CLIENT FORM	AGENCY NUMBER	
JULY 2000 – JUNE 2001	SUPPORT PERIOD Date commenced	D D M M Y Y Y Y
	Date finished	
	SUPPORT PERIOD NOT ENDED BY	
٦	31 December 2000	Yes 1
	30 June 2001	Yes 1
	CONSENT OBTAINED	Yes 1 No 2
	ALPHA CODE	
		2ND & 3RD 1ST & 2ND LAST LETTER M/F FOR MALE LETTERS OF LETTERS OF OF SURNAME OR FEMALE FIRST NAME SURNAME
	YEAR OF BIRTH	THE THIRD SOURCE

CHANGES TO THE CLIENT FORM

The 2000 – 2001 Client Collection commences on 1 July 2000. A number of additions and changes have been made to the new Client Form.

- The order of questions and placement of questions on the form. Additions and changes are explained fully in the *Supplementary Collectors Manual*.
- Part B—Accompanying Children section includes all questions related to children assisted at 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 2000 for clients who are ongoing at 30 June 2000, check the *Supplementary Collectors Manual* for instructions about answering questions that have been changed and added to the form.

Prior to 1 July please read the *Supplementary Collectors Manual* 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 Saturday 1 July 2000. 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.

1.	Source of referral/information		4. Country of birth of client
	please tick one box only		Australia 1
	self	13	other (please specify) 2
	family	14	
	friends	15	5. Does the client identify as being of Aboriginal or
	school/other educational institution	2	Torres Strait Islander origin?
	community services department	3	no 1
	police/legal unit	4	yes, Aboriginal person 2
	prison/correction institution	5	yes, Torres Strait Islander person 3
	hospital/health/medical services	6	yes, both 4
	psychiatric unit	7	6. What language does the client mainly speak?
	telephone/crisis referral agency	8	What unguage does the cuent mainly speak.
	SAAP agency/worker	9	English 1
	other government department	10	other (please specify) 2
	other non-government organisation	11	7. How well does the client speak English?
	other (please specify)	999	_
	don't know/no information	o	very well 1
2.	Parana(a) receiving assistance		well 2 not well 3
2.	Person(s) receiving assistance please tick one box only		not at all 4
	WITH child(ren)		
	person with child(ren)	3	8. Cultural identity of the client?
	couple with child(ren)	3 4	(please specify)
	WITHOUT child(ren)		2. Labour force status before and after support period
	person alone or with unrelated person(s)		please tick one box only in each column Before After
	couple without child(ren) other (please specify)	999	employed full time 1
	other (prease specify)		employed part time 2
<i>3</i> .	Gender of client		
	female	1	employed casual 3
	male	2	unemployed (looking for work) 4
IF (CONSENT NOT OBTAINED PLEASE GO TO		not in labour force (see manual) 5
	ESTION 21		don't know /no information 0

10. Main income source before and after support period	12. Presenting reasons for seeking assistance
please tick one box only in each column Before After	please tick as many circles as apply
	usual accommodation unavailable 0 19
No Income	eviction/previous accommodation ended/
no income 1	asked to leave 0 9 time out from family/other situation 2
registered/awaiting benefit 2	relationship/family breakdown 3
Government Payments	interpersonal conflict 4
newstart allowance 4	physical/emotional abuse 0 5
youth allowance - independent at home 24	domestic violence 0 6
youth allowance - independent not at home 25	sexual abuse 7
youth allowance - dependent at home 26	financial difficulty 0 8 drug/alcohol/substance abuse 0 10
youth allowance - dependent not at home 27	gambling 20
austudy for students 25 years of age and over 28	emergency accommodation ended 11
austudy for students 20 years or age and over	recently left institution 0 12
community development ampleyment program 0	psychiatric illness 0 13
community development employment program 8	recent arrival to area with no means of support 0 14
austudy/abstudy (standard rate) 9	itinerant (moving from place to place) 15
austudy/abstudy (independent rate) 10	other (please specify) 0999
austudy/abstudy (homeless rate) 11	other (please specify) 0998
disability support pension 12	don't know/no information 0
age pension 13	13. Main presenting reason for seeking assistance
parenting payment (sole parent pension) 14	Please write the appropriate code number from Question 12
special benefit 15	
sickness allowance 16	
partner allowance 17	14. Current period of unsafe, insecure or inadequate
DVA support pension 29	housing (i.e. homelessness) at imminent risk 888
DVA disability pension 30	less than one week 1
any other benefit or pension 18	1 week - 1 month 2
Other Income	1-3 months 3
workcover/compensation 19	3-6 months 4
maintenance/child support 20	6-12 months 5
wages/salary/own business 21	1-2 years 6
	2-5 years 7
spouse/partner's income 22	more than 5 years 8
other (please specify) 999	don't know/no information 0
don't know/no information 0	15. Location before the period of unsafe, insecure
	or inadequate housing in question 14
11.) Student status before and after support period	(i.e. homelessness or at imminent risk)
please tick one box only in each column Before After	state
not a student 1	
primary/secondary school student 2	suburb/town
post-secondary student/employment training 3	
don't know/no information 0	postcode
	overseas 999
	don't know/no information 0

16. Type of housing/accommodation immedi before and after this support period	iately	18. Was the client involved in any legal processes before or after support period?
please tick one box only in each column	Before After	please tick as many circles as apply Before After
SAAP/CAP FUNDED ACCOMMODATION		no () 1 ()
crisis/short-term accommodation	1 🔲 1	protection or guardianship order
medium/long term accommodation	2	(including wardship or equivalent) 2
hoste	3	intervention/protection/restraining order/
motel/hote	I 4	apprehended violence order (as a result of
community placemen	t 5	violence perpetrated <u>AGAINST</u> the CLIENT) 3
other SAAP/CAP funded accommodation	6	intervention/nucteation/reatroining and an
NON-SAAP HOUSING ACCOMMODATION		intervention/protection/restraining order apprehended violence order (as a result of
non-SAAP emergency accommodation	7	violence perpetrated BY the CLIENT) 6
living rent-free in house or fla	t 8	other legal processes 999
renting independently in the private rental marke	t 9 0	
renting a public housing dwelling	10	don't know/no information 0 0
renting community housing	11 📗	19. Has a case management/support plan been agreed
renting a caravar	12	to during the support period?
rooming house/hostel/hote	13	yes 1 go to question 20
boarding in a private home	9 14	no 2 go to question 21
purchasing or living in own home	15	not appropriate 3 go to question 21
living in a car/tent/park/street/square	t 16	
other non-SAAP housing/accommodation	17 <u> </u>	20. To what extent have the client's case management
INSTITUTIONAL SETTING		goals been achieved?
hospital/psychiatric institution	18	not at all 1
prison/youth training centre	9 19	some 2
other government residential arrangement	t 20	most 3
detoxification unit/rehabilitation centre	21	all 4
other institutional setting	22	not applicable/appropriate 5
don't know/no information	0	
17. Who was the client living with immediate 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 paren	t 🔲 3 📗	
with a foster family	4	
with relative(s) - temporary	5	
with relative(s) - long term	6	
with spouse/partne	7	
with spouse/partner and child(ren	8 🗍	
alone with child(ren		
with friend(s) - temporary		
with friend(s) - long term		
living with other unrelated persons		
other (please specify)	999	
don't know/no information		

2	I. Was SAAP/CAP accomm	nodation provided?	22. Support to client					
	No go to question 2 Yes please provide t	2 ypes and dates of	please tick as many circles as apply	Needed	Provided	Referral Arranged	No provi	ided
		ported accommodation	SAAP/CAP accommodation	\bigcirc				1
	provided to the	client	assistance to obtain/maintain short-term accommodation					39
1.	Type of accommodation please tick one box only	Dates of accommodation please complete all boxes	assistance to obtain/maintain independent housing		0	0		42
	on-site off-site Crisis/short term 1 4	D D M M Y Y Y Y Start	assistance to obtain/maintain benefit/pension/ other government allowance	0	0	0		37
	Medium/long term 2 5 Other SAAP 3 6	Finish	employment and training assistance		\circ		0	5
			financial assistance/material aid	\bigcirc	\bigcirc	\bigcirc	0	6
2	Type of accommodation	Dates of accommodation	financial counselling and support	\bigcirc	\bigcirc	\bigcirc	0	7
۷.	please tick one box only	please complete all boxes	incest/sexual assault counselling and support	\circ		\circ		8
	on-site off-site	D D M M Y Y Y Y	domestic violence counselling					
	Crisis/short term 1 4	Start Start	and support family/relationship counselling		0	\circ	0	9
	Medium/long term 2 5 Other SAAP 3 6	Finish	and support emotional support/	0	0	0	0	10
			other counselling	\bigcirc	\bigcirc	\bigcirc	0	11
3.	Type of accommodation	Dates of accommodation	psychological services	\bigcirc	\bigcirc	\bigcirc	0	12
	please tick one box only	please complete all boxes	psychiatric services	\bigcirc	\bigcirc	\bigcirc	0	13
	on-site off-site	D D M M Y Y Y Y	living skills/personal development		0			14
	Crisis/short term 1 4	Start	pregnancy support		\circ	\circ	0	33
	Medium/long term 2 5	Finish	family planning support				0	34
	Other SAAP 3 6		drug/alcohol support or intervention	\circ		\circ		16
1	Type of accommodation	Dates of accommodation	physical disability services		\bigcirc	\bigcirc	0	17
4.	Type of accommodation please tick one box only	please complete all boxes	intellectual disability services	0	\bigcirc	\bigcirc	0	18
	on-site off-site	D D M M Y Y Y Y	culturally appropriate support	\bigcirc	\bigcirc	\bigcirc	0	19
			interpreter services	\bigcirc	\bigcirc	\bigcirc	0	20
		Start	meals	\bigcirc	\bigcirc	\bigcirc	0	21
	Medium/long term 2 5	Finish	laundry/shower facilities	\bigcirc	\bigcirc	\bigcirc	0	22
	Other SAAP 3 6		recreation	\bigcirc	\circ	\bigcirc	0	23
			transport	\bigcirc	\circ	\bigcirc	0	24
5.	Type of accommodation	Dates of accommodation	assistance with legal issues/					
	please tick one box only	please complete all boxes	court support	0	0	0	0	25
	on-site off-site	D D M M Y Y Y Y	health/medical services	0	0	0	0	26
	Crisis/short term 1 4	Start Start	advice/information	0	0	0	0	27
	Medium/long term 2 5	Finish	brokerage services	\circ	\circ	\circ	\circ	28
	Other SAAP 3 6		retrieval/storage/removal of personal belongings	0	\circ	\circ	0	29
			advocacy/liaison on behalf of client	\circ	\circ	0	\bigcirc	30
			assistance with problem gambling	\circ	0	0	0	36
			assistance with immigration issues	\bigcirc	0	0	0	38
			other (please specify)					999

PART B—ACCOMPANYING CHILDREN

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

23. Does this client have children rep (children should be recorded on only				,	for this p	eriod of s	upport?		
please tick one box only Yes, child(ren) recorded on this form	1 No	, child(ren) record	ed on 'oth	her adults'	form 2	not appl	icable [3
24.	ALP 2ND & 3RD 1ST & LETTERS LETT OF FIRST C	TERS LET	AST M/F FOR TITTER MALE OR NAME FEMALE	2ND & 3RD LETTERS OF FIRST NAME	LETTERS LE OF SURNAME SUR	AST M/F FOR TITER MALE OF OR INAME FEMALE		ERS LETTE F OF	M/F FOR ER MALE OR
25. Country of birth of the child(ren) assisted	other (plea				Austra	cify)	other (plea	Australia se specif	
26. Number of homes the assisted child(ren) has lived in (for periods greater than one week and excluding holidays) in the year before the child was assisted		hom	nes 📗		hon	nes		home	s
27. Age of child(ren) assisted	13	0-4 ye 5-12 ye 3-15 ye 6-17 ye	ars		0-4 ye 5-12 ye 13-15 ye 16-17 ye	ars 2	5. 13	0-4 years -12 years -15 years -17 years	s
28. Gender of child(ren) assisted	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	fem m	ale 1 ale 2		fem m	ale 1		female male	-
29. Support to child(ren) assisted please tick as many circles as apply	Needed Provided	Referral Arranged	Not provided or referred	Needed Pro	vided Referral Arranged	Not provided or referred	Needed Provided		Not provided or referred
SAAP/CAP accommodation help with behavioural problems sexual/physical abuse counselling/support child care liaison with kindergarten/school access arrangements		000000	9 1 2 3 4 5			9 1 2 3 4 5	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0	912345
culturally sensitive services meals showers/hygiene support recreation transport advice/information		000000	10111213141516			 10 11 12 13 14 15 16 		0 0 0 0 0 0	10111213141516
brokerage services skills education advocacy health/medical services general counselling/support	0 0 0 0 0 0	0 0 0	17181920			17181920	0 0 0 0 0 0		17181920
other (please specify) other (please specify)	0 0	0	999998	_		999998	0 0	0	999998

CHILD 4			
OI IILD 4	CHILD 5	CHILD 6	CHILD 7
ALPHA CODE	ALPHA CODE	ALPHA CODE	ALPHA CODE
2ND & 3RD 1ST & 2ND LAST M/F FOR LETTERS LETTERS LETTER MALE	2ND & 3RD 1ST & 2ND LAST M/F FOR LETTERS LETTERS LETTER MALE	2ND & 3RD 1ST & 2ND LAST M/F FOR LETTERS LETTERS LETTER MALE	2ND & 3RD 1ST & 2ND LAST M/F FOR LETTERS LETTERS LETTER MALE
OF FIRST OF OF OR	OF FIRST OF OF OR	OF FIRST OF OF OR	OF FIRST OF OF OR
NAME SURNAME SURNAME FEMALE	NAME SURNAME SURNAME FEMALE	NAME SURNAME SURNAME FEMALE	NAME SURNAME SURNAME FEMALE
YEAR OF BIRTH	YEAR OF BIRTH	YEAR OF BIRTH	YEAR OF BIRTH
Australia 1	Australia 🔃 1	Australia 🔲 1	Australia 1
other (please specify)	other (please specify)	other (please specify)	other (please specify)
2	2	2	2
. —		. —	
homes	homes	homes	homes
0.4	0.4	0.4	0.4
0-4 years 1	0-4 years 1	0-4 years 1	0-4 years 1
5-12 years 2	5-12 years 2	5-12 years 2	5-12 years 2
13-15 years 3	13-15 years 3	13-15 years 3	13-15 years 3
16-17 years 4	16-17 years 4	16-17 years 4	16-17 years 4
female 1	female 1	female 1	female 1
male 2	male 2	male 2	male 2
Needed Provided Referral Not			
	Needed Provided Referral Not	Needed Provided Referral Not	Needed Provided Referral Not
Arranged provided or referred	Needed Provided Referral Not Arranged provided or referred	Needed Provided Referral Not Arranged provided or referred	Needed Provided Referral Not Arranged provided or referred
Arranged provided or referred	Arranged provided or referred	Arranged provided or referred	Arranged provided or referred
Arranged provided or referred	Arranged provided or referred	Arranged provided or referred 9	Arranged provided or referred
Arranged provided or referred 9 1	Arranged provided or referred 9 11	Arranged provided or referred 9 11	Arranged provided or referred 9 1
Arranged provided or referred 9 0 0 1 0 2	Arranged provided or referred 9	Arranged provided or referred 9 0 9 10 0 1	Arranged provided or referred 9 0 0 1 0 2
Arranged provided or referred	Arranged provided or referred 9	Arranged provided or referred 9 0 9 10 0 1	Arranged provided or referred 9 0 0 1 0 2
Arranged provided or referred	Arranged provided or referred 9	Arranged provided or referred 9 0 9 10 0 1	Arranged provided or referred 9 0 0 1 0 2
Arranged provided or referred	Arranged provided or referred 9	Arranged provided or referred 9 0 9 10 0 1	Arranged provided or referred 9
Arranged provided or referred	Arranged provided or referred 9	Arranged provided or referred 9 0 9 10 0 1	Arranged provided or referred 9
Arranged provided or referred	Arranged provided or referred 9	Arranged provided or referred 9 0 9 10 0 1	Arranged provided or referred 9
Arranged provided or referred	Arranged provided or referred 9	Arranged provided or referred 9 0 9 10 0 1	Arranged provided or referred 9
Arranged provided or referred	Arranged provided or referred 9	Arranged provided or referred 9 0 9 10 0 1	Arranged provided or referred 9
Arranged provided or referred	Arranged provided or referred 9	Arranged provided or referred 9 0 9 10 0 1	Arranged provided or referred 9
Arranged provided or referred	Arranged provided or referred 9	Arranged provided or referred 9 0 9 10 0 1	Arranged provided or referred 9
Arranged provided or referred	Arranged provided or referred 9	Arranged provided or referred 9 0 9 10 0 1	Arranged provided or referred 9
Arranged provided or referred	Arranged provided or referred 9	Arranged provided or referred 9 0 9 10 0 1	Arranged provided or referred 9
Arranged provided or referred	Arranged provided or referred 9	Arranged provided or referred 9 0 9 10 0 1	Arranged provided or referred 9
Arranged provided or referred	Arranged provided or referred 9	Arranged provided or referred 9 0 9 10 0 1	Arranged provided or referred 9
Arranged provided or referred	Arranged provided or referred	Arranged provided or referred	Arranged provided or referred
Arranged provided or referred	Arranged provided or referred	Arranged provided or referred	Arranged provided or referred
Arranged provided or referred	Arranged provided or referred 9	Arranged provided or referred 9 0 9 10 0 1	Arranged provided or referred 9

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 2000 AND 31 DECEMBER 2000

- Twice a year (in the first week of July 2000 and in the first week of January 2001), you should notify the NDCA of clients who are still being supported as at 30 June 2000 and 31 December 2000.
- For clients who are ongoing at 30 June 2000, transfer the information from the old 1999–2000 form to the new 2000–2001 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.
- In January 2001, photocopy forms for ongoing clients at 31 December and send the **photocopies** to the NDCA—the original form should be retained in your agency until the client has finished his/her support period. This is described fully on page 34 of the Collector's manual.

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