



Form 2: Edit client

This form is used to collate details on **an existing** client prior to entering into H2H. To add the details of a new client in H2H, please use form 1.

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

1 Select which details are required to be updated (select one or more)*

- Personal Contact Income Housing Presenting unit

 You are only required to complete the fields that need updating and leave the unchanged fields blank.

2 Lead agency details

Agency name*

AIHW number

Case manage/ worker name

3 Existing Client details


H2H client number (if known)

OR if H2H client number is not known, please complete as many of the following details as possible

Surname	<input type="text"/>	First name	<input type="text"/>
Other names	<input type="text"/>	Alias / nickname	<input type="text"/>
DOB*	<input type="text"/> dd	<input type="text"/> mm	<input type="text"/> yyyy*
Gender*	<input type="radio"/> Male	<input type="radio"/> Female	
		Client H2H Status (if known)	<input type="radio"/> Draft <input type="radio"/> Active <input type="radio"/> New <input type="radio"/> Waitlisted <input type="radio"/> Casual <input type="radio"/> Inactive <input type="radio"/> Assessed

Notes:

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

Client record found in H2H  If client record is not in H2H please use Add client & intake from to add the client to H2H.

Assessment added to H2H Processed by

Assigned H2H client number* Date Processed

Notes

Select if making changes to personal details

Edit client: personal details

4 Personal details

Surname	<input type="text"/>	First name	<input type="text"/>
Other names	<input type="text"/>	Alias / nickname	<input type="text"/>
DOB*	<input type="text"/> <input type="text"/> <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		

5 Cultural background

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*

6 Client education details

Is the client undertaking formal study or training?* 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

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

Last facility attended

Address of facility*

DECS educations ID (if known)

Exemption? Yes No

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

Is the child under Guardianship of the Minister? Yes No

Details of access/
Residence orders (if any)

Who has access/residence
Of the child? eg. Mother How often?

Access location

8 Medicare / Centrelink details

Medicare # Reference # Expiry

Centrelink CRN DVA

9 Housing SA/ Families SA

Housing SA client #

Families SA client # Contact person

Additional client info:

Select if making changes to contact details

10 Telephone numbers

Phone # Mobile #

11 Alternative contact

Surname First name

Phone # Mobile #

12 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

16 Where the client is currently residing

Residence/dwelling type (select one option only)*

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

Is the client the head of the presenting unit?* Yes No

Number in presenting unit*

What is the client's relationship to unit head?*

(Please tick one only)

Self (head) Spouse/partner

Child Parent/guardian

Other

i The presenting unit head is the spokesperson within the presenting unit and is identified by the relationship to the client.

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.

OR if H2H client number is not known, please complete the following details

Unit head surname Unit head first name

Unit head alias/nickname Unit head DOB

dd mm yyyy

Unit head gender Male Female