OLIENT FORM			
CLIENT FORM	AGENCY NUMBER		OFFICE USE
HIGH VOLUME AGENCIES	SUPPORT PERIOD Date commenced	D D M M Y Y Y Y	ONLY
JULY 2000 – JUNE 2001	Date finished		2
	SUPPORT PERIOD NOT ENDED BY		3 4
	31 December 2000	Yes 1	5
	30 June 2001	Yes 1	6
	CONSENT OBTAINED	Yes 1 No 2	7
	ALPHA CODE		8
		2ND & 3RD	
		LETTERS OF LETTERS OF OF SURNAME OR FEMALE FIRST NAME SURNAME	11 11
	YEAR OF BIRTH		12
	OF CLIENT		
1. Person(s) receiving assistance	5. M	lain income source at commencement	
please tick one box only	pl	ease tick one box only in each column	
WITH child(re	n) No	o Income	
person with child(re	n) 3	no income	1
couple with child(re	n) 4	registered/awaiting benefit	2
WITHOUT child(re	G _(n)	overnment Payments	
person alone or with unrelated person(<u> </u>	newstart allowance	4
couple without child(re		youth allowance - independent at home	24
other (please specify)	999	youth allowance - independent not at home youth allowance - dependent at home	25 26
<u> </u>		youth allowance - dependent not at home	27
2. Does this client have children reported or or another form for this period of support		austudy for students 25 years of age and over	28
(children should be recorded on only one of the	ne parent/	community development employment program	8
guardian's form)		austudy/abstudy (standard rate)	9
please tick one box only		austudy/abstudy (independent rate)	10
Yes, child(ren) recorded on this for		austudy/abstudy (homeless rate)	11
No, child(ren) recorded on 'other adults' for		disability support pension	12
not applicab	ole 3	age pension parenting payment (sole parent pension)	13
3. Number of accompanying children assist	ed in each	special benefit	15
age group		sickness allowance	16
0 – 4 yea	ırs 1	partner allowance	17
5 – 12 yea	ırs 2	DVA support pension	29
(complete a separate client form for each child aged 13 – 15 yea	ırs 3	DVA disability pension	30
18 years and over) 16 – 17 years		any other benefit or pension	18
<u> </u>		ther Income	
4. Gender of client		workcover/compensation	19
fema	ale 1	maintenance/child support	20
ma	ale 2	wages/salary/own business	21
		spouse/partner's income	22
	0	ther (please specify)	999
		don't know/no information	0

Country of birth of client		20. Support to client					
Australia other (please specify)	□ 1 □ 2	please tick as many circles as apply	Needed	Provided	Referral Arranged	prov	Not vided eferred
oner (prease specify)		SAAP/CAP accommodation		\bigcirc		\bigcirc	1
Does the client identify as being of Aborigin Torres Strait Islander origin?	al or	assistance to obtain/maintain short-term accommodation	\bigcirc	\bigcirc		\bigcirc	39
no	1	assistance to obtain/maintain independent housing	\bigcirc	\bigcirc		\bigcirc	42
yes, Aboriginal person yes, Torres Strait Islander person	2 3	assistance to obtain/maintain benefit/pension/ other government allowance		\bigcirc			37
yes, both	4	employment and training					
Cultural identity of the client		assistance financial assistance/material aid	0	0	0	0	5
other (please specify)							7
Circl (picaco openity)		financial counselling and support incest/sexual assault					′
Type of housing/accommodation at commen	ncement	counselling and support	\bigcirc	\bigcirc	\bigcirc	\bigcirc	8
please tick one box only		domestic violence counselling					
SAAP/CAP FUNDED ACCOMMODATION		and support	0				9
crisis/short-term accommodation medium/long term accommodation	1 2	family/relationship counselling and support	\bigcirc	\bigcirc	\bigcirc	\bigcirc	10
hostel	3	emotional support/ other counselling	0				11
motel/hotel	4	psychological services	\circ				12
community placement	5	psychiatric services	\circ	\bigcirc			13
other SAAP/CAP funded accommodation	6	living skills/personal		Ŭ	Ŭ		
NON-SAAP HOUSING ACCOMMODATION		development	\bigcirc	\bigcirc		\bigcirc	14
non-SAAP emergency accommodation	7	pregnancy support	\bigcirc	\bigcirc		\bigcirc	33
living rent-free in house or flat	8	family planning support	\bigcirc	\bigcirc			34
enting independently in the private rental market	9	drug/alcohol support or					
renting a public housing dwelling	10	intervention	0	0	0	\bigcirc	16
renting community housing	11	physical disability services	0	0	0	0	17
renting a caravan	12	intellectual disability services	0	0	0	0	18
rooming house/hostel/hotel	13	culturally appropriate support		0	0	0	19
boarding in a private home	14	interpreter services	0	0	<u> </u>	0	20
purchasing or living in own home	15	meals	0	0	0	0	21
living in a car/tent/park/street/squat	16	laundry/shower facilities	0	0	0	0	22
other non-SAAP housing/accommodation	17	recreation	0	0		0	23
INSTITUTIONAL SETTING		transport	\bigcirc	0		\bigcirc	24
hospital/psychiatric institution	18	assistance with legal issues/					
prison/youth training centre	19	court support	_	0	0	\bigcirc	25
other government residential arrangement		health/medical services	0	0	0	\bigcirc	26
detoxification unit/rehabilitation centre	21	advice/information	0	0	0	0	27
other institutional setting don't know/no information	22	brokerage services	\bigcirc	\circ	0	\circ	28
	0	retrieval/storage/removal of					
		personal belongings	\circ	\circ	\bigcirc	\bigcirc	29
		advocacy/liaison on behalf of client	_	\bigcirc		\bigcirc	30
		assistance with problem gambling	\bigcirc			0	36
		assistance with immigration issues	\bigcirc	\bigcirc		\bigcirc	38
		other (please specify)				\bigcirc	999
			0	0		\cup	395