

Appendix 2 SAAP NDCA Client Collection forms



CLIENT FORM

JULY 2001 – JUNE 2002



AGENCY NUMBER	<input type="text"/>				OFFICE USE ONLY
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"/>	
SUPPORT PERIOD NOT ENDED BY					
30 June 2002	Yes <input type="checkbox"/>	1			
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	
YEAR OF BIRTH OF CLIENT	<input type="text"/>				

CHANGES TO THE CLIENT FORM

The 2001 – 2002 Client Collection commences on 1 July 2001. A number of changes have been made to the new Client Form and a new Collectors Manual has been prepared.

- Changes to the form are explained fully in the *Collectors Manual July 2001*.
- Part B—Accompanying and/or Assisted Children section includes all questions related to children accompanying clients to 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 2001 for clients who are ongoing at 30 June 2001, check the *Collectors Manual July 2001* for instructions about answering questions that have been changed.

Prior to 1 July please read the *Collectors Manual July 2001* 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 Sunday 1 July 2001. 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.

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If you have any problems completing this form please telephone the SAAP NDCA hotline on 1-800 627 191 or email ndca@aihw.gov.au

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
- other (please specify) _____ 999
- don't know/no information 0

2. Person(s) receiving assistance

please tick one box only

- WITH** child(ren)
- person with child(ren) 3
- couple with child(ren) 4
- WITHOUT** child(ren)
- person alone or with unrelated person(s) 1
- couple without child(ren) 2
- other (please specify) _____ 999

3. Gender of client

- female 1
- male 2

IF CONSENT NOT OBTAINED PLEASE GO TO QUESTION 19

4. Country of birth of client

- Australia 1
- other (please specify) _____ 2

5. 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

6. What language does the client mainly speak?

- English 1 go to **8.**
- other (please specify) _____ 2

7. How well does the client speak English?

- very well 1
- well 2
- not well 3
- not at all 4

8. Cultural identity of the client?

(please specify) _____

9. 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
- don't know /no information 0

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10. Main 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 33
- Austudy Payment - for students aged 25 years of age and over 28
- community development employment program (CDEP) 8
- ABSTUDY 31
- disability support pension 12
- age pension 13
- parenting payment (single) - formerly sole parent pension 14
- parenting payment (partnered) 32
- special benefit 15
- sickness allowance 16
- partner allowance 17
- DVA support pension 29
- DVA disability pension 30
- other type of allowance or benefit 18

Other Income

- workcover/compensation 19
- maintenance/child support 20
- wages/salary/own business 21
- spouse/partner's income 22
- other (please specify) _____ 999
- don't know/no information 0

11. 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
- don't know/no information 0

12. Presenting reasons for seeking assistance

please tick as many circles as apply

- usual accommodation unavailable 19
- eviction/previous accommodation ended/asked to leave 9
- time out from family/other situation 2
- relationship/family breakdown 3
- interpersonal conflict 4
- physical/emotional abuse 5
- domestic violence 6
- sexual abuse 7
- financial difficulty 8
- drug/alcohol/substance abuse 10
- gambling 20
- emergency accommodation ended 11
- recently left institution 12
- psychiatric illness 13
- recent arrival to area with no means of support 14
- itinerant (moving from place to place) 15
- other (please specify) _____ 999
- other (please specify) _____ 998
- don't know/no information 0

13. Main presenting reason for seeking assistance

Please write the appropriate code number from Question 12

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14. Current period of unsafe, insecure or inadequate housing (i.e. homelessness)

- at imminent risk 888
- less than one week 1
- 1 week - 1 month 2
- 1-3 months 3
- 3-6 months 4
- 6-12 months 5
- 1-2 years 6
- 2-5 years 7
- more than 5 years 8
- don't know/no information 0

15. Location before the period of unsafe, insecure or inadequate housing in question 14 (i.e. homelessness or at imminent risk)

state

suburb/town

postcode

overseas 9998

don't know/no information 0

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16. Type of housing/accommodation *immediately* before and after this 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
- don't know/no information 0

17. Who was the client living with *immediately* before 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 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
- with friend(s) - temporary 11
- with friend(s) - long term 12
- living with other unrelated persons 13
- other (*please specify*) _____ 999
- don't know/no information 0

18. Was the client the subject of a legal order or legal processes before or after support?

Before **After**

no 1

OR tick as many circles as apply

- protection or guardianship order (including wardship or equivalent) 2
- intervention/protection/restraining order/ apprehended violence order (as a result of violence perpetrated AGAINST the CLIENT) 3
- intervention/protection/restraining order/ apprehended violence order (as a result of violence perpetrated BY the CLIENT) 6
- other legal processes 999
- don't know/no information 0

19. Has a case management/support plan been agreed to by the end of the support period?

please tick one box only

- yes 1 go to question 20
- no 2 go to question 21
- not appropriate 3 go to question 21

20. To what extent have the client's case management goals been achieved by the end of the support period?

please tick one box only

- not at all 1
- some 2
- most 3
- all 4
- not applicable/appropriate 5

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21. Was SAAP/CAP accommodation provided?

No go to question 22
 Yes please provide types and dates of SAAP/CAP supported accommodation provided to the client (including THM's and other SAAP managed properties)

1. Type of accommodation Dates of accommodation
please tick one box only *please complete all boxes*

	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									

2. Type of accommodation Dates of accommodation
please tick one box only *please complete all boxes*

	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									

3. Type of accommodation Dates of accommodation
please tick one box only *please complete all boxes*

	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									

4. Type of accommodation Dates of accommodation
please tick one box only *please complete all boxes*

	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									

5. Type of accommodation Dates of accommodation
please tick one box only *please complete all boxes*

	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									

22. Support to client

	Needed	Provided	Referral Arranged	Not provided or referred	
<i>please tick as many circles as apply</i>					
SAAP/CAP accommodation (including THM's and other SAAP managed properties)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	43
assistance to obtain/maintain short-term accommodation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	39
assistance to obtain/maintain independent housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	42
assistance to obtain/maintain benefit/pension/ other government allowance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	37
employment and training assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5
financial assistance/material aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6
financial counselling and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7
incest/sexual assault counselling and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8
domestic violence counselling and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9
family/relationship counselling and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
emotional support/ other counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11
psychological services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12
psychiatric services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13
living skills/personal development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14
pregnancy support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	33
family planning support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	34
drug/alcohol support or intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16
physical disability services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17
intellectual disability services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18
culturally appropriate support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19
interpreter services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20
meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21
laundry/shower facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22
recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23
transport	<input type="radio"/>	<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"/>	<input type="radio"/>	25
health/medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26
advice/information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27
brokerage services	<input type="radio"/>	<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"/>	<input type="radio"/>	29
advocacy/liaison on behalf of client	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30
assistance with problem gambling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	36
assistance with immigration issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	38
other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	999

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PART B—ACCOMPANYING AND/OR ASSISTED CHILDREN

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

23. Does this client have children reported on this form or another form for this period of support?

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

please tick one box only

Yes, child(ren) recorded on this form 1 No, child(ren) recorded on 'other adults' form 2 not applicable 3

24.

CHILD 1				CHILD 2				CHILD 3			
ALPHA CODE				ALPHA CODE				ALPHA CODE			
<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"/>
2ND & 3RD LETTERS OF FIRST NAME	1ST & 2ND LETTERS OF SURNAME	LAST LETTER OF SURNAME	M/F FOR MALE OR FEMALE	2ND & 3RD LETTERS OF FIRST NAME	1ST & 2ND LETTERS OF SURNAME	LAST LETTER OF SURNAME	M/F FOR MALE OR FEMALE	2ND & 3RD LETTERS OF FIRST NAME	1ST & 2ND LETTERS OF SURNAME	LAST LETTER OF SURNAME	M/F FOR MALE OR FEMALE
YEAR OF BIRTH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				YEAR OF BIRTH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				YEAR OF BIRTH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

25. Country of birth of the child(ren)

Australia <input type="checkbox"/> 1	Australia <input type="checkbox"/> 1	Australia <input type="checkbox"/> 1
other (please specify) <input type="checkbox"/> 2	other (please specify) <input type="checkbox"/> 2	other (please specify) <input type="checkbox"/> 2

26. Number of homes the child(ren) has lived in during the past year

homes <input type="checkbox"/> <input type="checkbox"/>	homes <input type="checkbox"/> <input type="checkbox"/>	homes <input type="checkbox"/> <input type="checkbox"/>
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27. Age of child(ren)

0-4 years <input type="checkbox"/> 1	0-4 years <input type="checkbox"/> 1	0-4 years <input type="checkbox"/> 1
5-12 years <input type="checkbox"/> 2	5-12 years <input type="checkbox"/> 2	5-12 years <input type="checkbox"/> 2
13-15 years <input type="checkbox"/> 3	13-15 years <input type="checkbox"/> 3	13-15 years <input type="checkbox"/> 3
16-17 years <input type="checkbox"/> 4	16-17 years <input type="checkbox"/> 4	16-17 years <input type="checkbox"/> 4

28. Gender of child(ren)

female <input type="checkbox"/> 1	female <input type="checkbox"/> 1	female <input type="checkbox"/> 1
male <input type="checkbox"/> 2	male <input type="checkbox"/> 2	male <input type="checkbox"/> 2

29. Support to child(ren)

no assistance

OR tick as many circles as apply

	Needed	Provided	Referral Arranged	Not provided or referred		Needed	Provided	Referral Arranged	Not provided or referred		Needed	Provided	Referral Arranged	Not provided or referred	
SAAP/CAP accommodation (including THM's and other SAAP managed properties)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21
help with behavioural problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
sexual/physical abuse counselling/support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3
liaison with kindergarten/school access arrangements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4
culturally sensitive services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5
meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
showers/hygiene support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11
recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12
transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13
advice/information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14
brokerage services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15
skills education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16
advocacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17
health/medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18
general counselling/support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19
other (please specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20
other (please specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	999	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	999	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	999
other (please specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	998	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	998	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	998

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CHILD 4				CHILD 5				CHILD 6				CHILD 7			
ALPHA CODE				ALPHA CODE				ALPHA CODE				ALPHA CODE			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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	2ND & 3RD LETTERS OF FIRST NAME	1ST & 2ND LETTERS OF SURNAME	LAST LETTER OF SURNAME	M/F FOR MALE OR FEMALE	2ND & 3RD LETTERS OF FIRST NAME	1ST & 2ND LETTERS OF SURNAME	LAST LETTER OF SURNAME	M/F FOR MALE OR FEMALE	2ND & 3RD LETTERS OF FIRST NAME	1ST & 2ND LETTERS OF SURNAME	LAST LETTER OF SURNAME	M/F FOR MALE OR FEMALE
YEAR OF BIRTH <input type="text"/>				YEAR OF BIRTH <input type="text"/>				YEAR OF BIRTH <input type="text"/>				YEAR OF BIRTH <input type="text"/>			

Australia <input type="checkbox"/> 1	Australia <input type="checkbox"/> 1	Australia <input type="checkbox"/> 1	Australia <input type="checkbox"/> 1
other (please specify) <input type="text"/>	other (please specify) <input type="text"/>	other (please specify) <input type="text"/>	other (please specify) <input type="text"/>
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
homes <input type="text"/>	homes <input type="text"/>	homes <input type="text"/>	homes <input type="text"/>
0-4 years <input type="checkbox"/> 1	0-4 years <input type="checkbox"/> 1	0-4 years <input type="checkbox"/> 1	0-4 years <input type="checkbox"/> 1
5-12 years <input type="checkbox"/> 2	5-12 years <input type="checkbox"/> 2	5-12 years <input type="checkbox"/> 2	5-12 years <input type="checkbox"/> 2
13-15 years <input type="checkbox"/> 3	13-15 years <input type="checkbox"/> 3	13-15 years <input type="checkbox"/> 3	13-15 years <input type="checkbox"/> 3
16-17 years <input type="checkbox"/> 4	16-17 years <input type="checkbox"/> 4	16-17 years <input type="checkbox"/> 4	16-17 years <input type="checkbox"/> 4
female <input type="checkbox"/> 1	female <input type="checkbox"/> 1	female <input type="checkbox"/> 1	female <input type="checkbox"/> 1
male <input type="checkbox"/> 2	male <input type="checkbox"/> 2	male <input type="checkbox"/> 2	male <input type="checkbox"/> 2

Needed	Provided	Referral Arranged	Not provided or referred	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	999
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	998

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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 2001 AND 31 DECEMBER 2001

- Twice a year (in the first week of July 2001 and in the first week of January 2002), you should notify the NDCA of clients who are still being supported as at 30 June 2001 and 31 December 2001.
- For clients who are ongoing at 30 June 2001, transfer the information from the old 2000–2001 form to the new 2001–2002 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.
- For ongoing clients at 31 December – use the December Form Return Sheet and note in the box provided the number of clients being supported on 31 December 2001. It is important to send in a December Form Return Sheet even if you did not have any client forms to remit or you had no ongoing clients.

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

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