

Form 5: Case exit / End support



This form is used to collate details on a client when they exit your service

Fields marked with * are mandatory

Circles indicate that only one response is required

Squares indicate that more than one response can be marked

1 Existing client details

H2H client number (if known)

Surname

First name

Other names

Alias / nickname

Gender* Male Female

DOB*
dd mm yyyy*

2 Case exit plan

Date Support ended*
dd* mm* yyyy*

Reason for support ending * (select one option only)

- | | |
|--|--|
| <input type="radio"/> Client referred to another specialist homelessness agency | <input type="radio"/> Client did not turn up |
| <input type="radio"/> Client referred to a mainstream agency | <input type="radio"/> Lost contact with client |
| <input type="radio"/> Client's immediate needs met/ case management goals achieved | <input type="radio"/> Client institutionalised |
| <input type="radio"/> Maximum service period reached | <input type="radio"/> Client incarcerated |
| <input type="radio"/> Service withdrawn from client and no referral made | <input type="radio"/> Client died |
| <input type="radio"/> Client no longer requested assistance | <input type="radio"/> Don't know |
| <input type="radio"/> Other <input type="text"/> | |

Extent to which the goals were achieved?*

(select one option only)

- Not at all
 To some extent
 Mostly
 Completely

Homelessness type in the last month*

- Short term or emergency accommodation, due to lack of other options
 Sleeping rough or in non-conventional accommodation
 Not homeless
 Don't Know

Homelessness status on exit * (select one option only)

- Short term or emergency accommodation, due to lack of other options
 Sleeping rough or in non-conventional accommodation
 Not homeless
 Don't Know

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

Client record found in H2H

Case exit/ End Support added to H2H

Processed by

H2H client number*

Date Processed

3 Residence / dwelling type when clients exited service *

- | | | |
|---|--|--|
| <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 correctionst |
| <input type="radio"/> Cabin | <input type="radio"/> Immigration detention centre† | <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"/> No dwelling /street /park /in open |
| <input type="radio"/> Hotel / motel / bed and breakfast | <input type="radio"/> Disability support† | <input type="radio"/> Don't know |
| <input type="radio"/> Other – please specify | <input type="text"/> | |

 A housing type marked with '+' indicated the name of the facility must be specified below

Name of facility (if known)*

4 Forwarding address

Unit/ street number

Street name and type

Suburb* Postcode*

State* Country*

Phone #

5 Tenure type when client exited service (select one option only) *

- | | | |
|--|--|---|
| Renter | Rent free | Owner |
| <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 | Other |
| <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 |

6 Conditions of occupancy when client exited service (select one options only) *

- | | |
|---|--|
| <input type="radio"/> Leased tenure – nominated on lease | <input type="radio"/> Living with relative rent free |
| <input type="radio"/> Lease in place – not nominated on lease | <input type="radio"/> Other |
| <input type="radio"/> Couch surfer | <input type="radio"/> Don't know |
| <input type="radio"/> Boarder | <input type="radio"/> Not applicable |

7 Living arrangement when client exited service (select one option only) *

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

8 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"/>

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

- Age pension Newstart allowance
 Austudy/ ABSTUDY Parenting payment
 Carer allowance pension (DVA)
 Carer payment Sickness allowance
 Disability pension (DVA) Youth allowance
 Disability support pension (Centrelink) War widow(er's) pension (including income support supplement) (DVA)
 Family tax benefit
 Other government pension / allowance

9 Labour force status when client exited service (select one option only) *

i To be completed if client is over 15

- Employed Not in the labour force Not applicable
 Unemployed Don't know

10 Employment status when client exited service (select one option only) *

i To be completed if client is over 15

- Full time Don't know
 Part time Not applicable

11 Client education details

Is the client undertaking formal study or training?* Yes No Don't know

Was 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) *

- Pre-school student University student Don't know
 Primary school student Vocational education & training Not applicable
 Secondary school student 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) *

- Enrolled and attending Enrolled but waiting to commence Don't know
 Enrolled but not always attending Home schooled Not applicable
 Enrolled but not attending Neither enrolled nor home schooled

12 Follow up support

Does the client have follow up support dates booked?*

Yes - when dd/mm/yyyy

No - details

13 Update personal details

Client phone

Client mobile

To be completed if the client is female

Is the client pregnant? **Yes** Continue this section **No** Continue to care and protection

Due Date dd / mm / yyyy

Doctors name

Doctors address

Complete the fields below if client is aged between 0 and 17 years

Is the child under a care or protection order?* **Yes** Continue this section **No**

Details

- Type of order* Residential care Relatives/kin/friend who are reimbursed Other living arrangements
 Family group home Relatives/kin/friend who are not reimbursed Parents
 Foster care Other home-based care (reimbursed) Don't know
 Independent living

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