>
	Cross one circle only		Boat	$\bigcirc$	<u> </u>
	New South Wales 1		Improvised building/dwelling	$\bigcirc$	<u> </u>
	Victoria 2		No dwelling/street/park/in the open	$\bigcirc$	<b>7</b>
	Queensland 3		Motor vehicle	$\bigcirc$	8
	South Australia 4		Boarding/rooming house	$\bigcirc$	<b>9</b>
	Western Australia 5		Emergency accommodation	$\bigcirc$	<u> </u>
	Tasmania 🔘 6		Hotel/motel/bed and breakfast	$\bigcirc$	<u> </u>
	Northern Territory 7		Hospital (excluding psychiatric)	$\bigcirc$	<u> </u>
	Australian Capital Territory 8		Psychiatric hospital/unit	$\bigcirc$	<u> </u>
	Don't know 99		Disability support	0	<u> </u>
			Rehabilitation	0	<u></u>
25	If the client is aged 18 or over, is the client a current or former Australian Defence Force member (ADF)? This		Adult correctional facility	0	<u> </u>
	does not include non-Australian defence forces, or reservists who have never served full-time in the ADF.		Youth/juvenile justice correctional centre	0	<u> </u>
	Cross one circle only		Boarding school/residential college	0	<u>18</u>
	Yes 1		Aged care facility		<u> </u>
	No () 2		Immigration detention centre		<ul><li>○ 20</li><li>○ 21</li></ul>
	Don't know 99		Other  Don't know		<ul><li>21</li><li>99</li></ul>
	Not applicable 0		Don't know		<u> </u>

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

_	pension or allowance, but awaiting thei  Cross one circle only in each column	- 1	_	•	
				Cross one circle only	
		Week	When	Enrolled and attending school	<u> </u>
		before	presenting	Enrolled in school but not always attending	<u> </u>
	Yes	0	<u> </u>	Enrolled in school but not attending	<u></u> 3
	No	0	<u>2</u>	Enrolled in school but waiting to commence	<u> </u>
	Don't know	0	<u>99</u>	Home schooled	_ 5
	Not applicable	O	<u> </u>	Neither enrolled nor home schooled	<u> </u>
				Don't know	O 99
	Was the client undertaking formal study school, university or vocational studies			Not applicable	<u> </u>
	Cross one circle only in each column				
		Week before	When presenting		
	Yes	$\bigcirc$	<u> </u>		
	No	$\bigcirc$	<u> </u>		
	Don't know	$\bigcirc$	<u> </u>		
	Cross one circle only in each column	Week before	When presenting		
	Preschool student	$\circ$	<u> </u>		
	Primary school student	$\bigcirc$	<u> </u>		
	Secondary school student	$\bigcirc$	<u> </u>		
	University student	$\bigcirc$	<u> </u>		
	Vocational education and training	$\circ$	<u> </u>		
	Other education or training	$\circ$	<u> </u>		
	Other education or training  Don't know	O	<ul><li>6</li><li>99</li></ul>		

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

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

Disability is a general term that covers:

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

Does the client need help/supervision with self-care (e.g. showering or bathing, dressing or undressing, toileting, eating food)?	<u>3</u> <u>4</u> <u>99</u>
Does the client need help/supervision with mobility (e.g. moving around the house, moving around outside the home, getting in or out of a chair)?	<u>3</u> 4 99
Co) In the communication (e.g. understanding or being understood by other people, including people they know)?	<u>3</u> <u>4</u> <u>99</u>

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

Cross one circle only			
	Yes	$\circ$	1
	No	O 2	2
Do	n't know	O 9	99

## NOTE

This following section of the form relates to service provided during this collection month and the client's status at the end of the collection month or support period.

First day of service provided to client in this collection month

D	D		M	M		Υ	Υ	Υ	Υ
		/			/				

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

Yes - ongoing support 1

No - support ended during this collection month 2

No - support ended during previous collection month 3

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		М	М		Υ	Υ	Υ	Υ
		/			/				

#### **HOW TO USE THIS SECTION:**

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

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

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

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

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

Complete the reason the support period ended

**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.

Services and Assistance		Needs	Provided	Referral
Cross as many boxes as a	oply	identified	Trovided	Arranged
	Short term or emergency accommodation			1
Housing / Accommodation	Medium term/transitional housing			2
	Long-term housing			3
	Assistance to sustain tenancy or prevent tenancy failure or eviction			4
	Assistance to prevent foreclosures or for mortgage arrears			5
Family / domestic violence	Assistance for family/domestic violence – victim support services			
runny ruomesao violence	Assistance for family/domestic violence – perpetrator support services			
	Appartius quitropoli for rough algebras			
General assistance and sup	Assistance to obtain/maintain government allowance			7
	Employment assistance			8
	Training assistance			□ 9
	Educational assistance			10
	Financial information			
	Material aid/brokerage Assistance for incest/sexual assault			12
				13
	Family/relationship assistance			15
	Assistance for trauma			<u> </u>
	Assistance with challenging social/behavioural problems			17
	Living skills/personal development			18
	Legal information			<u> </u>
	Court support			20
	Advice/Information			21
	Retrieval/storage/removal of personal belongings			22
	Advocacy/liaison on behalf of client			23
	School liaison			24
	Child care			25
	Structured play/skills development			26
	Child contact and residence arrangements			27
	Meals			28
	Laundry/Shower facilities			29
	Recreation			30
	Transport			31
	Other basic assistance			32
Specialised Services	Child protection services			33
	Parenting skills education			34
	Child specific specialist counselling services			35
	Psychological services			36
	Psychiatric services			37
	Mental health services			38
	Pregnancy assistance			39
	Family planning support			40
	Physical disability services			41
	Intellectual disability services			42
	Health/medical services	Ц		43
	Professional legal services	Ц		44
	Financial advice and counselling			45
	Counselling for problem gambling			46
	Drug/alcohol counselling			47
	Specialist counselling services			48
	Interpreter services			49
	Assistances with immigration services			50
	Culturally specific services			51
	Assistance to connect culturally			52
	Other specialised services			53

2	If ac	ccoi	mr	nod	ati	on v	vas <sub> </sub>	orov	ided	d ple	ease	rec	ord 1	the o	date	(s) fo	or ea	ich t	уре	of a	ссо	mme	odat	ion	pro۱	/ide	d					
	Red	cord	lo	nly c	ne	type	line e of a e rec	ccor	nmo	datio	on fo	r eac								vn a:	s be	ing iı	ı two	typ:	es o	f acc	omm	noda	tion	on th	е	
	Sho	ort te	err	n or	em	erge	ency	acco	mme	odat	ion																					
	Nig	hts	of	асс	omi	mod	ation																									
	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
	٧	Vhole	e n	nont	า					,	,	,							,	,									,			,
	Me	diun	n te	erm/	tra	nsiti	onal	acco	mme	odati	ion																					
	Nig	hts	of	acc	omi	mod	ation																									
	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
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<b>3</b> C	1 V I	CE	:/ C	153	) I G	ota					3 C	, OII	CC	LIO			1111	<u>'-</u>														
3	What was the type and amount (total dollars for collection month) of financial assistance provided to the client (including vouchers)?												ne	4												a ca inge						
	_		-				man			hv		7						С	ross	one	circ	le on	ly									
		case		OHI	760	c as	man	y as	аррі	У																	Resi	dent	ial ca	re	0	1
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						(	Other	pay	ment	1	<u> </u>		J <b>,</b> L															F	Paren	its	$\bigcirc$	9
																												Don	't kno	w	$\bigcirc$	99
																											No	t app	olicab	le	$\bigcirc$	0

5	Was there a case management plan for th	e client	:?	9 What were the living arrangements of the client?	?
	Cross one circle only			Cross one circle only	
		Yes	<u> </u>	Lone person	<u> </u>
		No	<u> </u>	One parent with child(ren)	<u> </u>
				Couple with child(ren)	<u> </u>
				Couple without child(ren)	<u> </u>
6	What is the reason that no current case makes plan existed for this client?	nanager	ment	Other family	
	Cross one circle only			Group	<b>6</b>
	Client did not agree	e to one	<u> </u>	Don't know	99
	Service episode to		○ ¹		Ü
			-		
	Part of another person's case managem		<b>3</b>	10 In what type of residence/dwelling did the client	live?
		Other	8	Cross one circle only	
	Not ap	plicable	<u> </u>	House/townhouse/flat	1
	If 'Other' please specify			Caravan	<u> </u>
				Tent	3
				Cabin	<u> </u>
				Boat	_ 5
				Improvised building/dwelling	<u> </u>
7				No dwelling/street/park/in the open	<u> </u>
′	To what extent were the client's case mar goals achieved?	nageme	nt plan	Motor vehicle	<b>O</b> 8
	Cross one circle only			Boarding/rooming house	<u> </u>
	N	Not at all	<u> </u>	Emergency accommodation	<u> </u>
	U	p to half	<u> </u>	Hotel/motel/bed and breakfast	
	Half	or more	<u> </u>	Hospital (excluding psychiatric)	<u> </u>
		All	<u> </u>	Psychiatric hospital/unit	13
	No case managem	ent plan	<u> </u>	Disability support	14
				Rehabilitation	<u> </u>
				Adult correctional facility	<u> </u>
8	Has the client had an episode of homeles month?	sness i	n the last	Youth/juvenile justice correctional centre	<u> </u>
	Cross as many boxes as apply			Boarding school/residential college	<u> </u>
	Sleeping rough or in non-conventional accomm	nodation	1	Aged care facility	<u> </u>
	Short-term or emergency accommodation, due to a other	a lack of options	2	Immigration detention centre	20
	Not ho	omeless	3	Other	21
	Dor	n't know	99	Don't know	99

1 Which of the following best describes the client's  Cross one circle only	tenurer	13	If the client is aged 15 or over, what was their labor force status?	ui
•	$\bigcirc$ 1		Cross one circle only	
Renter – private housing			Employed	<u> </u>
Renter – public housing	<u> </u>		Unemployed	<u> </u>
Renter – community housing	<u> </u>		Not in the labour force	<b>3</b>
Renter – transitional housing	<u> </u>		Don't know	O 99
Renter – caravan park	<u> </u>		Not applicable	O 0
Renter – boarding/rooming house	<u> </u>			
Renter – emergency accommodation/night shelter/ women's refuge/youth shelter	○ 7	14	If the client is aged 15 or over, what was their employment (full/part time) status of the client?	
Other renter	8		Cross one circle only	
Rent free – private housing	<u> </u>			
Rent free – public housing	<u> </u>		Full time	<u> </u>
Rent free – community housing			Part time	<u> </u>
Rent free – transitional housing	<u> </u>		Don't know	O 99
Rent free – caravan park	<u> </u>		Not applicable	O
Rent free – boarding/rooming house	<u> </u>			
Rent free – emergency accommodation/night shelter/ women's refuge/youth shelter	<u> </u>			_
Other rent free	O 16	15	Which of the following best describes the client's source of income?	main
Life tenure scheme	O 17		Cross one circle only	
Owner – shared equity or rent/buy scheme	<u> </u>		Government pensions Newstart allowance	<u> </u>
Owner – being purchased or with mortgage	<u> </u>		and allowances Parenting payment	<u> </u>
Owner – fully owned	<u> </u>		Disability support pension (Centrelink)	<u> </u>
Other tenure not elsewhere classified	<u> </u>		Youth allowance	<u> </u>
No tenure	<u>22</u>		Age pension	<u> </u>
Don't know	99		Austudy/ABSTUDY	<u> </u>
	Ū		DVA pension or payment	<u> </u>
2 What were the conditions of occupancy for the cli	ient's		Sickness allowance	① 10
dwelling?				<u> </u>
Cross one circle only			Carer allowance	<u> </u>
Leased tenure – nominated on lease	<u> </u>		Carer payment	<u> </u>
Lease in place – not nominated on lease	<u> </u>		Other government pensions and allowances (not elsewhere classified)	<u> </u>
Couch Surfer	<u> </u>		Other sources Employee income of income	<u> </u>
Boarder	<u> </u>		Unincorporated business income	<u> </u>
Living with relative fee free	<u> </u>		Other income (not elsewhere classified)	<u> </u>
Other			Nil income	17
Don't know			Don't know	O 99
	○ 99			
Not applicable	O 0			

	Cross one circle only Yes	<u> </u>	19 What was the reason the support period ended?	
	No	<u> </u>	Cross one circle only	
	Don't know	<ul><li>99</li></ul>	Client referred to another specialist homelessness agency	<u> </u>
		O 0	Client referred to a mainstream agency	<ul><li>○ ¹</li><li>○ 2</li></ul>
	Not applicable	0	Client's immediate needs met/case management goals	$\bigcirc 2$
			achieved	$\bigcirc$ 3 $\bigcirc$ 4
			Maximum service period reached	_
17	Was the client undertaking formal study or training	g?	Service withdrawn from client and no referral made	<b>5</b>
	Cross one circle only		Client no longer requested assistance	<ul><li>○ 6</li><li>○ 7</li></ul>
	Yes	<u> </u>	Client did not turn up	
	No	<u>2</u>	Lost contact with client	8
	Don't know	<b>99</b>	Client institutionalised	O 9
			Client incarcerated	<u> </u>
			Client died	<u> </u>
18	What is the type of education/training the client w	as	Other	<u> </u>
	enrolled in?		Don't know	99
	Cross one circle only  Preschool student	$\bigcirc$ 4		
		○ 1	NOTE	
	Primary school student	<ul><li>○ 2</li><li>○ 3</li></ul>	Please ensure you have	
	Secondary school student  University student		answered all questions o	
		<b>4</b>	page 9 of this form befor	
	Vocational education and training	<u> </u>	submitting.	
	Other education or training	<u> </u>	oubinitarig.	
	Don't know	<b>99</b>		
	Not applicable	<u> </u>		