

This survey is for reference only and should not be used without appropriate training. A printable version, including the required consent form, is only available to those who have completed training. For more information, contact the Australian Alliance to End Homelessness (info@aaeh.org.au).

Australian Homelessness Vulnerability Triage Tool (AHVTT)

Family

Version 1.4



advance to zero

**local communities
ending homelessness**

The Australian Homelessness Vulnerability Triage Tool (AHVTT) was developed through a process of feedback and consultation that took place both through survey form, in person discussion and virtual discussions.

The AHVTT should be used in the context of Advance to Zero (AtoZ), a national initiative of the Australian Alliance to End Homelessness (AAEH) that supports local collaborative efforts to end homelessness. To learn more, visit: aaeh.org.au/atoz

Front line services, First Nations representatives and people with lived experience provided crucial feedback to ensure that this tool will be a good representation of a person's presenting experience of homelessness and their immediate needs.

The tool, based on people's disclosed information, assists in triaging the most vulnerable and rapidly resolving crises. 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.

The AHVTT was developed by the Australian Alliance to End Homelessness (AAEH) and partners. The AAEH would particularly like to thank OrgCode Consulting and Micah Projects for their support in its development.

Explanation of the AHVTT and consent

My name is _____ and I work for _____.

I have with me here a survey for people experiencing homelessness called the Australian Homelessness Vulnerability Triage Tool, which you may hear referred to as the AHVTT. It asks questions about your experience of homelessness, risk factors that may impact your life, your day to day life, and your health and wellness. This information is important to help us identify key health, wellness and housing options that will suit your needs.

The survey should take about 15 minutes or so. Throughout the survey you can:

- Stop at any time you choose
- Skip or decline to answer any question you do not want to answer
- Take a break and come back to the survey another time
- Change your answers at anytime throughout the survey or after
- Ask for some help with understanding what the question is.

The information collected will be stored within a secure database to which only approved service providers and their staff will have access. I ask you to be as honest as possible as your circumstances are very important to us and we want to make sure that the housing outcomes and support you receive are the most suitable for you.

Consent

- | | | | |
|---|---|------------------------------|-----------------------------|
| 1 | Are you and your family currently safe? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | Do you consent to answer some questions to help us understand your service and housing needs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Participant name

Participant signature

Date

DD / MM / YYYY

Surveyor name

Surveyor signature

Date

DD / MM / YYYY

Surveyor organisation

Surveyor team name (if different to org name)

State where survey is being completed

A. Pre-survey questions

Firstly, we will just get some basic details about yourself, the type of stuff you'd put down on regular government paperwork.

First/Primary head of household		
3	What is your first name?	
4	What is your last name?	
5	Do you have a preferred name or any other names you go by? I.e. nickname, street name or maiden name	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
6	If yes: what are those other names?	
7	What gender do you identify as?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender male <input type="checkbox"/> Transgender female <input type="checkbox"/> Brotherboy <input type="checkbox"/> Sistergirl <input type="checkbox"/> Non-binary <input type="checkbox"/> Gender diverse <input type="checkbox"/> Other: _____ <input type="checkbox"/> Skip
8	What are your pronouns?	<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> they/them <input type="checkbox"/> xie/hir <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Skip
9	Do you identify as Aboriginal, Torres Strait Islander or both?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> Skip
10	What is your date of birth?	DD / MM / YYYY
11	Age in years	
12	What is your Centrelink Reference Number?	
13	Are you a current or former Australian Defence Force (ADF) member?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
14	On a typical day, where is the easiest place to find you?	
15	Is there a phone number for a person or a service provider where I can safely get a hold of you or leave you a message?	
16	Is there any email address where I can safely send you a message?	

Complete this section if there is a second head of household. Otherwise, skip to Question 31.

Second/Secondary head of household

17 What is your first name?		
18 What is your last name?		
19 Do you have a preferred name or any other names you go by? I.e. nickname, street name or maiden name	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	
20 If yes: what are those other names?		
21 What gender do you identify as?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender male <input type="checkbox"/> Transgender female <input type="checkbox"/> Brotherboy <input type="checkbox"/> Sistergirl	<input type="checkbox"/> Non-binary <input type="checkbox"/> Gender diverse <input type="checkbox"/> Other: _____ <input type="checkbox"/> Skip
22 What are your pronouns?	<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> they/them <input type="checkbox"/> xie/hir	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Skip
23 Do you identify as Aboriginal, Torres Strait Islander or both?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> I don't know <input type="checkbox"/> Skip
24 What is your date of birth?	DD / MM / YYYY	25 Age in years
26 What is your Centrelink Reference Number?		
27 Are you a current or former Australian Defence Force (ADF) member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Skip
28 On a typical day, where is the easiest place to find you?		
29 Is there a phone number for a person or a service provider where I can safely get a hold of you or leave you a message?		
30 Is there any email address where I can safely send you a message?		

Aboriginal and Torres Strait Islander question

31 Do you or any members of the family identify as Aboriginal, Torres Strait Islander or both?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> I don't know <input type="checkbox"/> Skip
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B. History of housing and homelessness

These questions ask about your previous tenancies, starting with where you've last had a permanent place to live.

Questions	Option set
32 When was the last time you and your family had a permanent place to live?	_____ years _____ months <input type="checkbox"/> Skip
33 Including this time, how many times have you experienced homelessness in the last year?	_____ times <input type="checkbox"/> Skip
34 Are you and your family currently sleeping rough?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
35 If yes, how long have you and your family been sleeping rough?	_____ years _____ months <input type="checkbox"/> Skip <input type="checkbox"/> Not applicable
36 Have you or any members of your family ever lived in a foster home as a youth or any type of group home as a youth or adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
37 Have you or any members of your family ever owned a house in your name or had a tenancy in your name?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
38 Do you feel you or your family have ever been discriminated against when trying to access housing or any other social program because of your family size, the children, your age, gender, race, abilities, appearance or sexual orientation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
39 Have you and your family ever left or lost your housing because you experienced violence in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
40 Have you ever lost your housing because family or friends caused you to get evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip

C. Social and daily needs

These next questions cover whether you and your family are able to get needed health and hygiene services and income available to you.

Questions	Option set	
41 Do you and your family have access to food and water when you are hungry or thirsty?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	
42 Do you and your family have access to a toilet when you need it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	
43 Do you and your family have access to laundry or replacement clothes when you need them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	
44 Do you and your family have access to a shower when you need it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	
45 Other than money for housing, do you and your family have enough money every fortnight to take care of your day to day needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	
46 Is there someone else like a relative or Public Trustee that administers or manages your finances?	<input type="checkbox"/> Public Trustee <input type="checkbox"/> Carer <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____	<input type="checkbox"/> Not applicable <input type="checkbox"/> Skip
47 Do you or your family members ever struggle to afford essentials because of gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	
48 Do you and your family have people that you can rely upon and care about you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	

D. Risks and safety

With these next questions, I will ask you about interactions with emergency services like hospitals or police and explore a little bit about what your safety needs are.

Questions	Option set
49 Do you and your family feel safe where you sleep?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
50 Have you or any member of the family taken an ambulance to the hospital 5 or more times in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
51 Have you or any member of the family been to the hospital emergency department 5 or more times in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
52 Have you or any member of the family been admitted to the hospital for any reason in the last year for 5 or more nights?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
53 Have you or any member of the family had 5 or more interactions with police in the last year, for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
54 Have you or any member of the family spent 5 or more nights locked up in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
55 Do you or any member of the family have any legal stuff going on right now that may result in you having to pay fines you cannot afford, or which may result in being locked up?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
56 Is there anyone or any company or any bank or any part of the government that thinks you owe them money?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
57 Have you or any member of the family experienced violence in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
58 Have you or any member of the family thought about or tried hurting someone else or yourself in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
59 Does anybody make you or any member of the family do things you do not want to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip

E. Health and wellbeing

This next set of questions will be about your physical and mental health and any substance use history that we need to keep in mind when matching you to the right housing outcome.

Questions	Option set
60 How old is the oldest person of the family?	_____ years
61 When you or a family member are sick or not feeling well, do you seek medical help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
62 Have you or any member of the family ever been denied medical help while experiencing homelessness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
63 Do you or any member of the family have any ongoing serious health issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
64 If yes, do you mind sharing with me what the serious health issues are?	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Brain injury <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease </div> <div style="width: 30%;"> <input type="checkbox"/> Immunodeficiency diseases <input type="checkbox"/> Liver disease <input type="checkbox"/> Morbid obesity </div> <div style="width: 30%;"> <input type="checkbox"/> Neurological diseases <input type="checkbox"/> Respiratory diseases <input type="checkbox"/> Other (please state): _____ </div> </div>
65 Do you, or any member of your family, regularly use any substances, such as drugs or alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
66 If yes, do you mind sharing what you are using?	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Bath salts <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Cannabis <input type="checkbox"/> Cocaine <input type="checkbox"/> Crack cocaine <input type="checkbox"/> DMT (Dimethyltryptamine) <input type="checkbox"/> Ecstasy (MDMA, molly) <input type="checkbox"/> Fentanyl </div> <div style="width: 30%;"> <input type="checkbox"/> Heroin <input type="checkbox"/> Ketamine <input type="checkbox"/> LSD <input type="checkbox"/> Magic mushrooms <input type="checkbox"/> Methamphetamine (crank, glass, ice, speed) <input type="checkbox"/> Non-palatable alcohol (e.g. rubbing alcohol, cough syrup, mouthwash) </div> <div style="width: 30%;"> <input type="checkbox"/> Oxycodone (oxycontin, percocet) <input type="checkbox"/> Palatable alcohol (e.g. beer, wine, spirits) <input type="checkbox"/> Spice (k2) <input type="checkbox"/> Xylazine (tranq) <input type="checkbox"/> Other (please state): _____ </div> </div>
67 Do you or any member of the family have a diagnosed mental health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip
68 If yes, do you mind sharing what the mental health diagnosis is?	

- Anxiety disorder
- Bipolar disorder
- Delusional disorder
- Eating disorder
- Clinical depression

- Neurodevelopmental disorder
- Obsessive compulsive disorder
- Personality disorder
- Post-traumatic stress disorder (PTSD)

- Schizoaffective disorder
- Schizophrenia
- Other (please state): _____

69 Have you or any member of the family ever had, or been told that you have had, a brain injury or head trauma?

- Yes
- No
- Skip

70 Do you or any member of your family, have any issues that will likely make it difficult to live independently or where you would need more help with your health, mental health or substance use if you were housed?

- Yes
- No
- Skip

71 Are there any medications you or any member of the family should be taking that are not being taken, not taken all the time or used in a way different from how the medicine was prescribed?

- Yes
- No
- Skip

72 Are you or any member of the family currently pregnant or think you might be?

- Yes
- No
- Skip

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F. Family unit

Now we will just note down who else is with you and if you and your family require any further tailored supports and advocacy. Please use this table to include any children under the age of 18 that are either: Currently staying with you (select Yes) or, Not currently staying with you, but will likely be joining you once you are housed (select No).

Name	Date of birth	Gender		First Nations	With you?	
	DD / MM / YYYY Age: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender male <input type="checkbox"/> Transgender female <input type="checkbox"/> Brotherboy <input type="checkbox"/> Sistergirl	<input type="checkbox"/> Non-binary <input type="checkbox"/> Gender diverse <input type="checkbox"/> Other (please state): _____ <input type="checkbox"/> Skip	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both	<input type="checkbox"/> Neither <input type="checkbox"/> Don't know <input type="checkbox"/> Skip	<input type="checkbox"/> Yes <input type="checkbox"/> No
	DD / MM / YYYY Age: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender male <input type="checkbox"/> Transgender female <input type="checkbox"/> Brotherboy <input type="checkbox"/> Sistergirl	<input type="checkbox"/> Non-binary <input type="checkbox"/> Gender diverse <input type="checkbox"/> Other (please state): _____ <input type="checkbox"/> Skip	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both	<input type="checkbox"/> Neither <input type="checkbox"/> Don't know <input type="checkbox"/> Skip	<input type="checkbox"/> Yes <input type="checkbox"/> No
	DD / MM / YYYY Age: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender male <input type="checkbox"/> Transgender female <input type="checkbox"/> Brotherboy <input type="checkbox"/> Sistergirl	<input type="checkbox"/> Non-binary <input type="checkbox"/> Gender diverse <input type="checkbox"/> Other (please state): _____ <input type="checkbox"/> Skip	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both	<input type="checkbox"/> Neither <input type="checkbox"/> Don't know <input type="checkbox"/> Skip	<input type="checkbox"/> Yes <input type="checkbox"/> No
	DD / MM / YYYY Age: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender male <input type="checkbox"/> Transgender female <input type="checkbox"/> Brotherboy <input type="checkbox"/> Sistergirl	<input type="checkbox"/> Non-binary <input type="checkbox"/> Gender diverse <input type="checkbox"/> Other (please state): _____ <input type="checkbox"/> Skip	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both	<input type="checkbox"/> Neither <input type="checkbox"/> Don't know <input type="checkbox"/> Skip	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family unit (continued)

Family size

From the table, please identify if the family meets either criteria below.

<p>73 One parent/head of household with 2 or more children aged 11 years or younger</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Two parents/heads of households with 3 or more children, with at least one child aged 6 years or younger</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	---

Questions	Option set
<p>74 Are there any children that are currently not with you because they are living with a friend or family member or because they are in foster care, group home, or out of home care placement?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip</p>
<p>75 Are there any adults that are not currently with you because of things like incarceration, military deployment or because they are in hospital?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip</p>
<p>76 Do you currently have any family legal issues going on like a divorce, child custody issues or domestic violence issues that would impact getting housed or who you can live with in housing?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip</p>
<p>77 Are there any children that have been removed from the family by a child protection service within the last 6 months?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip</p>
<p>78 Do your children attend school more often than not each week (when school is in session)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip</p>
<p>79 Do you have two or more planned activities each week as a family such as outings to the park, library, visiting others, watching a movie or anything like that?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip</p>
<p>80 Has being homelessness made it difficult to be as engaged with your children as you'd like to be?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip</p>

G. Demographics and additional questions

Thank you for going through this survey with me. I'll just take a few more details and then this survey is complete!

First/Primary head of household

81 What is your country of birth?

- | | | |
|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Australia | <input type="checkbox"/> Phillippines | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> New Zealand | <input type="checkbox"/> Vietnam | <input type="checkbox"/> Skip |
| <input type="checkbox"/> United Kingdom | <input type="checkbox"/> Italy | |
| <input type="checkbox"/> China | <input type="checkbox"/> South Africa | |
| <input type="checkbox"/> India | <input type="checkbox"/> Malaysia | |

82 What is your citizenship or residency status?

- | | | |
|--|--|--|
| <input type="checkbox"/> Australian Citizen | <input type="checkbox"/> Studying and Training Visa | <input type="checkbox"/> New Zealand Citizen |
| <input type="checkbox"/> Australian Permanent Resident | <input type="checkbox"/> Family and Spousal Visa | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Visitor/Temporary Visa | <input type="checkbox"/> Refugee and Humanitarian Visa | <input type="checkbox"/> Skip |
| <input type="checkbox"/> Working and Skilled Visa | <input type="checkbox"/> Bridging Visa | |

83 How do you make your money? (Select all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Age Pension | <input type="checkbox"/> JobSeeker Payment (unemployment benefit) | <input type="checkbox"/> Work, Self-Employed |
| <input type="checkbox"/> Any other pension/allowance | <input type="checkbox"/> No income | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Begging | <input type="checkbox"/> Parenting Payment | <input type="checkbox"/> Youth Allowance - Living at home |
| <input type="checkbox"/> Carer Allowance | <input type="checkbox"/> Rent Assistance | <input type="checkbox"/> Youth Allowance - Living away from home |
| <input type="checkbox"/> Carer Payment | <input type="checkbox"/> Sex work | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Disability Support Pension | <input type="checkbox"/> Special Benefit Payment | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Family Tax Benefit | <input type="checkbox"/> Student Allowance | <input type="checkbox"/> Skip |
| <input type="checkbox"/> Maintenance (Child support) | <input type="checkbox"/> Work, Big Issue Vendor | |
| | <input type="checkbox"/> Work, Employee | |

84 Do you have a Public Guardian?

- | | | |
|--|---|-------------------------------|
| <input type="checkbox"/> Public Guardian | <input type="checkbox"/> Not applicable | <input type="checkbox"/> Skip |
| <input type="checkbox"/> Next of kin | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Power of Attorney | | |

85 Have you ever been in any of the following?

- | | | |
|--|---------------------------------|-------------------------------|
| <input type="checkbox"/> Youth detention | <input type="checkbox"/> Remand | <input type="checkbox"/> Skip |
| <input type="checkbox"/> Watch house | <input type="checkbox"/> Prison | |

86 How long ago were you last released?

- | | | |
|---|--|-------------------------------|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> More than 5 years ago | <input type="checkbox"/> Skip |
| <input type="checkbox"/> 1 to 5 years ago | | |

Complete this section if there is a second head of household. Otherwise, skip to Question 93.

Second/Secondary head of household

87 What is your country of birth?

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Australia | <input type="checkbox"/> Phillipines | <input type="checkbox"/> Other:
_____ |
| <input type="checkbox"/> New Zealand | <input type="checkbox"/> Vietnam | <input type="checkbox"/> Skip |
| <input type="checkbox"/> United Kingdom | <input type="checkbox"/> Italy | |
| <input type="checkbox"/> China | <input type="checkbox"/> South Africa | |
| <input type="checkbox"/> India | <input type="checkbox"/> Malaysia | |

88 What is your citizenship or residency status?

- | | | |
|--|--|--|
| <input type="checkbox"/> Australian Citizen | <input type="checkbox"/> Studying and Training Visa | <input type="checkbox"/> New Zealand Citizen |
| <input type="checkbox"/> Australian Permanent Resident | <input type="checkbox"/> Family and Spousal Visa | <input type="checkbox"/> Other:
_____ |
| <input type="checkbox"/> Visitor/Temporary Visa | <input type="checkbox"/> Refugee and Humanitarian Visa | <input type="checkbox"/> Skip |
| <input type="checkbox"/> Working and Skilled Visa | <input type="checkbox"/> Bridging Visa | |

89 How do you make your money? (Select all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Aged Pension | <input type="checkbox"/> JobSeeker Allowance (unemployment benefit) | <input type="checkbox"/> Work, Self-Employed |
| <input type="checkbox"/> Any other pension/allowance | <input type="checkbox"/> No income | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Begging | <input type="checkbox"/> Parenting payment | <input type="checkbox"/> Youth Allowance - Living at home |
| <input type="checkbox"/> Carer Allowance | <input type="checkbox"/> Rent Assistance | <input type="checkbox"/> Youth Allowance - Living away from home |
| <input type="checkbox"/> Carer Payment | <input type="checkbox"/> Sex work | <input type="checkbox"/> Other:
_____ |
| <input type="checkbox"/> Disability Support Pension | <input type="checkbox"/> Special Benefit Payment | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Family Tax Benefit | <input type="checkbox"/> Student Allowance | <input type="checkbox"/> Skip |
| <input type="checkbox"/> Maintenance (Child support) | <input type="checkbox"/> Work, Big Issue Vendor | |
| | <input type="checkbox"/> Work, Employee | |

90 Do you have a Public Guardian?

- | | | |
|--|--|-------------------------------|
| <input type="checkbox"/> Public Guardian | <input type="checkbox"/> Not applicable | <input type="checkbox"/> Skip |
| <input type="checkbox"/> Next of Kin | <input type="checkbox"/> Other:
_____ | |
| <input type="checkbox"/> Power of Attorney | | |

91 Have you ever been in any of the following?

- | | | |
|--|---------------------------------|-------------------------------|
| <input type="checkbox"/> Youth detention | <input type="checkbox"/> Remand | <input type="checkbox"/> Skip |
| <input type="checkbox"/> Watch house | <input type="checkbox"/> Prison | |

92 How long ago were you last released?

- | | | |
|---|--|-------------------------------|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> More than 5 years ago | <input type="checkbox"/> Skip |
| <input type="checkbox"/> 1 to 5 years ago | | |

93 What do you and your family need to be safe and well?

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