



advance to zero

local communities
ending homelessness

VI-SPDAT

Prescreen for Families

Vulnerability Index
Service Prioritization Decision Assistance Tool





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



Advance to Zero Consent Form

Logan Zero and approved partners of Advance to Zero are collecting information from you as part of our efforts to better understand your needs to access housing services.

As part of this survey we may collect personal and sensitive information about you. We take protecting you and your information very seriously. You do not have to answer questions if you do not wish to.

We do not sell, share or disclose your information to anyone outside of Logan Zero and authorised agencies we work with as part of *Advance to Zero*.

By participating in this survey, you give your permission to Logan Zero and authorised agencies to release all relevant housing, health care and social support information about you to progress your access to housing, health care and support services. Only information essential to providing services and improving your access to housing, health care and welfare services will be shared.

The collective findings from this survey which do not identify you individually will also be used to inform government, non-government agencies, research and the community about the needs and experiences of people experiencing homelessness.

You are entitled to request from us a copy of Logan Zero *Privacy and Confidentiality Policy* and the *Partner Confidentiality Agreement* signed by the authorised agencies at any time for free.

I understand that:

- My information will be entered into a secure database
- I have the right to review my information at no cost to me by making a request to any participating member of Logan Zero
- I can request my information be removed from Logan Zero' and authorised agencies' files at any time
- If any information about me is incorrect, or has changed I have the right to request that the information be corrected or updated.

I give consent to the use or disclosure of all personal and sensitive information which is held in any format, written, verbal, audio-visual or otherwise.

Print Name of Person: _____

Date: ____ / ____ / ____

Signature of Person: _____

Verbal Consent Provided



Photograph Use Permission

Logan Zero and approved partners for *Advance to Zero* request permission to take your photo for the purpose of identifying you as part of this advocacy project. With your permission, we may also like to use the photograph in printed publications, websites, social media and other communications materials as part of telling the story of this survey project. Please select from below:

- I agree to the use of my photograph for the purpose of identifying me as part of this survey project only

- I agree to the use of my photograph for the purpose of identifying me and for release to the media, internet and social media as part of telling the story of this survey project, and would like to be identified as:

- I do not agree to being photographed

Print Name of Person: _____

Date: ____ / ____ / ____

Signature of Person: _____



Administration

Agency name		Interviewer name	Survey location
Survey date <small>D D / M M / Y Y</small>	Survey time <small>___ : ___ am/pm</small>	Team name	Survey postcode

A. Demographics

Head of Household 1			
First name	Nickname	Last name	
In what language do you feel best able to express yourself?			
Date of birth <small>D D / M M / Y Y</small>	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			
Head of Household 2			
First name	Nickname	Last name	
In what language do you feel best able to express yourself?			
Date of birth <small>D D / M M / Y Y</small>	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			

Children

1. Please list children under the age of 18, their date of birth, and whether they are currently living with you.				<input type="checkbox"/> Declined
First name	Last name	How old?	Date of birth	With you?
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
If household includes a female...				
2. Is any member of the family currently pregnant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Declined

B. History of housing and homelessness

3. Where do you and your family sleep most frequently? *(Mark only one)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Beach/Riverbed | <input type="checkbox"/> Hospital | <input type="checkbox"/> Tent |
| <input type="checkbox"/> Boarding House/Other Hostels | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Toilets |
| <input type="checkbox"/> Bushland | <input type="checkbox"/> House that I Own/Mortgage | <input type="checkbox"/> Train/Bus Station |
| <input type="checkbox"/> Car | <input type="checkbox"/> Indigenous Hostel | <input type="checkbox"/> With Friends/Family Temporarily (Couch Surfing) |
| <input type="checkbox"/> Caravan Park <i>(specify)</i>
..... | <input type="checkbox"/> Park/Parklands | <input type="checkbox"/> Other <i>(specify)</i>
..... |
| <input type="checkbox"/> Community Housing that I Rent | <input type="checkbox"/> Private Housing that I Rent | |
| <input type="checkbox"/> DV Refuge | <input type="checkbox"/> Public Housing that I Rent | |
| <input type="checkbox"/> Emergency/Crisis Accommodation | <input type="checkbox"/> Squat/Cave | |
| | <input type="checkbox"/> Streets | <input type="checkbox"/> Declined |

4a. Are you and your family sleeping rough right now? Yes No Declined

4b. Where have you and your family slept in the past month? *(Mark all that apply)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Beach/Riverbed | <input type="checkbox"/> Hospital | <input type="checkbox"/> Tent |
| <input type="checkbox"/> Boarding House/Other Hostel | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Toilets |
| <input type="checkbox"/> Bushland | <input type="checkbox"/> House that I Own/Mortgage | <input type="checkbox"/> Train/Bus Station |
| <input type="checkbox"/> Car | <input type="checkbox"/> Indigenous Hostel | <input type="checkbox"/> With Friends/Family Temporarily (Couch Surfing) |
| <input type="checkbox"/> Caravan Park <i>(specify)</i>
..... | <input type="checkbox"/> Park/Parklands | <input type="checkbox"/> Other <i>(specify)</i>
..... |
| <input type="checkbox"/> Community Housing that I Rent | <input type="checkbox"/> Private Housing that I Rent | |
| <input type="checkbox"/> DV Refuge | <input type="checkbox"/> Public Housing that I Rent | |
| <input type="checkbox"/> Emergency/Crisis Accommodation | <input type="checkbox"/> Squat/Cave | <input type="checkbox"/> Declined |
| | <input type="checkbox"/> Streets | |

5. What is the total length of time you and your family have not had your own tenancy?	years	months	<input type="checkbox"/> Declined
6. How long has it been since you and your family lived in permanent stable housing (with a secure lease/tenancy)?	years	months	<input type="checkbox"/> Declined
7a. In the last year, how many times have you and your family been homeless?		times	<input type="checkbox"/> Declined
7b. Of these times you and your family 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

8. a) What age were you when you first slept on the streets or in emergency accommodation?

Yourself	Your partner (if applicable)
Age or approximate age:	Age or approximate age:
<input type="checkbox"/> Never slept on the streets or in emergency accommodation	<input type="checkbox"/> Never slept on the streets or in emergency accommodation
<input type="checkbox"/> Declined	<input type="checkbox"/> Declined

8. 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 or guardian?

Yourself	Your partner (if applicable)
Age or approximate age:	Age or approximate age:
<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Declined	<input type="checkbox"/> Declined

C. Risks

Questions	Response	Declined
9. In the past six months, <u>how many times</u> have you or anyone in your family...		
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 healthcare 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, juvenile detention or jail, whether that was a short-term stay, a longer stay for a more serious offence, or anything in between?	times	<input type="checkbox"/>

Questions	Yes	No	Declined
For Questions 11 and 12, do not ask if partner is present			
10. Are you, or anyone in your family, currently being harmed or at risk of being harmed by another person such a spouse, parent, relative or friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you, or anyone in your family, experienced violence or threats or violence, such as punching, kicking, attempted strangulation, use of weapons or controlling behavior, in the last six months, that has had an impact on feeling safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you or anyone in your family been physically harmed or verbally abused during a period of homeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you or anyone in your family thought about, threatened to, or tried to harm themselves or anyone else in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you or anyone in your family ever thought you could be a danger to other people’s safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. When it comes to homelessness services or housing, do you feel you or your family 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"/>
16. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Does anybody force or stand over you or anyone in your family to do things that they do not want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Is there anyone who has threatened you or anyone in your family or whom you are afraid of?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



D. Socialisation and Daily Functioning

Questions	Yes	No	Declined
19. Is there anyone who thinks you or anyone in your family owes them money, such as a past landlord, business, or bookie?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Does your family have any money coming in on a regular basis, like through a job, government benefit, cash in hand work, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you or any family member 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"/>
22. Is your family usually bored or on most days lacking planned things that your family would enjoy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Is your family's 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"/>

E. Wellness

Questions	Yes	No	Declined
25. 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"/>

Questions	Yes	No	Declined
26. Do you or any family member have now, 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>):			
27. Do you or any family members avoid care, or are you or any family members unable to go for care when not feeling well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. If “No” to Q.28, where do you usually go for health care or when you’re not feeling well?			
<p>Hospital</p> <input type="checkbox"/> Logan Hospital <input type="checkbox"/> P.A. Hospital <input type="checkbox"/> Other Hospital <p>GP</p> <input type="checkbox"/> Home Doctor <input type="checkbox"/> Street Doctor <input type="checkbox"/> Bulk Billing - GP <input type="checkbox"/> Other – GP <p>Community Health Centres</p> <input type="checkbox"/> Other Community Health Centre <p>Specialist Homeless Health Services</p> <input type="checkbox"/> HHOT <input type="checkbox"/> Other Specialist Homeless Health Service	<p>Other Specialist Health Services</p> <input type="checkbox"/> Footprints <input type="checkbox"/> Metro South <input type="checkbox"/> Aboriginal and Torres Strait Islander Health Clinics <input type="checkbox"/> Stride <input type="checkbox"/> Headspace <input type="checkbox"/> Ladders <input type="checkbox"/> Lives Lived Well <input type="checkbox"/> Open Minds <input type="checkbox"/> National Disability Insurance Scheme <input type="checkbox"/> Maternity Hub <input type="checkbox"/> Psychologists <input type="checkbox"/> Other Specialist Health Service	<p><input type="checkbox"/> Other (<i>specify</i>)</p> <p>Who</p> <p>Where</p>	

Questions	Yes	No	Declined
29. Has your family ever had to leave housing, crisis accommodation, or other place you were staying because of the physical health of you or anyone in your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Do you, or family member, 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"/>
31. Have you or any family member 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"/>
32. Have you or any family member consumed alcohol and/or drugs almost every day or every day for the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. a) Have you or any family member injected drugs in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) If so, are you and your family members aware of safe injecting practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Have you or any family member blacked out because of your alcohol or drug use in the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Have you or any family member ever been treated for drug or alcohol problems and returned to drinking or using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Has drinking or drug use by you or anyone in your family led your family to being kicked out of housing, crisis accommodation or a program you were staying at in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Do you or any family member have 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"/>
a) Other mental health condition (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions	Yes	No	Declined
39. Have you or any family member ever been taken to a hospital against your will for a mental health reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Have you or any family member ever gone to <i>Accidents and Emergency</i> at the hospital because they weren't feeling 100% well emotionally or because of their nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Have you or any family member 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"/>
42. Have you or any family member had a serious brain injury (ABI) or head trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Have you or any family member ever been told they have a learning disability or developmental/intellectual disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. If you indicated in there is a medical condition , with mental health concerns and experience with problematic substance use , was that for the same member of the family in all of those instances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Are there any medications that a doctor said you or anyone in your family should be taking that you are not taking as advised because:			
a) You, or any family member, sell them instead of taking them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) You, or any family member, misuse them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) You, or any family member, have had them taken or stolen from you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) You, or any family member, forget to take them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) You, or any family member, are unable to store them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) You, or any family member, are unable to afford them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) You, or any family member, do not agree that you need them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) You, or any family member, 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"/>
47. YES OR NO: Have you or any family member 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"/>

F. Family Unit

Questions	Yes	No	Declined
48. Are there any children that have been removed from the family by a child protection service within the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Right now or at any point in the last 6 months have any of your children been separated from you to live with a family member or friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Has any child in the family experienced any emotional, physical, psychological, sexual or other type of abuse or trauma in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. If there are school-aged children Do your children attend school more often than not each week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Have adults in the family changed over the past 6 months because of things like new relationships or a breakdown in the relationship, prison, military deployment, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Do you anticipate any other adults or children coming to live with you in the first 6 months of being housed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Has being homeless made it difficult to be as engaged with your children as you'd like to be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Because of your homelessness, do you rely on your older children to help you with your younger children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Because of your homelessness, are you isolated from family supports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Questions

Head of Household 1		
<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><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><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 (specify)</p> <p><input type="checkbox"/> Declined</p>	<p>What is your ancestry / ethnic cultural background? (Mark all that apply)</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 (specify)</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 (specify)</p> <p><input type="checkbox"/> Declined to state</p>
<p>How do you make money? (Mark all that apply)</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 (specify)</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</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>

SCRIPT:

I am going to ask for personal details of your family members. It’s okay if you don’t have the answer or if you don’t feel comfortable answering these questions without their consent. If you do answer these questions, you consent to us collecting information about other members of your family, including your partner.

Head of Household 2		
<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><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><input type="checkbox"/> Prefer not to say</p> <p><input type="checkbox"/> Declined</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>



Questions	Yes	No	Declined
59. a) Are you a current serving member of the Australia Defence Force?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Are any other family members a current serving member of the Australia Defence Force?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. a) Have you ever served in the Australian Defence Force?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Has any other family member ever served in the Australian Defence Force?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. 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) (If applicable) Has your partner ever been in foster care, out of home care or institutional care as a child?	Not applicable <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. a) Have you ever been in institutional care as an adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) (If applicable) Has your partner ever been in institutional care as an adult?	Not applicable <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. a) Have you ever been in youth detention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) (If applicable) Has your partner ever been in youth detention?	Not applicable <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. 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>Okay, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined</p>
<p>What do you need to be safe and well?</p>	<p>_____</p> <p>_____</p>

