

**Client Data Form****First Name:** \_\_\_\_\_**Last Name:** \_\_\_\_\_**Date of Birth:** \_\_\_/\_\_\_/\_\_\_\_\_**OR your age:** \_\_\_\_\_**Gender:**  Male  Female

Street No: \_\_\_\_\_

Street \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Homeless indicator:**Yes No At risk**Are you of Aboriginal or Torres Strait Islander origin:**

- No  Aboriginal  
 Both  Torres Strait Islander

**What is your country of Birth?** \_\_\_\_\_

Month &amp; Year of arrival in Australia \_\_\_\_/\_\_\_\_

Visa Type: \_\_\_\_\_

What is the main language spoken at home?

- English  Italian  
 Arabic  Mandarin  
 Cantonese  Vietnamese  
 Greek  Other

If other language, please specify here:  
\_\_\_\_\_

If English is not your main language, please rate your ability to speak English

- Very well  Not Well  
 Well  Not at all

**Do you have one or more of the following impairments, conditions or disabilities:**

- Intellectual learning  Psychiatric  
 Sensory/speech  Physical/diverse  
 Other  None If other, please state:

**Household Composition:**

- Single (live alone)  Sole parent with dependent(s)  
 Couple  Couple with dependent(s)  
 Group (related adults)  Group (unrelated adults)  
 Homeless/no household  Not stated

**Highest level of education/qualification:**

Pre-primary	Secondary education
Certificate level	Advance Diploma and Diploma level
Bachelor's degree level.	Graduate Diploma and graduate certificate level
Post graduate degree level.	Other education

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Is client a carer:  yes  No  
NDIS eligibility: In- progress access request  
NDIS eligible  
NDIS ineligible

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**Current Employment Status:**

Employed  
 Unemployed  
 Unpaid work (includes volunteering)  
 Not in the labour force  
 Paid work part- time  
 Centrelink income support payment  
 Not working and not looking for work  
 Not working, looking for work.  
 Study full time  
 Study part time  
 Caring  
 Parenting

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**Current Family Income:**

\$25,000       \$75,000       110,000 >  
 \$50,000       100,000

**Income Frequency:**

weekly       fortnightly       monthly

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**Do you consent to your information in this form being collected by this service provider and it being disclosed in de-identified form to DSS for the purposes of FSP data collection? YES      NO**

Information collected through the Data Exchange is de-identified and used for research and policy analysis only.

The Data Exchange is interested in trends at the program and whole-of-program level, not individual clients.

**Fees charged:**

Yes       No      **Amount:** \_\_\_\_\_

**Do You consent to being contacted by this service provider later to participate in follow up, evaluation and/or research purposes?**

Yes       No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Who referred you to this service (tick one only)**

- Advocacy/support group
- Centrelink
- Childcare service
- Child Protection Agency
- Child Support Agency
- Community legal centre
- Communities for children
- Community organisation
- Corrective Services
- Domestic Violence Service
- Drug/alcohol service
- Disability Service
- Education Service
- Employer
- Family Court – referral
- Family Court –order
- Family Relationships Centre
- Family Relationships online
- Family Support Service
- Federal Court – referral
- Federal Court – Order
- Health Practitioner
- Indigenous service
- Internet
- Legal Aid Commission
- Local Magistrates Court
- Mental Health Service
- Other FRSP Provider
- Other Government Department
- Other Family Relationship Service
- Police
- Private Legal Practitioner
- School
- Self
- Other (please state) \_\_\_\_\_

Was parenting agreement reached? (circle)    Full                      Partial                      Not reached

If yes: Date of parenting agreement: \_\_\_\_\_

Did a legal practitioner assist with formalizing the agreement? (circle)    Yes                      No

Certificate Type if any and date: \_\_\_\_\_

What goals do you have by being here: \_\_\_\_\_