

Appendix 3 Collection questionnaires



CLIENT FORM

JULY 1999 - JUNE 2000



AGENCY NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SUPPORT PERIOD	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"/>
ONGOING AS AT				
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		
CONSENT OBTAINED	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2		
ALPHA CODE	<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
 - 18 years and over
- (complete a separate client form for each child aged 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

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

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

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

	ALL REASONS	MAIN REASON ONLY
<i>please tick as many circles as apply & tick one box only</i>		
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

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

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

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>
on-site off-site	D D M M Y Y Y Y
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	

Type of accommodation <i>please tick one box only</i>	Dates of accommodation <i>please complete all boxes</i>
on-site off-site	D D M M Y Y Y Y
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	

Type of accommodation <i>please tick one box only</i>	Dates of accommodation <i>please complete all boxes</i>
on-site off-site	D D M M Y Y Y Y
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	

Type of accommodation <i>please tick one box only</i>	Dates of accommodation <i>please complete all boxes</i>
on-site off-site	D D M M Y Y Y Y
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	

Type of accommodation <i>please tick one box only</i>	Dates of accommodation <i>please complete all boxes</i>
on-site off-site	D D M M Y Y Y Y
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



CLIENT FORM

HIGH VOLUME AGENCIES

JULY 1999 - JUNE 2000



AGENCY NUMBER

SUPPORT PERIOD D D M M Y Y Y Y

Date commenced

Date finished

ONGOING AS AT

31 December 1999 Yes 1 No 2
30 June 2000 Yes 1 No 2

If client is ongoing, take a photocopy of the form and tick the appropriate box on the photocopy

CONSENT OBTAINED Yes 1 No 2

ALPHA CODE

2ND & 3RD LETTERS OF FIRST NAME 1ST & 2ND LETTERS OF SURNAME LAST LETTER OF SURNAME M/F FOR MALE OR FEMALE

1 PERSON(S) REQUESTING ASSISTANCE

please tick one box only

person alone or with unrelated person(s) 1 go to **4**

couple without child(ren) 2 go to **4**

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

couple with child(ren) 4 go to **2**

other _____ 5 go to **2**

5 YEAR OF BIRTH OF CLIENT

6 PRIMARY INCOME SOURCE AT COMMENCEMENT

please tick one box only

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
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

2 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 **3**

no 2 go to **4**

not applicable 3 go to **4**

3 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

4 GENDER OF CLIENT

female 1

male 2



Completed forms will be kept strictly confidential

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 TYPE OF HOUSING/ACCOMMODATION AT COMMENCEMENT

please tick one box only

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

10 SUPPORT TO THE CLIENT

please tick as many circles as apply NEEDED PROVIDED REFERRAL ARRANGED

SAAP/CAP accommodation 1

assistance to obtain short-term accommodation 2

assistance to obtain independent housing 3

assistance to obtain benefit/pension/other government allowance 4

employment and training assistance 5

financial assistance/material aid 6

financial counselling 7

incest/sexual assault counselling 8

domestic violence counselling 9

family/relationship counselling and support 10

emotional support/other counselling 11

psychological services 12

psychiatric services 13

living skills/personal development 14

pregnancy support 33

family planning support 34

drug/alcohol support or rehabilitation 16

physical disability services 17

intellectual disability services 18

culturally appropriate support 19

interpreter services 20

meals 21

laundry/shower facilities 22

recreation 23

transport 24

assistance with legal issues/court support 25

health/medical services 26

advice/information 27

brokerage services 28

retrieval/storage/removal of personal belongings 29

advocacy/liaison on behalf of client 30

other _____ 31



UNMET DEMAND FORM

11-24 November 1999



AGENCY NUMBER

DATE ASSISTANCE REQUESTED D D M M Y Y Y Y

CONTACT MADE *Please tick one box only*

by a third party 1
 in person 2
 by telephone 3

ALPHA CODE

(Optional - answer only if person consents)

2ND & 3RD LETTERS OF FIRST NAME | 1ST & 2ND LETTERS OF SURNAME | LAST LETTER OF SURNAME | M/F FOR MALE OR FEMALE | YEAR OF BIRTH

PLEASE COMPLETE A SEPARATE FORM FOR EACH ADULT OR UNACCOMPANIED CHILD REQUESTING SUPPORT OR SUPPORTED ACCOMMODATION

1 PERSON(S) REQUESTING ASSISTANCE

please tick one box only

person alone or with unrelated person(s) 1 go to **4**

couple without child(ren) 2 go to **4**

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

couple with child(ren) 4 go to **2**

other _____ 5 go to **2**

2 IF THE PERSONS REQUESTING 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 **3**

no 2 go to **4**

not applicable 3 go to **4**

3 NUMBER OF ACCOMPANYING CHILDREN

4 GENDER OF PERSON REQUESTING ASSISTANCE

female 1

male 2

5 AGE OF PERSON REQUESTING ASSISTANCE

please tick one box only

under 15 years 1

15-17 years 2

18-19 years 3

20-24 years 4

25-44 years 5

45-64 years 6

65+ years 7

6 COUNTRY OF BIRTH OF PERSON REQUESTING ASSISTANCE

Australia 1

other _____ 2

7 DOES THE PERSON IDENTIFY AS BEING OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?

please tick one box only

no 1

yes, Aboriginal person 2

yes, Torres Strait Islander person 3

yes, both 4



COMPLETED FORMS WILL BE KEPT STRICTLY CONFIDENTIAL

8 WHERE WAS THE PERSON STAYING LAST NIGHT?

please tick one box only

- streets/car/tent/park/squat 1
- SAAP or other emergency accommodation (including THMs in Victoria) 2
- accommodated by friends/relatives on a temporary basis 3
- single room in a boarding house or hostel 4
- in stable/permanent housing but at risk of eviction or becoming homeless 5
- other _____ 6

9 MAIN TYPE OF ASSISTANCE REQUESTED

please tick one box only

- SAAP crisis/short term accommodation 1 go to **10**
- SAAP medium/long term accommodation 2 go to **10**
- SAAP support only 3 go to **11**
- other _____ 4 go to **11**

10 IF SAAP ACCOMMODATION WAS REQUESTED, HOW SOON IS THE ACCOMMODATION NEEDED?

please tick one box only

- tonight (within 24 hours) 1
- tomorrow night (between 24 and 48 hours) 2
- in 2-6 days 3
- in 7-14 days 4
- in over 14 days 5

11 HAS THE PERSON MADE THE SAME REQUEST AND BEEN TURNED AWAY FROM YOUR AGENCY OR ANY OTHER AGENCY SINCE 11 NOVEMBER 1999?

- yes 1
- no 2 go to **13**

12 WHERE WAS THIS REQUEST LAST MADE?

please tick one box only

- government department/agency 1
- SAAP funded agency 2
- non-government community services organisation 3
- no information 0

13 DID THE PERSON REFUSE OR NOT ACCEPT AN OFFER OF SUPPORT OR SUPPORTED ACCOMMODATION ?

- yes 1 go to **15**
- no 2

14 MAIN REASON REQUEST WAS NOT MET

please tick one box only

- type of assistance requested is not provided by the agency 1
- insufficient staff to provide support 2
- insufficient accommodation available 3
- agency inappropriate-wrong target group 4
- facilities for disability needs not available 5
- facilities for cultural needs not available 6
- facilities for other special needs not available 7
- age of male child (applicable for domestic violence agencies) 8
- other _____ 9

15 ONE-OFF ASSISTANCE PROVIDED

please tick as many circles as apply

- information 1
- referral for accommodation 2
- referral for non-accommodation service 3
- meals 4
- financial assistance/material aid 5
- transport 6
- laundry/shower facilities 7
- emotional support 8
- other _____ 9



Casual Client Form

18 - 31 May 2000

Please complete only one line for each family unit and each unrelated person



AIHW

Agency number:

Today's Date:

eg 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	PERSON(S) RECEIVING ASSISTANCE <small>(please tick only one box)</small>			NUMBER OF PERSONS AGED: 18 and over	Under 18	PRIMARY CONTACT		ASSISTANCE PROVIDED <small>(please tick as many circles as apply)</small>								
	Person alone	Couple, no children	Person with children			Couple with children	Other family unit	Gender (M/F)	Age	Information	Referral arranged	Emotional support	Meals	Financial/material aid	Transport	Laundry shower
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	2	F	32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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