



Australian Government

Australian Institute of Health and Welfare

### CLIENT FORM

Form Version 8

Support Period ID

Specialist Homelessness Services collection

Agency ID

Collection month

Date assistance requested

Date support period commenced

Is the client new to this agency?

Yes  1 No  2 Not sure  3

### Client's alpha code

The alpha code consists of the 2nd and 3rd letters of the client's given name, and the 2nd, 3rd and 5th letters of the client's family name. Where a name is not long enough please fill in any remaining squares with a 2.

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

Where part of the name is missing or unknown please substitute a 9.

For example, a female client known to you only as Jane will become AN 999

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

### Client's sex

Cross one circle only

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 input fields for Day, Month, and Year.

Accuracy of date of birth (A,E,U) input fields for Day, Month, and Year.

### Presenting Unit ID

The Presenting Unit ID is the Support Period ID of the presenting unit head. The presenting unit head is the spokesperson within the presenting unit and identified by their relationship to the client.

Presenting Unit ID input field.

### 1 What is the client's relationship to the presenting unit head?

Cross one circle only

- Self
Spouse / partner
Parent / guardian
Child
Step child
Foster child
Sibling
Aunt or uncle
Niece or nephew
Grandparent
Grandchild
Other relative
Unrelated person
Unrelated flatmate or co-tenant
Other relationship
Don't know

If 'Other relationship' please specify

Input field for specifying other relationship.

Input field for specifying other relationship.

### 2 How many people are there in the presenting unit?

Input field for number of people in the presenting unit.

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

**Cross one circle only**

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

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

**Cross one circle only in each column**

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

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

**Cross as many boxes as apply**

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

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

**Cross one circle only**

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

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

**Cross one circle only**

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

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

**Cross one circle only**

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

**9 What is the client's country of birth?**

**Cross one circle only**

- Australia  1101
- Other country
- Don't know  0000
- Not applicable  9999

**If 'Other country' please specify**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--







**28 Which of the following best describes the client's tenure?**

**Cross one circle only in each column**

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

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

**Cross one circle only in each column**

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

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

**Cross one circle only in each column**

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

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

**Cross one circle only in each column**

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

**32 Which of the following best describes the client's main source of income?**

**Cross one circle only in each column**

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

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

**Cross one circle only in each column**

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

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

**Cross one circle only in each column**

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

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

**Cross one circle only in each column**

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

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

**Cross one circle only**

- Enrolled and attending school  1
- Enrolled in school but not always attending  2
- Enrolled in school but not attending  3
- Enrolled in school but waiting to commence  4
- Home schooled  5
- Neither enrolled nor home schooled  6
- Don't know  99
- Not applicable  0

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

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

Disability is a general term that covers:

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

37		Always/sometimes need help and/or supervision	Have difficulty, but don't need help/supervision	Don't have difficulty, but use aids/equipment	Have no difficulty	Don't know	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>Cross one circle only in each row</b></div>							
37	<b>(a)</b> Self-care	Does the client need help/supervision with self-care (e.g. showering or bathing, dressing or undressing, toileting, eating food)?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 99
	<b>(b)</b> Mobility	Does the client need help/supervision with mobility (e.g. moving around the house, moving around outside the home, getting in or out of a chair)?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 99
	<b>(c)</b> Communication	Does the client need help/supervision with communication (e.g. understanding or being understood by other people, including people they know)?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 99

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

**Cross one circle only**

- Yes  1
- No  2
- Don't know  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.***

**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'*

First day of service provided to client in this collection month

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Last day of service provided to client in this collection month

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## HOW TO USE THIS SECTION:

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

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

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

- Complete information about the client's situation on 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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<b>Housing / Accommodation</b>	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	
<b>Family / domestic violence</b>	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	
<b>General assistance and support</b>	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	
	<b>Specialised Services</b>	Child protection services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33
		Parenting skills education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34
		Child specific specialist counselling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35
		Psychological services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36
		Psychiatric services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37
		Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38
Pregnancy assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39	
Family planning support		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40	
Physical disability services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41	
Intellectual disability services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42	
Health/medical services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	
Professional legal services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44	
Financial advice and counselling		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45	
Counselling for problem gambling		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46	
Drug/alcohol counselling		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	
Specialist counselling services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48	
Interpreter services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49	
Assistances with immigration services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	
Culturally specific services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51	
Assistance to connect culturally		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52	
Other specialised services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53	

**2 If accommodation was provided please record the date(s) for each type of accommodation provided**

*Please cross or put a line through all nights the client was accommodated for.  
Record only one type of accommodation for each night. If a client is marked down as being in two types of accommodation on the same date, this will be recorded as an error.*

**Short term or emergency accommodation**

**Nights of accommodation**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Whole month

**Medium term/transitional accommodation**

**Nights of accommodation**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Whole month

**Long term accommodation**

**Nights of accommodation**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Whole month

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

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

*Please complete as many as apply*

Total (dollars)

Payment for short term or emergency accommodation \$   ,

Payment for establishing/maintaining a tenancy \$   ,

Payment for training/education/employment \$   ,

Payment for accessing external specialist services \$   ,

Other payment \$   ,

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

*Cross one circle only*

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



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

*Cross one circle only*

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

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

*Cross one circle only*

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

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

*Cross one circle only*

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

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

*Cross one circle only*

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

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

*Cross one circle only*

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

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

*Cross one circle only*

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

**17** Was the client undertaking formal study or training?

*Cross one circle only*

- Yes  1  
No  2  
Don't know  99

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

*Cross one circle only*

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

***If the Support Period has finished please answer the question below***

**19** What was the reason the support period ended?

*Cross one circle only*

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

***NOTE***

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