Appendix 3: SAAP NDCA Client Collection forms

CLIENT FORM

JULY 2002 – JUNE 2003

AIHW

		OFFICE USE ONLY
AGENCY NUMBER		
SUPPORT PERIOD	D D M M Y Y Y Y	
Date commenced		1
Date finished		2
SUPPORT PERIOD NOT ENDED BY 30 June 2003	Yes ☐ 1	3
CONSENT OBTAINED	Yes ☐ 1 No ☐ 2	4
ALPHA CODE	2ND & 3RD LETTERS OF FIRST NAME ☐☐ / 1ST & 2ND LETTERS OF SURNAME ☐☐ / LAST LETTER OF SURNAME ☐ / M/F FOR MALE OR FEMALE ☐	5 6 7 8 9 10
YEAR OF BIRTH OF CLIENT	☐☐☐☐	11 12

THE 2002–2003 CLIENT FORM

The 2002–03 Client Collection commences Monday 1 July 2002. The only change on this year's form is the addition of a shaded square at the end of the Agency Number, at the top right hand corner of the front page. Please use this space to write in your agency's new alphabetic check digit. **Your new agency id is your previous four digit agency number plus an alphabetic check digit (eg. 9999 X).**

Important points to remember:

- Either a shaded square ■ or ellipse ⬬ indicates if informed consent is required. The ellipse indicates the questions that *require* the *informed consent* of the client. The square indicates questions that should be completed even *without* the *informed consent* of the client.
- You should begin using the new pink client forms on Monday 1 July 2002. The new forms should be used for any client who begins a support period on or after 1 July. All support details for existing ongoing clients should be transferred to the new form from 1 July.

Prior to 1 July please read the *Collector's 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.

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.

COMPLETED FORMS WILL BE KEPT STRICTLY CONFIDENTIAL

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

		Before	After
no income	1	☐	☐
registered/awaiting benefit	2	☐	☐

Government Payments

		Before	After
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

		Before	After
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**

		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

☐☐

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

		Before	After
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

		Before	After
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

		Before	After
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

		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

		Before	After
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 ***please tick one box only*** — Dates of accommodation ***please complete all boxes***

	on-site	off-site	Dates	D D	M M	Y Y Y Y
Crisis/short term	☐ 1	☐ 4	Start			
Medium/long term	☐ 2	☐ 5	Finish			
Other SAAP	☐ 3	☐ 6				

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

	on-site	off-site	Dates	D D	M M	Y Y Y Y
Crisis/short term	☐ 1	☐ 4	Start			
Medium/long term	☐ 2	☐ 5	Finish			
Other SAAP	☐ 3	☐ 6				

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

	on-site	off-site	Dates	D D	M M	Y Y Y Y
Crisis/short term	☐ 1	☐ 4	Start			
Medium/long term	☐ 2	☐ 5	Finish			
Other SAAP	☐ 3	☐ 6				

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

	on-site	off-site	Dates	D D	M M	Y Y Y Y
Crisis/short term	☐ 1	☐ 4	Start			
Medium/long term	☐ 2	☐ 5	Finish			
Other SAAP	☐ 3	☐ 6				

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

	on-site	off-site	Dates	D D	M M	Y Y Y Y
Crisis/short term	☐ 1	☐ 4	Start			
Medium/long term	☐ 2	☐ 5	Finish			
Other SAAP	☐ 3	☐ 6				

22. *Support to client*

please tick as many circles as apply	Needed	Provided	Referral Arranged	Not provided or referred	
SAAP/CAP accommodation (including THM's and other SAAP managed properties)	◯	◯	◯	◯	43
assistance to obtain/maintain short-term accommodation	◯	◯	◯	◯	39
assistance to obtain/maintain independent housing	◯	◯	◯	◯	42
assistance to obtain/maintain benefit/pension/ other government allowance	◯	◯	◯	◯	37
employment and training assistance	◯	◯	◯	◯	5
financial assistance/material aid	◯	◯	◯	◯	6
financial counselling and support	◯	◯	◯	◯	7
incest/sexual assault counselling and support	◯	◯	◯	◯	8
domestic violence counselling and support	◯	◯	◯	◯	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 intervention	◯	◯	◯	◯	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
assistance with problem gambling	◯	◯	◯	◯	36
assistance with immigration issues	◯	◯	◯	◯	38
other *(please specify)* _____	◯	◯	◯	◯	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	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	☐☐☐☐	☐☐☐☐	☐☐☐☐

25. ***Country of birth of the child(ren)***

	CHILD 1	CHILD 2	CHILD 3
Australia	☐ 1	☐ 1	☐ 1
other *(please specify)*	☐ 2	☐ 2	☐ 2

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

	CHILD 1	CHILD 2	CHILD 3
homes	☐☐	☐☐	☐☐

27. ***Age of child(ren)***

	CHILD 1	CHILD 2	CHILD 3
0-4 years	☐ 1	☐ 1	☐ 1
5-12 years	☐ 2	☐ 2	☐ 2
13-15 years	☐ 3	☐ 3	☐ 3
16-17 years	☐ 4	☐ 4	☐ 4

28. ***Gender of child(ren)***

	CHILD 1	CHILD 2	CHILD 3
female	☐ 1	☐ 1	☐ 1
male	☐ 2	☐ 2	☐ 2

29. ***Support to child(ren)***

	CHILD 1				CHILD 2				CHILD 3			
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)	◯	◯	◯	◯ 21	◯	◯	◯	◯ 21	◯	◯	◯	◯ 21
help with behavioural problems	◯	◯	◯	◯ 1	◯	◯	◯	◯ 1	◯	◯	◯	◯ 1
sexual/physical abuse counselling/support	◯	◯	◯	◯ 2	◯	◯	◯	◯ 2	◯	◯	◯	◯ 2
child care	◯	◯	◯	◯ 3	◯	◯	◯	◯ 3	◯	◯	◯	◯ 3
liaison with kindergarten/school	◯	◯	◯	◯ 4	◯	◯	◯	◯ 4	◯	◯	◯	◯ 4
access arrangements	◯	◯	◯	◯ 5	◯	◯	◯	◯ 5	◯	◯	◯	◯ 5
culturally sensitive services	◯	◯	◯	◯ 10	◯	◯	◯	◯ 10	◯	◯	◯	◯ 10
meals	◯	◯	◯	◯ 11	◯	◯	◯	◯ 11	◯	◯	◯	◯ 11
showers/hygiene support	◯	◯	◯	◯ 12	◯	◯	◯	◯ 12	◯	◯	◯	◯ 12
recreation	◯	◯	◯	◯ 13	◯	◯	◯	◯ 13	◯	◯	◯	◯ 13
transport	◯	◯	◯	◯ 14	◯	◯	◯	◯ 14	◯	◯	◯	◯ 14
advice/information	◯	◯	◯	◯ 15	◯	◯	◯	◯ 15	◯	◯	◯	◯ 15
brokerage services	◯	◯	◯	◯ 16	◯	◯	◯	◯ 16	◯	◯	◯	◯ 16
skills education	◯	◯	◯	◯ 17	◯	◯	◯	◯ 17	◯	◯	◯	◯ 17
advocacy	◯	◯	◯	◯ 18	◯	◯	◯	◯ 18	◯	◯	◯	◯ 18
health/medical services	◯	◯	◯	◯ 19	◯	◯	◯	◯ 19	◯	◯	◯	◯ 19
general counselling/support	◯	◯	◯	◯ 20	◯	◯	◯	◯ 20	◯	◯	◯	◯ 20
other *(please specify)* _____	◯	◯	◯	◯ 999	◯	◯	◯	◯ 999	◯	◯	◯	◯ 999
other *(please specify)* _____	◯	◯	◯	◯ 998	◯	◯	◯	◯ 998	◯	◯	◯	◯ 998

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CHILD 4	CHILD 5	CHILD 6	CHILD 7
ALPHA CODE	**ALPHA CODE**	**ALPHA CODE**	**ALPHA CODE**
2ND & 3RD LETTERS OF FIRST NAME	2ND & 3RD LETTERS OF FIRST NAME	2ND & 3RD LETTERS OF FIRST NAME	2ND & 3RD LETTERS OF FIRST NAME
1ST & 2ND LETTERS OF SURNAME	1ST & 2ND LETTERS OF SURNAME	1ST & 2ND LETTERS OF SURNAME	1ST & 2ND LETTERS OF SURNAME
LAST LETTER OF SURNAME	LAST LETTER OF SURNAME	LAST LETTER OF SURNAME	LAST LETTER OF SURNAME
M/F FOR MALE OR FEMALE	M/F FOR MALE OR FEMALE	M/F FOR MALE OR FEMALE	M/F FOR MALE OR 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 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 Arranged	Not provided or referred	
○	○	○	○	21
○	○	○	○	1
○	○	○	○	2
○	○	○	○	3
○	○	○	○	4
○	○	○	○	5
○	○	○	○	10
○	○	○	○	11
○	○	○	○	12
○	○	○	○	13
○	○	○	○	14
○	○	○	○	15
○	○	○	○	16
○	○	○	○	17
○	○	○	○	18
○	○	○	○	19
○	○	○	○	20
○	○	○	○	999
○	○	○	○	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 2002 AND 31 DECEMBER 2002

- Twice a year (in the first week of July 2002 and in the first week of January 2003), you should notify the NDCA of clients who are still being supported as at 30 June 2002 and 31 December 2002.
- For clients who are ongoing at 30 June 2002, transfer the information from the old 2001–2002 form to the new 2002–2003 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 2002. 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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SAAP NDCA

CLIENT FORM
HIGH VOLUME AGENCIES

JULY 2002 – JUNE 2003

AIHW

AGENCY NUMBER ☐☐☐☐☐

SUPPORT PERIOD

	D D	M M	Y Y Y Y
Date commenced	☐☐	☐☐	☐☐☐☐
Date finished	☐☐	☐☐	☐☐☐☐

SUPPORT PERIOD NOT ENDED BY 30 June 2003 Yes ☐ 1

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

YEAR OF BIRTH OF CLIENT ☐☐☐☐

OFFICE USE ONLY 1 2 3 4 5 6 7 8 9 10 11 12

1. *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

2. *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

3. *Number of accompanying children assisted in each age group*

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

- 0 – 4 years ☐ 1
- 5 – 12 years ☐ 2
- 13 – 15 years ☐ 3
- 16 – 17 years ☐ 4

4. *Gender of client*

- female ☐ 1
- male ☐ 2

5. *Main income source at commencement*

please tick one box only in each column

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

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6. *Country of birth of client*

Australia ☐ 1

other *(please specify)* _____ ☐ 2

7. *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

8. *Cultural identity of the client*

other *(please specify)* _____ ☐

9. *Type of housing/accommodation immediately before this support period*

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

don't know/no information ☐ 0

10. *Support to client*

please tick as many circles as apply	Needed	Provided	Referral Arranged	Not provided or referred	
SAAP/CAP accommodation (including THM's and other SAAP managed properties)	○	○	○	○	43
assistance to obtain/maintain short-term accommodation	○	○	○	○	39
assistance to obtain/maintain independent housing	○	○	○	○	42
assistance to obtain/maintain benefit/pension/ other government allowance	○	○	○	○	37
employment and training assistance	○	○	○	○	5
financial assistance/material aid	○	○	○	○	6
financial counselling and support	○	○	○	○	7
incest/sexual assault counselling and support	○	○	○	○	8
domestic violence counselling and support	○	○	○	○	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 intervention	○	○	○	○	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
assistance with problem gambling	○	○	○	○	36
assistance with immigration issues	○	○	○	○	38
other *(please specify)* _____	○	○	○	○	999

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Glossary

Accompanying child
A person aged under 18 years who accompanies a *client* to a SAAP *agency* during a *support period* or who requires and/or receives assistance from a SAAP *agency* as a result of their parent or guardian being a client of the same *agency*. An accompanying child may or may not require or receive assistance.

Accompanying child support period
Refers to each s*upport period* in which a child either accompanies their parent or guardian to a SAAP *agency* or receives assistance as a result of their parent or guardian's *support period*.

Within an *accompanying child support period* the child may receive one-off assistance and/or support over a period of time. Since the child may not be supported for the entire duration of the parent's or guardian's *support period*, it is not possible to assess the length of support for an *accompanying child*.

Alpha code
A predetermined combination of letters from a *client's* or an *accompanying child's* name, together with a letter designating their gender. A 'valid alpha code' is a legitimate alpha code (that is, one containing only letters from the alphabet and ending in either M or F) joined to the *client's* reported year of birth and encrypted to create a unique *client* indicator.

Agency
An organisation or establishment that receives a specified amount of SAAP funds to provide services.

Casual client
A person who:

- receives assistance from a SAAP *agency* for less than 1 hour on a given day; and
- does not establish an *ongoing support relationship* with the SAAP *agency*.

A *casual client* may receive *one-off assistance* from a SAAP *agency* on one or more occasions.

Client
A person aged 18 years or more, or a person of any age not accompanied by their parent or guardian, who:

- receives *support* or assistance from a SAAP *agency* which entails generally 1 hour or more of a worker's time, either with that *client* directly or on behalf of that *client*, on a given day; or
- is accommodated by a SAAP *agency*; or
- enters into an *ongoing support relationship* with a SAAP *agency*.

Closed accompanying child support period
An *accompanying child support period* associated with a *closed support period*.

Closed support period
A *support period* that had finished before the end of the reporting period—30 June.

English proficiency group 1 countries
Canada, Ireland, New Zealand, South Africa, the United Kingdom and the United States of America.

English proficiency group 2–4 countries

Countries, excluding Australia, that are not included in *English proficiency group 1*.

Homeless person

A person who does not have access to safe, secure and adequate housing. A person is considered not to have access to safe, secure and adequate housing if the only housing to which they have access:

- damages, or is likely to damage, their health; or
- threatens their safety; or
- marginalises them through failing to provide access to:
  - adequate personal amenities; or
  - the economic and social supports that a home normally affords; or
- places them in circumstances which threaten or adversely affect the adequacy, safety, security and affordability of that housing; or
- has no security of tenure—that is, they have no legal right to continued occupation of their home.

A person is also considered homeless if he or she is living in accommodation provided by a SAAP *agency* or some other form of emergency accommodation.

Occasion of support

See *support period* and *accompanying child support period*.

One-off assistance

Assistance provided to a person who is not a *client*. It might include the provision of a meal, a shower, transport, money, clothing, telephone advice, information or a *referral*. Instances of unmet need for one-off assistance are not recorded in the SAAP National Data Collection.

Ongoing support relationship

A relationship between a SAAP *agency* and a person whereby some assistance has been provided to that person, and it is agreed that future contact will occur between the person and the *agency* for the purpose of providing additional assistance. An invitation to return to the *agency* if the need arises does not constitute an *ongoing support relationship*.

This definition is used to establish whether a person is considered a *client* for the purposes of the National Data Collection.

Support period

A *support period* commences when a *client* begins to receive *support* and/or *supported accommodation* from a SAAP *agency*. The *support period* is considered to finish when:

- the *client* ends the relationship with the *agency*; or
- the *agency* ends the relationship with the *client*.

If it is not clear whether the *agency* or the *client* has ended the relationship, the *support period* is assumed to have ended if no assistance has been provided to the client for a period of 1 month. In such a case, the date the *support period* ended is 1 month after the last contact with the client.

Supported accommodation

Accommodation paid for, or provided directly by, a SAAP *agency*. The accommodation may be provided at the *agency* or may be purchased using SAAP funds—at a motel, for example.

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