



# CLIENT FORM

JULY 1999 - JUNE 2000



<b>AGENCY NUMBER</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>SUPPORT PERIOD</b>	D D	M M	Y Y Y Y	
Date commenced	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date finished	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>ONGOING AS AT</b>				
31 December 1999	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2	<i>If client is ongoing, take a photocopy of the form and tick the appropriate box on the photocopy</i>	
30 June 2000	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2		
<b>CONSENT OBTAINED</b>	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2		
<b>ALPHA CODE</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2ND & 3RD LETTERS OF FIRST NAME	1ST & 2ND LETTERS OF SURNAME	LAST LETTER OF SURNAME	M/F FOR MALE OR FEMALE

## 1 SOURCE OF REFERRAL/INFORMATION

*please tick one box only*

- self  13
- family  14
- friends  15
- school/other educational institution  2
- community services department  3
- police/legal unit  4
- prison/correction institution  5
- hospital/health/medical services  6
- psychiatric unit  7
- telephone/crisis referral agency  8
- SAAP agency/worker  9
- other government department  10
- other non-government organisation  11
- no information  0

## 4 NUMBER OF ACCOMPANYING CHILDREN IN EACH AGE GROUP

0-4 years

5-12 years

13-15 years

16-17 years

*(complete a separate client form*

*for each child aged 18 years and over)*

18 years and over

## 5 GENDER OF CLIENT

female  1

male  2

## 6 YEAR OF BIRTH OF CLIENT

## 7 COUNTRY OF BIRTH OF CLIENT

Australia  1

other   2

## 8 DOES THE CLIENT IDENTIFY AS BEING OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?

no  1

yes, Aboriginal person  2

yes, Torres Strait Islander person  3

yes, both  4

## 9 CULTURAL IDENTITY OF CLIENT

Anglo-Australian  1

other   2

## 2 PERSON(S) RECEIVING ASSISTANCE

*please tick one box only*

person alone or with unrelated person(s)  1 go to **5**

couple without child(ren)  2 go to **5**

person with child(ren)  3 go to **4**

couple with child(ren)  4 go to **3**

other   5 go to **3**

## 3 IF THE PERSONS RECEIVING ASSISTANCE INCLUDES TWO OR MORE ADULTS WITH CHILDREN, ARE THE CHILDREN RECORDED ON THIS FORM?

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

*please tick one box only*

yes  1 go to **4**

no  2 go to **5**

not applicable  3 go to **5**



Completed forms will be kept strictly confidential

**10 LABOUR FORCE STATUS BEFORE AND AFTER SUPPORT PERIOD**

*please tick one box only in each column* BEFORE AFTER

employed full time  1

employed part time  2

employed casual  3

unemployed (looking for work)  4

not in labour force (see manual)  5

no information  0

**12 WHAT SUPPLEMENTARY GOVERNMENT PAYMENTS DOES THE CLIENT RECEIVE ?**

*please tick as many circles as apply* BEFORE AFTER

no payments  1

family payment  2

DSS rent assistance (Commonwealth)  3

mortgage/rent relief (State/Territory)  4

proposed Crisis Payment (Commonwealth)  6

other \_\_\_\_\_  5

no information  0

**11 PRIMARY INCOME SOURCE BEFORE AND AFTER SUPPORT PERIOD**

*please tick one box only in each column* BEFORE AFTER

**NO INCOME**

no income  1

registered/awaiting benefit  2

**GOVERNMENT PAYMENTS**

newstart allowance  4

youth allowance-independent at home  24

youth allowance-independent not at home  25

youth allowance-dependent at home  26

youth allowance-dependent not at home  27

austudy for students 25 years of age and over  28

community development employment program  8

austudy/abstudy (standard rate)  9

austudy/abstudy (independent rate)  10

austudy/abstudy (homeless rate)  11

disability support pension  12

age pension  13

parenting payment (sole parent pension)  14

special benefit  15

sickness allowance  16

partner allowance  17

DVA support pension  29

DVA disability pension  30

any other benefit or pension  18

**OTHER INCOME**

workcover/compensation  19

maintenance/child support  20

wages/salary/own business  21

spouse/partner's income  22

other \_\_\_\_\_  23

no information  0

**13 STUDENT STATUS BEFORE AND AFTER SUPPORT PERIOD**

*please tick one box only in each column* BEFORE AFTER

not a student  1

primary/secondary school student  2

post-secondary student/employment training  3

no information  0

**14 REASON(S) FOR SEEKING ASSISTANCE**

*please tick as many circles as apply & tick one box only*

	ALL REASONS	MAIN REASON ONLY
usual accommodation unavailable	<input type="radio"/> 19	<input type="checkbox"/>
time out from family/other situation	<input type="radio"/> 2	<input type="checkbox"/>
relationship/family breakdown	<input type="radio"/> 3	<input type="checkbox"/>
interpersonal conflicts	<input type="radio"/> 4	<input type="checkbox"/>
physical/emotional abuse	<input type="radio"/> 5	<input type="checkbox"/>
domestic violence	<input type="radio"/> 6	<input type="checkbox"/>
sexual abuse	<input type="radio"/> 7	<input type="checkbox"/>
financial difficulty	<input type="radio"/> 8	<input type="checkbox"/>
eviction/previous accommodation ended/asked to leave	<input type="radio"/> 9	<input type="checkbox"/>
drug/alcohol/substance abuse	<input type="radio"/> 10	<input type="checkbox"/>
emergency accommodation ended	<input type="radio"/> 11	<input type="checkbox"/>
recently left institution	<input type="radio"/> 12	<input type="checkbox"/>
psychiatric illness	<input type="radio"/> 13	<input type="checkbox"/>
recent arrival to area with no means of support	<input type="radio"/> 14	<input type="checkbox"/>
itinerant (moving from place to place)	<input type="radio"/> 15	<input type="checkbox"/>
other _____	<input type="radio"/> 17	<input type="checkbox"/>
other _____	<input type="radio"/> 18	<input type="checkbox"/>
no information	<input type="radio"/> 0	<input type="checkbox"/>

**15 CURRENT PERIOD OF UNSAFE, INSECURE OR INADEQUATE HOUSING**

in days  OR months   
 OR weeks  OR years   
 not applicable (at imminent risk)  999  
 no information  998

**16 LOCATION BEFORE CURRENT PERIOD OF UNSAFE, INSECURE OR INADEQUATE HOUSING**

postcode   
 OR  
 state  AND  
 suburb/town   
 overseas  9998  
 not asked/no information  0

**17 LIVING SITUATION IMMEDIATELY BEFORE AND AFTER SUPPORT PERIOD**

*please tick one box only in each column* BEFORE AFTER

with both parents  1

with one parent and parent's spouse/partner  2

with one parent  3

with a foster family  4

with relative(s)—temporary  5

with relative(s)—long term  6

with spouse/partner  7

with spouse/partner and child(ren)  8

alone with child(ren)  9

alone  10

with friend(s)—temporary  11

with friend(s)—long term  12

living with other unrelated persons  13

other  14

no information  0

**18 TYPE OF HOUSING/ACCOMMODATION IMMEDIATELY BEFORE AND AFTER SUPPORT PERIOD**

*please tick one box only in each column* BEFORE AFTER

SAAP/CAP FUNDED ACCOMMODATION

crisis/short-term accommodation  1

medium/long-term accommodation  2

hostel  3

motel/hotel  4

community placement  5

other SAAP/CAP funded accommodation  6

NON-SAAP HOUSING/ACCOMMODATION

non-SAAP emergency accommodation  7

living rent-free in house or flat  8

renting independently in the private rental market  9

renting a public housing dwelling  10

renting community housing  11

renting a caravan  12

rooming house/hostel/hotel  13

boarding in a private home  14

purchasing or living in own home  15

living in a car/tent/park/street/squat  16

other non-SAAP housing/accommodation  17

INSTITUTIONAL SETTING

hospital/psychiatric institution  18

prison/youth training centre  19

other government residential arrangement  20

detoxification unit/rehabilitation centre  21

other institutional setting  22

no information  0

**19 WAS THE CLIENT INVOLVED IN ANY LEGAL PROCESSES BEFORE AND AFTER SUPPORT PERIOD ?**

*please tick as many circles as apply* BEFORE AFTER

no  1

protection or guardianship order (including wardship or equivalent)  2

intervention/protection or restraining order (as a result of violence perpetrated against the client)  3

other legal processes  4

no information  0

**20 HAS A CASE MANAGEMENT/SUPPORT PLAN BEEN AGREED TO DURING THE SUPPORT PERIOD?**

yes  1  
 no  2  
 not appropriate  3

**21 SUPPORT TO THE CLIENT**

<i>please tick as many circles as apply</i>	NEEDED	PROVIDED	REFERRAL ARRANGED
SAAP/CAP accommodation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 1
assistance to obtain short-term accommodation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 2
assistance to obtain independent housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 3
assistance to obtain benefit/pension/other government allowance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 4
employment and training assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 5
financial assistance/material aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 6
financial counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 7
incest/sexual assault counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 8
domestic violence counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 9
family/relationship counselling and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 10
emotional support/other counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 11
psychological services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 12
psychiatric services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 13
living skills/personal development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 14
pregnancy support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 33
family planning support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 34
drug/alcohol support or rehabilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 16
physical disability services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 17
intellectual disability services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 18
culturally appropriate support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 19
interpreter services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 20
meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 21
laundry/shower facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 22
recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 23
transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 24
assistance with legal issues/court support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 25
health/medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 26
advice/information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 27
brokerage services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 28
retrieval/storage/removal of personal belongings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 29
advocacy/liaison on behalf of client	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 30
other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 31

**22 TYPES AND DATES OF SAAP/CAP SUPPORTED ACCOMMODATION PROVIDED TO THE CLIENT**

Type of accommodation <i>please tick one box only</i>	Dates of accommodation <i>please complete all boxes</i>
	D D M M Y Y Y Y
1 Type of accommodation Crisis/short-term <input type="checkbox"/> 1 <input type="checkbox"/> 4	Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Medium/long-term <input type="checkbox"/> 2 <input type="checkbox"/> 5	Finish <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other SAAP <input type="checkbox"/> 3 <input type="checkbox"/> 6	
2 Type of accommodation Crisis/short-term <input type="checkbox"/> 1 <input type="checkbox"/> 4	Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Medium/long-term <input type="checkbox"/> 2 <input type="checkbox"/> 5	Finish <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other SAAP <input type="checkbox"/> 3 <input type="checkbox"/> 6	
3 Type of accommodation Crisis/short-term <input type="checkbox"/> 1 <input type="checkbox"/> 4	Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Medium/long-term <input type="checkbox"/> 2 <input type="checkbox"/> 5	Finish <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other SAAP <input type="checkbox"/> 3 <input type="checkbox"/> 6	
4 Type of accommodation Crisis/short-term <input type="checkbox"/> 1 <input type="checkbox"/> 4	Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Medium/long-term <input type="checkbox"/> 2 <input type="checkbox"/> 5	Finish <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other SAAP <input type="checkbox"/> 3 <input type="checkbox"/> 6	
5 Type of accommodation Crisis/short-term <input type="checkbox"/> 1 <input type="checkbox"/> 4	Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Medium/long-term <input type="checkbox"/> 2 <input type="checkbox"/> 5	Finish <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other SAAP <input type="checkbox"/> 3 <input type="checkbox"/> 6	

**23 ASSISTANCE TO ACCOMPANYING CHILD(REN)**

*(please leave blank unless children aged 0-17 years are recorded in question 4)*

<i>please tick as many circles as apply</i>	NEEDED	PROVIDED	REFERRAL ARRANGED
help with behavioural problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 1
sexual/physical abuse counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 2
child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 3
liaison with kindergarten/school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 4
access arrangements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 5
counselling/support to child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 6
other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 7
other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 8