

# Form 1: Add client & intake



SA Housing Authority



This form is used to collect client details and provided/referred and required services to complete the add client and add intake functions on H2H

- Fields marked with \* are mandatory  Circles indicate that only one response is required  
 Squares indicate that more than one response can be marked

## 1 Client personal details – please complete at least one name field

Surname	<input type="text"/>	First name	<input type="text"/>
Other names	<input type="text"/>	Alias / nickname	<input type="text"/>
DOB*	<input type="text"/>	DOB status *	<input type="radio"/> Confirmed <input type="radio"/> Estimated <input type="radio"/> Unconfirmed
	dd mm yyyy*		
Gender*	<input type="radio"/> Male <input type="radio"/> Female		
Marital status	<input type="radio"/> Single <input type="radio"/> Widowed <input type="radio"/> Married- registered or defacto <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Not stated/inadequately described		

## 2 First contact

Date of first contact\*   set client to Sensitive  set client to Locked

## 3 Is the client presenting alone or as a part of a group?\*

- Individual presenting *Go to Section 6*  Member of presenting unit *Complete sections 4 and 5*

## 4 Presenting unit details - complete if 'member of presenting unit' was checked

Is the client the head of the presenting unit?*	<input type="radio"/> Yes <input type="radio"/> No	<i>The presenting unit head is the spokesperson within the presenting unit and is identified by the relationship to the client.</i>
Number in presenting unit*	<input type="text"/>	<i>If children (under 18) are present, the presenting unit head is the parent/guardian representing the child(ren); Or if there is no parent/guardian, the most direct relationship to the child(ren), e.g. sibling, is considered the spokesperson of the presenting unit. If no children are present, the presenting unit head is the spouse/partner, or the spokesperson of the group who is related in some way to the client.</i>
What is the client's relationship to unit head?*	<input type="radio"/> Self (head) <input type="radio"/> Spouse/partner <input type="radio"/> Child <input type="radio"/> Parent/guardian <input type="radio"/> Other <input type="text"/>	
<i>(Please tick one only)</i>		

## 5 Unit head details – please note these are not the details of the client, but of the presenting unit head

*This will assist in finding the client record in H2H*

Unit head surname	<input type="text"/>	Unit head first name	<input type="text"/>
Unit head alias/nickname	<input type="text"/>	Unit head DOB	<input type="text"/>
			dd mm yyyy
Unit head gender	<input type="radio"/> Male <input type="radio"/> Female		

## H2H processing – to be completed by agency staff member entering record into H2H

Client record already exists in H2H?	<input type="radio"/> Yes <input type="radio"/> No	H2H client number	<input type="text"/>
Processed by	<input type="text"/>	Date Processed	<input type="text"/>

**6 Cultural Identity**

Does the client identify as being of Aboriginal and/or Torres Strait Islander origin? (Select one or more option)\*

 Yes, Aboriginal

 No

 Yes, Torres Strait Islander

 Not specified

If you, community of origin

Spoken language

 English

 Other

 Interpreter required

 Does not read English

 Does not write English

 Needs help completing forms

Country of birth\*

 Australia

 Other

If other, residency status\*

 Citizen

 Permanent resident

 Temporary visa

 International student

 Refugee/ humanitarian

 Other

Year of first arrival

**7 Medicare / Centrelink details**

Medicare #

Reference #

Expiry

Centrelink CRN

DVA

**8 Housing SA/ Families SA (if applicable)**
 Housing SA client #

 Families SA client #

Contact person

**9 Telephone numbers**

Phone #

Mobile #

**10 Alternative contact**

Surname

First name

Phone #

Mobile #

**11 Emergency contact details** (must be over 18 years old)

Surname

First name

Relationship to client

Phone #

Mobile #

Street number

Street name

Suburb

Postcode

State

Country

Additional client information:

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## Intake

 Fields marked with \* are mandatory

- Circles indicate that only one response is required       Squares indicate that more than one response can be marked

### 12 Notice of information provision

Notice issued? – date issued\*  dd/mm/yyyy

Withhold?       Yes       No

### 13 Intake details

Date of intake\*  dd/mm/yyyy

Time of intake\*  AM/PM

#### Access referral type (select one option only)\*

- |   |   |
|---|---|
| <input type="radio"/> Self  | <input type="radio"/> Youth or juvenile justice correctional centre                     |
| <input type="radio"/> Family and / or friends                           | <input type="radio"/> Adult correctional facility                                       |
| <input type="radio"/> Specialist Homelessness Agency b/ outreach worker | <input type="radio"/> Legal unit (including legal aid)                                  |
| <input type="radio"/> Specialist Gateway                                | <input type="radio"/> School / other education institution                              |
| <input type="radio"/> Telephone / crisis referral agency                | <input type="radio"/> Police  |
| <input type="radio"/> Centrelink or employment service case worker      | <input type="radio"/> Courts  |
| <input type="radio"/> Child protection agency                           | <input type="radio"/> Immigration department or asylum seeker / refugee support service |
| <input type="radio"/> Family and child support agency                   | <input type="radio"/> Other agency (government or non-government)                       |
| <input type="radio"/> Hospital  | <input type="radio"/> Social housing  |
| <input type="radio"/> Mental health service                             | <input type="radio"/> No formal referral  |
| <input type="radio"/> Disability support service                        | <input type="radio"/> Don't know  |
| <input type="radio"/> Drug and alcohol service                          | <input type="radio"/> Other <input type="text"/>  |
| <input type="radio"/> Aged care service                                 |   |

#### Access method (select one option only)\*

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="radio"/> Walk-in     | <input type="radio"/> Telephone          | <input type="radio"/> Outreach           |
| <input type="radio"/> Third party | <input type="radio"/> Assertive outreach | <input type="radio"/> Early intervention |

### 14 Homelessness status For definitions of homelessness please refer to the definitions table in the H2H user guide

**In the last month** has the client has an episode of homelessness?

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Sleeping rough or in non-conventional accommodation                 | <input type="checkbox"/> Not homeless |
| <input type="checkbox"/> Short-term or emergency accommodation, due to lack of other options | <input type="checkbox"/> Don't know   |

**In the last year** has the client has an episode of homelessness?

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Sleeping rough or in non-conventional accommodation                 | <input type="checkbox"/> Not homeless |
| <input type="checkbox"/> Short-term or emergency accommodation, due to lack of other options | <input type="checkbox"/> Don't know   |

Has the client been homeless **more than 12 months ago**?       Yes       No       Don't know

**15 Last permanent place the client lived**

*i* The last permanent address is defined as a conventional dwelling where the client has lived for at least 3 months

**Residence/dwelling type (select one option only)\***

- House/townhouse/flat
- Caravan
- Disability support†
- Boarding / rooming house†
- Cabin
- Aged care facility†
- Hotel / motel / bed and breakfast
- Boat
- Tent
- Boarding school / residential college†
- Other / Don't know

† Facility name (if known)\*

Street number and name

Suburb\*  Postcode\*

State\*  Country\*

Est date moved in  Est date moved out

**How long has it been since the client was at their last permanent address? (Select one option only)\***

- Currently residing
- Month to 6 months ago
- More than 5 years ago
- Less than 1 week ago
- More than 6 months, to 1 year ago
- Don't know
- 1 week to 1 month ago
- More than 1 year, to 5 years ago
- Not applicable

**16 where the clients was living a week ago**  Same as above *If different, complete the following questions*

**Residence/dwelling type (select one option only)\***

- House/townhouse/flat
- Motor vehicle
- Rehabilitation†
- Caravan
- Boarding/ rooming house†
- Adult correctional facility†
- Tent
- Emergency accommodation†
- Youth/ juvenile justice corrections†
- Cabin
- Hotel / motel / bed and breakfast
- Boarding school / residential college †
- Boat
- Hospital excluding psychiatric) †
- Aged care facility†
- Improvised building / dwelling
- Psychiatric hospital / unit †
- Immigration detention centre†
- No dwelling / street / park / in open
- Disability support†
- Other / Don't know

† Facility name (if known)\*

Street number and name

Suburb\*  Postcode\*

State\*  Country\*

Est date moved in  Est date moved out

**17 Where the client currently living?**  Same as above *If different, complete the following questions*

**Residence/dwelling type** (select one option only)\*

- |   |   |   |
|---|---|---|
| <input type="radio"/> House/townhouse/flat                  | <input type="radio"/> Motor vehicle                     | <input type="radio"/> Rehabilitation†                         |
| <input type="radio"/> Caravan                               | <input type="radio"/> Boarding/ rooming house†          | <input type="radio"/> Adult correctional facility†            |
| <input type="radio"/> Tent                                  | <input type="radio"/> Emergency accommodation†          | <input type="radio"/> Youth/ juvenile justice corrections†    |
| <input type="radio"/> Cabin                                 | <input type="radio"/> Hotel / motel / bed and breakfast | <input type="radio"/> Boarding school / residential college † |
| <input type="radio"/> Boat                                  | <input type="radio"/> Hospital excluding psychiatric) † | <input type="radio"/> Aged care facility†                     |
| <input type="radio"/> Improvised building / dwelling        | <input type="radio"/> Psychiatric hospital / unit †     | <input type="radio"/> Immigration detention centre†           |
| <input type="radio"/> No dwelling / street / park / in open | <input type="radio"/> Disability support†               | <input type="radio"/> Other / Don't know                      |

† Facility name (if known)\*

Street number and name

Suburb\*  Postcode\*

State\*  Country\*

Est date moved in  Est date moved out

**18 Dwelling structure for presenting address** (select one option only)\*

- |   |   |   |
|---|---|---|
| <input type="radio"/> House/townhouse/flat                  | <input type="radio"/> Motor vehicle                     | <input type="radio"/> Rehabilitation†                         |
| <input type="radio"/> Caravan                               | <input type="radio"/> Boarding/ rooming house†          | <input type="radio"/> Adult correctional facility†            |
| <input type="radio"/> Youth/ juvenile justice corrections†  | <input type="radio"/> Emergency accommodation†          | <input type="radio"/> Tent                                    |
| <input type="radio"/> Cabin                                 | <input type="radio"/> Hotel / motel / bed and breakfast | <input type="radio"/> Boarding school / residential college † |
| <input type="radio"/> No dwelling / street / park / in open | <input type="radio"/> Hospital excluding psychiatric) † | <input type="radio"/> Aged care facility†                     |
| <input type="radio"/> Improvised building / dwelling        | <input type="radio"/> Psychiatric hospital / unit †     | <input type="radio"/> Immigration detention centre†           |
| <input type="radio"/> Boat                                  | <input type="radio"/> Disability support†               |   |

Were these details the same a week ago?\*  Yes  No Which option was it a week ago?

**19 Tenure type for presenting address** (select one option only)\*

- |  |  |   |
|--|--|---|
| <b>Renter</b>  | <b>Rent free</b>   | <b>Owner</b>  |
| <input type="radio"/> Private housing  | <input type="radio"/> Private housing  | <input type="radio"/> Shared equity or rent / buy scheme        |
| <input type="radio"/> Public housing   | <input type="radio"/> Public housing   | <input type="radio"/> Being purchased / with mortgage           |
| <input type="radio"/> Community housing  | <input type="radio"/> Community housing  | <input type="radio"/> Fully owned                               |
| <input type="radio"/> Transitional housing   | <input type="radio"/> Transitional housing   |   |
| <input type="radio"/> Caravan Park   | <input type="radio"/> Caravan Park   | <b>Other</b>  |
| <input type="radio"/> Boarding / rooming house   | <input type="radio"/> Boarding / rooming house   | <input type="radio"/> Life tenure scheme                        |
| <input type="radio"/> Emergency accommodation / night shelter / women's refuge / youth shelter where rent is charged | <input type="radio"/> Emergency accommodation / night shelter / women's refuge / youth shelter where rent is charged | <input type="radio"/> No tenure                                 |
| <input type="radio"/> Other renter   | <input type="radio"/> Other rent free  | <input type="radio"/> Other tenure type not elsewhere specified |
|  |  | <input type="radio"/> Don't know                                |

Were these details the same a week ago?\*  Yes  No Which option was it a week ago?

**20 Conditions of occupancy for presenting address** (select one options only) \*

- Leased tenure – nominated on lease       Living with relative rent free  
 Lease in place – not nominated on lease       Other  
 Couch surfer       Don't know  
 Boarder       Not applicable

Were these details the same a week ago?\*  Yes  No Which option was it a week ago?

**21 Living arrangement when presenting** (select one options only) \*

- Lone person       Couple without child/children       Don't know  
 One parent with child/ children       Other family  
 Couple with child/ children       Group

Were these details the same a week ago?\*  Yes  No Which option was it a week ago?

**22 Dwelling structure for week before address** (select one option only)\*

- House/townhouse/flat       Motor vehicle       Rehabilitation†  
 Caravan       Boarding/ rooming house†       Adult correctional facility†  
 Youth/ juvenile justice corrections†       Emergency accommodation†       Tent  
 Cabin       Hotel / motel / bed and breakfast       Boarding school / residential college †  
 No dwelling / street / park / in open       Hospital excluding psychiatric) †       Aged care facility†  
 Improvised building / dwelling       Psychiatric hospital / unit †       Immigration detention centre†  
 Boat       Disability support†

Were these details the same a week ago?\*  Yes  No Which option was it a week ago?

**23 Tenure type for week before address** (select one option only)\***Renter**

- Private housing  
 Public housing  
 Community housing  
 Transitional housing  
 Caravan Park  
 Boarding / rooming house  
 Emergency accommodation / night shelter / women's refuge / youth shelter where rent is charged  
 Other renter

**Rent free**

- Private housing  
 Public housing  
 Community housing  
 Transitional housing  
 Caravan Park  
 Boarding / rooming house  
 Emergency accommodation / night shelter / women's refuge / youth shelter where rent is charged  
 Other rent free

**Owner**

- Shared equity or rent / buy scheme  
 Being purchased / with mortgage  
 Fully owned

**Other**

- Life tenure scheme  
 No tenure  
 Other tenure type not elsewhere specified  
 Don't know

Were these details the same a week ago?\*  Yes  No Which option was it a week ago?

**24 Conditions of occupancy for presenting address** (select one options only) \*

- Leased tenure – nominated on lease       Living with relative rent free  
 Lease in place – not nominated on lease       Other  
 Couch surfer       Don't know  
 Boarder       Not applicable

Were these details the same a week ago?\*  Yes  No Which option was it a week ago?

**25 Living arrangement when presenting** (select one options only) \*

- Lone person       Couple without child/children       Don't know  
 One parent with child/ children       Other family  
 Couple with child/ children       Group

Were these details the same a week ago?\*  Yes  No Which option was it a week ago?

**26 Has the client been in any of the following facilities in the last 12 months?**

- Disability Support       Hospital (excluding psychiatric)  
 Rehabilitation       Adult correctional facility  
 Immigration Centre       Youth/juvenile correction centre  
 Psychiatric hospital/unit       Don't know

**27 Income details**

- No income       Not stated / not known       Registered / awaiting government payment  
 (enter due date below)

Income type *	Pay cycle (tick relevant)*			Amount \$ *	Next due date	Main source	Same a week ago?*
	Weekly	Fortnightly	Monthly				
Government pensions and allowances (select type below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="radio"/>
Employee income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="radio"/>
Unincorporated business income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="radio"/>
Maintenance/ Child support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="radio"/>
Workcover / compensation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="radio"/>
Other income (not elsewhere classified)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="radio"/>

Is the client registered for a government payment, but awaiting their first payment?  Yes  No

If yes, date registered  dd/mm/yyyy

**Type of government payments and allowances** (select one option only) \*

- |  |  |
|--|--|
| <input type="checkbox"/> Age pension                             | <input type="checkbox"/> Newstart allowance  |
| <input type="checkbox"/> Austudy/ ABSTUDY                        | <input type="checkbox"/> Parenting payment   |
| <input type="checkbox"/> Carer allowance                         | <input type="checkbox"/> pension (DVA)   |
| <input type="checkbox"/> Carer payment                           | <input type="checkbox"/> Sickness allowance  |
| <input type="checkbox"/> Disability pension (DVA)                | <input type="checkbox"/> Youth allowance   |
| <input type="checkbox"/> Disability support pension (Centrelink) | <input type="checkbox"/> War widow(er's) pension (including income support supplement) (DVA) |
| <input type="checkbox"/> Family tax benefit                      |  |
| <input type="checkbox"/> Other government pension / allowance    | <input type="text"/>   |

Additional  
income detail**28 Labour force status at presentation**  *To be completed if client is over 15*

What is the labour force status of the client? (select one option only) \*

- |                                  |   |                                      |
|----------------------------------|---|--------------------------------------|
| <input type="radio"/> Employed   | <input type="radio"/> Not in the labour force | <input type="radio"/> Not applicable |
| <input type="radio"/> Unemployed | <input type="radio"/> Don't know              |                                      |

**Labour force status the week before presentation**

What is the labour force status of the client a week ago? (select one option only) \*

- |                                  |   |                                      |
|----------------------------------|---|--------------------------------------|
| <input type="radio"/> Employed   | <input type="radio"/> Not in the labour force | <input type="radio"/> Not applicable |
| <input type="radio"/> Unemployed | <input type="radio"/> Don't know              |                                      |

**29 Client education details**Is the client undertaking formal study or training?\*  Yes  No  Don't knowWas the client undertaking formal study or training one week ago? \*  Yes  No  Don't know

If yes, what type of study / training? (select one option only) \*

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="radio"/> Pre-school student       | <input type="radio"/> University student              | <input type="radio"/> Don't know     |
| <input type="radio"/> Primary school student   | <input type="radio"/> Vocational education & training | <input type="radio"/> Not applicable |
| <input type="radio"/> Secondary school student | <input type="radio"/> Other education & training      |                                      |

Were these details the same a week ago?\*  Yes  No – Which type was  it a week ago?**School enrolment status when the client presented** (select one option only) \*

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="radio"/> Enrolled and attending            | <input type="radio"/> Enrolled but waiting to commence   | <input type="radio"/> Don't know     |
| <input type="radio"/> Enrolled but not always attending | <input type="radio"/> Home schooled                      | <input type="radio"/> Not applicable |
| <input type="radio"/> Enrolled but not attending        | <input type="radio"/> Neither enrolled nor home schooled |                                      |

Last facility attended Student ID (if known)



### 30 Client personal details

Does the client need to help or supervision with self-care?

- |  |   |
|--|---|
| <input type="radio"/> Has no difficulty                                | <input type="radio"/> Has difficulty, but doesn't need help/supervision |
| <input type="radio"/> Doesn't have difficulty, but uses aids/equipment | <input type="radio"/> Always/sometimes needs help and/or supervision    |
|  | <input type="radio"/> Don't know  |

Does the client need to help or supervision with mobility?

- |  |   |
|--|---|
| <input type="radio"/> Has no difficulty                                | <input type="radio"/> Has difficulty, but doesn't need help/supervision |
| <input type="radio"/> Doesn't have difficulty, but uses aids/equipment | <input type="radio"/> Always/sometimes needs help and/or supervision    |
|  | <input type="radio"/> Don't know  |

Does the client need to help or supervision with communication?

- |  |   |
|--|---|
| <input type="radio"/> Has no difficulty                                | <input type="radio"/> Has difficulty, but doesn't need help/supervision |
| <input type="radio"/> Doesn't have difficulty, but uses aids/equipment | <input type="radio"/> Always/sometimes needs help and/or supervision    |
|  | <input type="radio"/> Don't know  |

### Child access details – please complete if client is ages between 0 and 17 years

Is the child under a care or protection order?  Yes Continue this section  No Go to section 7

Details

- |               |  |  |  |
|---------------|--|--|--|
| Type of order | <input type="radio"/> Residential care                         | <input type="radio"/> Independent living                           | <input type="radio"/> Other living arrangements          |
|               | <input type="radio"/> Family group home                        | <input type="radio"/> Parents                                      | <input type="radio"/> Foster care                        |
|               | <input type="radio"/> Relatives/kin/friends who are reimbursed | <input type="radio"/> Relatives/kin/friends who are not reimbursed | <input type="radio"/> Other home-based care (reimbursed) |
|               | <input type="radio"/> Don't know                               |  |  |

Were these details the same a week ago? \*  Yes  No

### 31 Health and Wellbeing

Is there any information, informal or formal, that indicates the client has a mental health issue?

- Yes  No  Don't know

If yes, who was the information provided by?

- |   |   |
|---|---|
| <input type="radio"/> Agency worker         | <input type="radio"/> Family/friends/carers |
| <input type="radio"/> Health professional   | <input type="radio"/> Self-identified       |
| <input type="radio"/> Non-government agency | <input type="radio"/> Other                 |

Has the client ever been diagnosed with a mental health issues by a health professional (eg. Psychiatrist, psychologist or doctor)?

- Yes  No  Don't know

Details

Has the client received services or assistance for their mental health issues?

- Yes  No  Don't know

If yes, what time period?

- |   |   |
|---|---|
| <input type="radio"/> Currently receiving services        | <input type="radio"/> Received services no timeframe reported |
| <input type="radio"/> Received services in last 12 months | <input type="radio"/> Don't know                              |
| <input type="radio"/> Received more than 12 months ago    |   |

**32 Client's reported reasons for seeking assistance (select as many as apply)\*****Cultural**

- Discriminations including racial discrimination
- Lack of family and / or community support

**Employment / Education / Training**

- Disengagement with school or other education and training
- Employment difficulties
- Unemployment

**Financial**

- Financial difficulties
- Problematic gambling

**Health and Wellbeing**

- Medical issues
- Mental health issues
- Problematic alcohol use
- Problematic drug or substance abuse

**Housing / Accommodation**

- Housing affordability stress (e.g. rent too high)
- Housing crisis (e.g. recently evicted)
- Inadequate or inappropriate dwelling conditions
- Itinerant
- Previous accommodation ended
- Transition from custodial arrangements
- Transition from foster care / child safety residential placements
- Transition from other care arrangements
- Unable to return home due to environmental reasons

**Interpersonal relationships**

- Non-family violence
- Relationship / family breakdown
- Sexual abuse
- Time out from family/ other situation

**Personal safety**

- Domestic and family violence

**Other**

- Other / self-reported issue

**Which of the above was the client's main presenting reason? \***

**33 Was a service required but not provided, provided or referred?**

- Yes – *continue to section 28*
- No – *Select the reason and type of service required below*

**What was the reason that no service or referral was provided? (select one option only)\***

- |  |  |
|--|--|
| <input type="radio"/> Person did not accept service          | <input type="radio"/> Agency was inappropriate, wrong target group                             |
| <input type="radio"/> Person wanted different services       | <input type="radio"/> Agency's facilities were not appropriate for a person with special needs |
| <input type="radio"/> Agency was in the wrong area           | <input type="radio"/> Person was refused service/ person did not meet criteria                 |
| <input type="radio"/> Agency had no accommodation available  | <input type="radio"/> No fee-free services, available at the time of the request               |
| <input type="radio"/> Agency had no other services available | <input type="radio"/> Other  |
| <input type="radio"/> Agency had insufficient staff          |  |

**What type of service were they seeking? (select one option only)\***

- |   |   |
|---|---|
| <input type="radio"/> Short-term or emergency accommodation | <input type="radio"/> Specialised services                |
| <input type="radio"/> Other housing / accommodation         | <input type="radio"/> Not stated / inadequately described |
| <input type="radio"/> General assistance and support        |   |


 ***If a service or referral was provided at the time of intake, please complete the next section.***

### 34 Services needed and provided/referred at time of intake

Type of service response required \*  Crisis  Casual Responsibility\*  Client  Support worker

Service/s description\*  
*If more than one service was provided at the time of intake please write a short description for each service*

Service requested date\*  Service start date\*  Service end date\*

 Please select either 'needed', 'provided' or 'referred' for each need you identify in the list below. If services are to be referred in H2H, please provide details in section 30.

#### Housing /accommodation

Needed	Provided/ referred		Date of accommodation *	
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Short term or emergency accommodation	From <input type="text"/>	To <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Medium term/transitional housing	From <input type="text"/>	To <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Long-term housing	From <input type="text"/>	To <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Assistance to sustain tenancy / prevent tenancy failure or eviction		
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Assistance to prevent foreclosure or for mortgage arrears		

#### Material aid/ brokerage

Needed	Provided/ referred		Value of brokerage *
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Payment from short term / emergency accommodation	\$ <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Payment for establishing / maintaining a tenancy	\$ <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Payment for training / education / employment	\$ <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Payment for accessing external specialist services	\$ <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Other payment	\$ <input type="text"/>

#### General assistance and support

Needed	Provided/ referred	
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Assertive outreach
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Assistance to obtain/maintain government allowance
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Employment assistance
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Training assistance
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Educational assistance
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Financial information
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Assistance for incest / sexual assault
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Assistance for domestic / family violence
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Family/ relationship assistance
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Assistance for trauma
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Assistance with challenging social/ behavioural problems

**General assistance and support , continued**

Needed	Provided/ referred	
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Manage behavioural issues
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Living skills/ personal development
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Legal information
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Court support
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Advice/ information
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Retrieval / storage / removal of personal belongings
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Advocacy/ liaison on behalf of client
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	School liaison
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Child care
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Structured play / skills development
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Child contact and residence arrangements
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Meals
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Laundry / shower facilities
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Recreation
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Transport
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Other basic assistance

**Specialised services**

Needed	Provided/ referred	
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Child protection services
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Parenting skills education
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Child specific specialist counselling services
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Psychological services
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Psychiatric services
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Mental health services
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Pregnancy assistance
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Family planning assistance
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Physical disability services
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Intellectual disability services
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Health / medical services
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Professional legal services
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Financial advice and counselling
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Counselling for problem gambling
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Drug/ alcohol counselling

**Specialised services , continued**

Needed	Provided/ referred	
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Specialist counselling services
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Interpreter services
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Assistance with immigration services
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Culturally specific services
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Assistance to connect culturally
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Other specialised services

**8 Referrals, if provided\* (complete service referrals in H2H)**

Service to refer*	
Provider*	
Contact name*	
Contact number*	
Email*	
Reason for referral*	
Consent for information sharing*	Granted? <input type="radio"/> Yes <input type="radio"/> No Date: / /

Service to refer*	
Provider*	
Contact name*	
Contact number*	
Email*	
Reason for referral*	
Consent for information sharing*	Granted? <input type="radio"/> Yes <input type="radio"/> No Date: / /

