## Form 2: Edit client SA Housing Authority homeless HOME 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 Ocircles 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)\* Income Presenting unit Personal Contact Housing $ext{ }$ 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 First name Other names Alias / nickname DOB\* Client H2H Status Draft Active (if known) Waitlisted dd mm **yyyy**\* New Inactive Gender\* Male Female Casual 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 & int	ake from to add the client to H2H.	
Assessment added to H2H		Processed by		
Assigned H2H				
client number*		Date Processed		
Notes				

Select if making cl	hanges to personal details	Edit cli	ent: personal details	
4 Personal details				
Surname		First name		
Other names		Alias / nickname		
DOB*	dd mm yyyy*	DOB Status * Co	nfirmed Estimated Unconfirmed	
Gender*	Male Female			
5 Cultural backgro	ound			
Does the client identify as being of Aboriginal and/or Torres Yes, Aboriginal No Strait Islander origin? (Select one or more option)*				
Yes, Torres Strait Islander Not specified				
If you, community of ori	gin			
Spoken language	English Other		Interpreter required	
Does not read English Does not write English Needs help completing forms				
Country of birth*	Other			
If other, residency status* Citizen Permanent resident Temporary visa				
	International student		ther	
	Yeah 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 stu	ıdy / training? (select one option o	only) *		
Pre-school studen	nt University st	udent D	on'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 atter	nding Enrolled b	ut waiting to commence	Oon't know	
Enrolled but not a	always attending O Home scho	ooled	Not applicable	
Enrolled but not attending  Neither enrolled nor home schooled				
Last facility attended				
Address of facility*				
DECS educations ID (if known)				
Exemption?	○ res ○ No			

## Edit client: personal details

7 Child access details – please complete if client is ages between 0 and 17 years				
Is the child under Gardianship of the Minister?				
Details of access/ Residence orders (if any)				
Who has access/residence Of the child? eg. Mother	How often?			
Access location				
8 Medicare / Centrelin	k details			
Medicare #	Reference # Expiry			
Centrelink CRN	DVA			
9 Housing SA/ Families	SSA			
Housing SA client #				
Families SA client #	Contact person			
Additional client info:				
Select if making changes				
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			
Housing SA	STRICTLY CONFIDENTIAL 3 of 5			
THURSHIP 1A				

Select if making changes to income details Eult Cheft: employment and income							
13 Labour force status							
What is the labour force status of the Employed	the labour force status of the client? (select one option only) * mployed						
Onemployed	O Don't know						
14 Employment status							
What is the employment status of	the client?	(select or	ne option	only) *			
Full time	Part	t time		Not applicable			
Opon't know							
15 Income details							
(1) If editing client income details,	include all c	current co	urses of i	income in the tal	ble below		
No income  Not stated / not known  Registered / awaiting government payment  (enter due date below)							
Income type *	Pay cyc	ile (tick rele	vant)*	Amount \$ *	Next due date	Main source	Same a week ago?*
	Weekly	Fortnightly	Monthly				
Government pensions and allowances (select type below)		0	0				
Employee income	0	0	0				0
Unincorporated business income							
Other income (not elsewhere classified)							
Type of government payments and			-	• '			
Age pension							
Austudy/ ABSTUDY Carer allowance			arenting   ension (D	payment			
Carer payment			ckness al				
Disability pension (DVA)			outh allow				
Disability support pension (Centrelink)		War widow(er's) pension (including income support					
Family tax benefit		<del></del>	upplemer				
Other government pension / a	allowance						
Additional income detail							

Select if making changes to	o housing details	Edit client: nousing			
16 Where the client us currently residing					
Residence/dwelling type (select	Residence/dwelling type (select one option only)*				
O House/townhouse/flat	Motor vehicle	O Rehabilitation†			
Caravan	Boarding/rooming house†	Adult correctional facility†			
Tent	<ul><li>Emergency accommodation†</li></ul>	O Youth/ juvenile justice			
		corrections†			
Cabin		<ul><li>Boarding school / residential college †</li></ul>			
Boat	Hospital excluding psychiatric) †	Aged care facility†			
Improvised building / dwell		Immigration detention centre†			
ONo dwelling / street / park	/ in Oisability support†	Other / Don't know			
open					
† Facility name (if known)*					
Street number and name					
Suburb*	Postcode*				
State*	Country*				
Est date moved in	Est date moved o	ut			
Select if editing unit head relationship details  Edit client: unit head details					
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?*	within	esenting unit head is the spokesperson the presenting unit and is identified by ationship to the client.			
Number in presenting unit*	If child	ren (under 18) are present, the presenting			
What is the client's	1	ead is the parent/guardian representing ild(ren); Or if there is no parent/guardian,			
relationship to <b>unit</b>	Child Parent/guardian the mo	ost direct relationship to the child(ren), e.g. , is considered the spokesperson of the			
head?* (Please tick one only)	Other presen	ting unit. If no children are present, the			
(Freuse tick one omy)	·	ting unit head is the spouse/partner, or okesperson of the group who is related in			
	some v	vay to the client.			
OR if H2H client number is not known, please complete the following details					
OK II 11211 CHERT Humber is not known, please complete the following details					
Unit head surname	Unit head f	irst name			
Unit head surname Unit head alias/nickname	Unit head f	DOB			