



The following is available for
Reference Only.
Surveys can be localized to each
community.
For more information, contact the
Australian Alliance to End
Homelessness



advance to zero

local communities
ending homelessness

VI-SPDAT

Prescreen for Individuals

Vulnerability Index
Service Prioritization Decision Assistance Tool



For reference only



The tool, based on people's disclosed information, assists in prioritising the most vulnerable and to rapidly resolve crisis. This tool is further used to provide appropriate housing, healthcare and community services to individuals and families according to their current circumstances.

Organisations also use the collective, de-identified data to advocate for the change and resources needed to end homelessness in our communities, based on the needs of the people who experience homelessness and housing stress in the community



Administration

Agency name		Interviewer name	Survey location
Survey date <i>DD / MM / YY</i>	Survey time __ : __ am/pm	Team name	Survey postcode

A. Demographics

First name	Nickname	Last name	
In what language do you feel best able to express yourself?			
Date of birth <i>DD / MM / YY</i>	Age	Centrelink Reference Number	Consent to participate <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you identify as			
<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both	<input type="checkbox"/> Neither <input type="checkbox"/> Declined
If 60 years or older; or Indigenous and 50 years or older, then score 1.			Score

B. History of housing and homelessness

1. Where do you sleep most frequently? (*Mark only one*)

<input type="checkbox"/> Beach/Riverbed	<input type="checkbox"/> Diversion Centre	<input type="checkbox"/> Juvenile Detention	<input type="checkbox"/> Supported Accommodation
<input type="checkbox"/> Boarding House/Other Hostel	<input type="checkbox"/> Drug/Alcohol Treatment Centre	<input type="checkbox"/> Mental Health Facility	<input type="checkbox"/> Tent
<input type="checkbox"/> Bushland	<input type="checkbox"/> DV Refuge	<input type="checkbox"/> Park/Parklands	<input type="checkbox"/> Toilets
<input type="checkbox"/> Car	<input type="checkbox"/> Emergency/Crisis Accommodation	<input type="checkbox"/> Prison	<input type="checkbox"/> Train/Bus Station
<input type="checkbox"/> Caravan Park (<i>specify</i>)	<input type="checkbox"/> Hospital	<input type="checkbox"/> Private Housing that I Rent	<input type="checkbox"/> Watch House/Police Cells
<input type="checkbox"/> Carpark	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Public Housing that I Rent	<input type="checkbox"/> With Friends/Family Temporarily (Couch Surfing)
<input type="checkbox"/> Community housing that I rent	<input type="checkbox"/> House that I Own/Mortgage	<input type="checkbox"/> Squat/Cave	<input type="checkbox"/> Other (<i>specify</i>)
<input type="checkbox"/> Construction Site	<input type="checkbox"/> Indigenous Hostel	<input type="checkbox"/> Streets	<input type="checkbox"/> Declined

For Community Housing that I Rent, House that I Own/Mortgage, Private Housing that I Rent or Public Housing that I rent or Supported Accommodation score 0. For all other responses, score 1.	Score
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2a. Are you sleeping rough right now?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Declined
2b. Where have you slept in the past week? <i>(Mark all that apply)</i>				
<input type="checkbox"/> Beach/Riverbed	<input type="checkbox"/> Diversion Centre	<input type="checkbox"/> Juvenile Detention	<input type="checkbox"/> Supported Accommodation	
<input type="checkbox"/> Boarding House/Other Hostel	<input type="checkbox"/> Drug/Alcohol Treatment Centre	<input type="checkbox"/> Mental Health Facility	<input type="checkbox"/> Tent	
<input type="checkbox"/> Bushland	<input type="checkbox"/> DV Refuge	<input type="checkbox"/> Park/Parklands	<input type="checkbox"/> Toilets	
<input type="checkbox"/> Car	<input type="checkbox"/> Emergency/Crisis Accommodation	<input type="checkbox"/> Prison	<input type="checkbox"/> Train/Bus Station	
<input type="checkbox"/> Caravan Park <i>(specify)</i>	<input type="checkbox"/> Hospital	<input type="checkbox"/> Private Housing that I Rent	<input type="checkbox"/> Watch House/Police Cells	
<input type="checkbox"/> Carpark	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Public Housing that I Rent	<input type="checkbox"/> With Friends/Family Temporarily (Couch Surfing)	
<input type="checkbox"/> Community housing that I rent	<input type="checkbox"/> House that I Own/Mortgage	<input type="checkbox"/> Squat/Cave	<input type="checkbox"/> Other <i>(specify)</i>	
<input type="checkbox"/> Construction Site	<input type="checkbox"/> Indigenous Hostel	<input type="checkbox"/> Streets	<input type="checkbox"/> Declined	
3. What is the total length of time you have ever lived on the streets or in emergency accommodation?		years	months	<input type="checkbox"/> Declined
4. How long has it been since you lived in permanent, stable housing (with a secure lease/tenancy)?		years	months	<input type="checkbox"/> Declined
<input type="checkbox"/> Never lived in my own place				
5a. In the last year, how many times have you been homeless?			times	<input type="checkbox"/> Declined
5b. Of these times you have been homeless in the past year, how many of these times (1 or more days) have you been sleeping rough?			times	<input type="checkbox"/> Declined
For 6 or more consecutive months of homelessness and/or 3+ episodes of homelessness, score 1.				Score
6 a) What age were you when you first slept on the streets or in emergency accommodation?				<input type="checkbox"/> Declined
Age or approximate age: <input type="checkbox"/> Never slept on the streets or in emergency accommodation				
b) If you were with your family at the time, what age were you when you first slept on the streets or in emergency accommodation without a parent/guardian?				<input type="checkbox"/> Declined
Age or approximate age: <input type="checkbox"/> Not applicable				



C. Risks

Questions	Response	Declined	
7. In the past six months, <u>how many times</u> have you...			
a) Received health care at <i>Accident and Emergency</i> at the hospital?	times	<input type="checkbox"/>	
b) Taken an ambulance to the hospital?	times	<input type="checkbox"/>	
c) Been hospitalised as an inpatient in a medical, surgical or maternity unit?	times	<input type="checkbox"/>	
d) Been hospitalised as an inpatient in a specialised mental health care facility?	times	<input type="checkbox"/>	
e) Used a crisis service, including any phone hotlines?	times	<input type="checkbox"/>	
f) Talked to the police because you witnessed a crime, were the victim of a crime or the alleged perpetrator of a crime or because the police told you that you must move along?	times	<input type="checkbox"/>	
g) Stayed one or more nights in a watch house or prison, whether that was a short-term stay, a longer stay for a more serious offence, or anything in between?	times	<input type="checkbox"/>	
If the total number of interactions equals 4 or more times, score 1 for Emergency Service Use .		Score	
Questions	Yes	No	Declined
For Questions 8 and 9, do not ask if partner is present			
8. Are you currently being harmed or at risk of being harmed by another person such as a spouse, parent, relative or friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you experienced violence or threats of violence, such as punching, kicking, attempted strangulation, use of weapons or controlling behaviour, in the last six months, that has had an impact on feeling safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" to Q. 8 score 1, and add a score of 2 if "Yes" to Q. 9 for Current Safety and Imminent Risk of Violence .			Score
10. Have you been physically harmed or verbally abused during a period of homelessness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you thought about, threatened to, or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever thought that you could be a danger to other people's safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. When it comes to homelessness services or housing, do you feel you have ever been discriminated against because of things like your age, race, appearance, disabilities, gender identity or sexual orientation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" to Q. 10 or Q. 11, assess for immediate risks before continuing. If "Yes" to any of the above, score 1 for Risk of Harm .			Score

Questions	Yes	No	Declined
14. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult for you to rent a place to live?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", score 1 for Legal Issues .			Score
15. Does anybody force or stand over you to do things that you do not want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is there anyone who has threatened you or whom you are afraid of?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" to any of the above, score 1 for Risk of Exploitation .			Score

D. Socialisation and Daily Functioning

Questions	Yes	No	Declined
17. Is there anyone who thinks you owe them money, such as a past landlord, business or bookie?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have any money coming in on a regular basis, through a job, government benefit, cash in hand work, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you ever gamble with money that you cannot afford to lose or have debts associated with gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" to Q17 or 19 or "No" to Q18, score 1 for Money Management .			Score
20. Are you usually bored or on most days lacking planned things that you enjoy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", score 1 for Meaningful Daily Activity .			Score
21. Are you currently able to take care of basic needs like bathing, changing clothes, using a toilet, getting food and clean water and other things like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No", score 1 for Self-Care .			Score
22. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", score 1 for Social Relationships .			Score

E. Wellness

Questions	Yes	No	Declined
23. Do you have now, have you ever had, or has a health care provider ever told you that you have any of the following medical conditions:			
a) Cellulitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Kidney disease/end-stage renal disease or dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Liver disease, cirrhosis, or end-stage liver disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Heart disease, arrhythmia, or irregular heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Emphysema/ Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Chronic digestive condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Score 1 for EACH question answered "Yes"			Score
24. Do you have now, have you ever had, or has a health care provider ever told you that you have any of the following medical conditions:			
a) History of frostbite, hypothermia, or immersion foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) HIV+/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) History of heat stroke/heat exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Dental problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Foot/skin infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Scabies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Dehydration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Other (<i>specify</i>):			



Questions	Yes	No	Declined
25. Do you avoid or are you unable to go for care when you are not feeling well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" Score 1			Score

26. If "No" to Q.25, where do you usually go for health care or when you're not feeling well?

<p>Hospital</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p>GP</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Community Health Centres</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p>Specialist Homeless Health Service</p> <input type="checkbox"/> <input type="checkbox"/> <p>Other Specialist Health Services</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p><input type="checkbox"/> (Specify)</p> <p>Who</p> <p>Where</p>
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Questions	Yes	No	Declined
27. Have you ever had to leave housing, crisis accommodation, or other place you were staying because of your physical health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Do you have any physical disability that would limit the type of housing you could access, or make it hard to live independently, because you would need help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant?	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" to any of the above, score 1			Score
Add scores from Q. 23, 25, 27 to 29 for total score for Physical Health			Score

30. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or been told you do – including any issues with using medicines in a way you weren't supposed to or using over-the-counter medications to get high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Have you consumed alcohol and/or drugs almost every day or every day for the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. a) Have you injected drugs in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) If so, are you aware of safe injecting practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Have you blacked out because of your alcohol or drug use in the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Has your drinking or drug use led you to being kicked out of any housing, accommodation or program you were staying at in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



36. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" to any of questions 30 to 32(a) or 33 to 36, score 1 for Substance Use .			Score
Questions	Yes	No	Declined
37. Have you ever been diagnosed with any of the following:			
a) Anxiety (other than PTSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Post-Traumatic Stress Disorder (PTSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Bipolar Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Psychosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Borderline Personality Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Obsessive Compulsive Disorder (OCD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Eating disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Other mental health condition (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. a) Have you ever been taken to a hospital against your will for a mental health reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Have you ever gone to the <i>Accident and Emergency</i> at the hospital because you weren't feeling 100% well emotionally or because of your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. a) Have you voluntarily spoken with a psychiatrist, psychologist or other mental health professional in the last 6 months because of your mental health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Have you ever had a serious brain injury (ABI) or head trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Have you ever been told you have a learning disability or developmental/intellectual disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" to any of the above, score 1 for Mental Health .			Score
If respondent scored at least 1 for <u>each</u> of the 3 Wellness indicators above score 1 for Tri-Morbidity . Note: The 3 Wellness Indicators are Physical Health, Substance Use and Mental Health.			Score



Questions	Yes	No	Declined
44. Are there any medications a doctor said you should be taking that you are not taking as advised because:			
a) You sell them instead of taking them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) You misuse them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) You have had them taken or stolen from you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) You forget to take them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) You are unable to store them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) You are unable to afford them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) You do not agree that you need them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) You do not like the side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) For any other reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" to any of the above, score 1 for Medications .			Score
45. YES OR NO: Have you experienced any recent or past abuse or trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, have you sought help for it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", to Q. 45 score 1 for Abuse and Trauma .			Score

Additional Questions

<p>Your Gender is best described as</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Sistergirl</p> <p><input type="checkbox"/> Brotherboy</p> <p><input type="checkbox"/> Transgender</p> <p><input type="checkbox"/> Gender diverse</p> <p><input type="checkbox"/> Non-binary</p> <p><input type="checkbox"/> Questioning/Unsure</p> <p><input type="checkbox"/> Prefer not to say</p> <p><input type="checkbox"/> Prefer to self-describe (specify)</p> <p>.....</p> <p><input type="checkbox"/> Declined</p>	<p>Intersex variation:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Unsure</p> <p><input type="checkbox"/> No <input type="checkbox"/> Prefer not to say</p> <p><input type="checkbox"/> Declined</p>
	<p>Your Sexual Identity is best described as</p> <p><input type="checkbox"/> Asexual</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Gay</p> <p><input type="checkbox"/> Heterosexual</p> <p><input type="checkbox"/> Lesbian</p> <p><input type="checkbox"/> Pansexual</p> <p><input type="checkbox"/> Queer</p> <p><input type="checkbox"/> Questioning/Unsure</p> <p><input type="checkbox"/> Prefer to self-describe (specify)</p> <p>.....</p> <p><input type="checkbox"/> Prefer not to say</p> <p><input type="checkbox"/> Declined</p>



<p>What country were you born in?</p> <p><input type="checkbox"/> Australia</p> <p><input type="checkbox"/> New Zealand</p> <p><input type="checkbox"/> United Kingdom</p> <p><input type="checkbox"/> China</p> <p><input type="checkbox"/> India</p> <p><input type="checkbox"/> Philippines</p> <p><input type="checkbox"/> Vietnam</p> <p><input type="checkbox"/> Italy</p> <p><input type="checkbox"/> South Africa</p> <p><input type="checkbox"/> Malaysia</p> <p><input type="checkbox"/> Other (<i>specify</i>)</p> <p><input type="checkbox"/> Declined</p>	<p>What is your ancestry / ethnic cultural background? (<i>Mark all that apply</i>)</p> <p><input type="checkbox"/> Australian</p> <p><input type="checkbox"/> Indigenous Australian</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Scottish</p> <p><input type="checkbox"/> Italian</p> <p><input type="checkbox"/> German</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Greek</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Hmong</p> <p><input type="checkbox"/> Kurdish</p> <p><input type="checkbox"/> Maori</p> <p><input type="checkbox"/> Lebanese</p> <p><input type="checkbox"/> Other (<i>specify</i>)</p> <p><input type="checkbox"/> Declined</p>	<p>What is your citizenship or residency status?</p> <p><input type="checkbox"/> Australian Citizen</p> <p><input type="checkbox"/> Australian Permanent Resident</p> <p><input type="checkbox"/> Visitor Visa</p> <p><input type="checkbox"/> Working and Skilled Visa</p> <p><input type="checkbox"/> Studying and Training Visa</p> <p><input type="checkbox"/> Family and Spousal Visa</p> <p><input type="checkbox"/> Refugee and Humanitarian Visa</p> <p><input type="checkbox"/> Bridging Visa</p> <p><input type="checkbox"/> New Zealand citizen</p> <p><input type="checkbox"/> Other (<i>specify</i>)</p> <p><input type="checkbox"/> Decline to state</p>
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<p>How do you make money? (<i>Mark all that apply</i>)</p> <p><input type="checkbox"/> Aged Pension</p> <p><input type="checkbox"/> Any other pension/allowance</p> <p><input type="checkbox"/> Begging</p> <p><input type="checkbox"/> Carer Allowance</p> <p><input type="checkbox"/> Carer Payment</p> <p><input type="checkbox"/> Disability Support Pension</p> <p><input type="checkbox"/> Family Tax Benefit</p> <p><input type="checkbox"/> Maintenance (Child Support)</p> <p><input type="checkbox"/> New Start/Unemployment Benefit</p> <p><input type="checkbox"/> No Income</p> <p><input type="checkbox"/> Parenting Payment</p> <p><input type="checkbox"/> Rent Assistance</p> <p><input type="checkbox"/> Sex Work</p>	<p><input type="checkbox"/> Special Benefit Payment</p> <p><input type="checkbox"/> Student Allowance</p> <p><input type="checkbox"/> Work, Big Issue Vendor</p> <p><input type="checkbox"/> Work, Employee</p> <p><input type="checkbox"/> Work, Self-Employed</p> <p><input type="checkbox"/> Worker’s Compensation</p> <p><input type="checkbox"/> Youth Allowance – Living at Home</p> <p><input type="checkbox"/> Youth Allowance – Living Away from Home</p> <p><input type="checkbox"/> Other (<i>specify</i>)</p> <p><input type="checkbox"/> None of the Above</p> <p><input type="checkbox"/> Declined</p>	<p>Are your finances administered by:</p> <p><input type="checkbox"/> Public Trustee</p> <p><input type="checkbox"/> Carer</p> <p><input type="checkbox"/> Relative</p> <p><input type="checkbox"/> Other (<i>specify</i>)</p> <p><input type="checkbox"/> N/A (self managed)</p> <p><input type="checkbox"/> Declined</p> <p>Do you have a Guardian?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Declined</p>
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Questions	Yes	No	Declined
46. Are you a current serving member of the Australian Defence Force?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Have you ever served in the Australian Defence Force?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. a) Have you ever been in foster care, out of home care or institutional care as a child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Have you ever been in institutional care as an adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Have you ever been in youth detention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Please specify if you have any pets:			



Follow-up Questions

<p>On a regular day, where is it easiest to find you and what time of day is easiest to do so?</p>	<p>Place: _____</p> <p>Time: ___:___ am/pm or <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening</p>
<p>Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?</p>	<p>Phone: _____</p> <p>Email: _____</p>
<p>What do you need to be safe and well?</p>	<p>_____</p> <p>_____</p>

Scoring Summary

Domain	Subtotal		
A. Demographics	/1		
B. History of Housing and Homelessness	/2		
C. Risks	/7		
D. Socialisation and Daily Functions	/4		
E. Wellness	/17		
Grand Total	/31		

