



Upper Great Southern Family Support Association Inc

CLIENT INFORMATION FORM

Name:

Address:.....

..... Phone No:

Sex: Male Female DOB:

Country of birth: INDIGENOUS ORIGIN:.....

Usual living arrangement/accommodation type (4 or more days per week)

.....

Primary Disability:.....

Other significant Disability: (if any).....

Main method of communication:.....

(eg no effective communication, sign language, effective non-spoken, effective spoken)

Main language spoken in the home: (eg English, Italian, Greek etc).....

Are interpreter services required?.....

How often does the service user need personal help or supervision with the following. Please indicate the level of help or supervision required for each life area.

<p>1. Unable to do or always needs help/supervision.</p> <p>2. Sometimes needs help/supervision.</p> <p>3. Does not need help/supervision with the activity or life area, but uses aids or equipment.</p> <p>4. Does not need help/supervision with the activity or life area and does not use aids or equipment.</p>

All service users

Self Care ____ Mobility ____ Communication ____ Interpersonal Skills ____

Service users aged 5 and over

Learning, applying knowledge ____ Education ____ Community Life ____

Service users aged 15 and over

Domestic activities ____ Working ____ Health care ____

Service users day activity (tick)

Day Care ____ ATE ____
School ____ Recreation ____
TAFE/Uni ____ Seeking Employment ____
Rehabilitation ____ No formal day activity ____

Does the service user have an informal carer, such as a family member, friend or neighbour, who provides care and assistance on a regular and sustained basis? **YES/NO**

Does the carer assist the service user in the areas of self care, mobility or communication? YES/NO

Is the Carer co-resident? **YES/NO**

Carer relationship _____

Carer age group _____

What is the service users main income source?	Child (under 16)	Carer Allowance (Child)	YES/NO
	Adult: Disability Support Pension		YES/NO
	Other Pension		YES/NO
	Paid Employment		YES/NO
	Compensation Income		YES/NO
	Other Income		YES/NO

What is the service user's labour force status? Employed
(If over 15) Please circle one Unemployed
Not in workforce

Parent/Primary Carer Name

Thank you for completing this form which assists the Agency in its reporting requirements for funding. Your privacy is respected and this record is destroyed if you do not receive funding in a financial year.