

When and Where from

- **Date**
- **District** *(on stat sheet)*
- **How did you know to access our service?** *(where coming from - formal ie: referred; Informal/word of mouth)* (open ended)
 - **Additional from Service Providers** *new source of referral?* Yes/No
- Was it easy to find/access our service? Yes/No

Who is new

- **New service user** Yes/No
- **Existing client/service user with new issue** Yes/No
- **CALD/ATSI/Young Person/Disabled/Older Person**
- **Issue/s for seeking help/support**
- **Have you ever sought assistance of this kind before?** Yes/No
- **Have you (or the main income earner/s in your household)?** *(lost your job - had work hours reduced)*
- Have you needed to access additional help through Centrelink due to COVID-19? *(Yes - Not eligible - Haven't been able to get through/complete application - Not needed to at this time)*
- **Are you receiving/did you receive?** *(Job Keeper; Job Seeker; increased Centrelink payments)*
- **Postcode**
- Household composition *{Single (person living alone); Sole parent with dependents; Couple with no dependents; Couple with dependents; Group (related adults); Group (unrelated adults); Homeless/no household; Other}* *(additional information for who is new)*
- Is this a referral that you were unable to support? *(service to answer)*

Families with children

- **Have your school age children returned to the classroom?** Yes/No
- **Have your 3-5 year old/s returned to early learning/preschool?** Yes/No

Financial capacity

- **Will you be able to pay your next rent/mortgage payment** Yes/No/Unsure
- Will you be able to pay your next lot of bills Yes/No/Unsure
- Have you had enough money to buy groceries? Yes/No

Connection during isolation

- **Do you have access to electronic devices and unlimited data and devices?** *(no if only 1 of the above)* Yes/No/Unsure
- Do you require support to access online information and services? Yes/No
- Has everything going online limited your access to them? Yes/No
- **Have you lost support from family and friends during the restrictions?** Yes/No

Mental Health

- **Has your mental health and wellbeing, or that of anyone in your household, been impacted by COVID-19?** Yes/No

Purpose

Instructions

Three documents have been provided as part of this package to collect demographic data on the children, young people, families, and communities currently accessing your services. We have heard from Government that there are gaps in the data available to inform both organisations and the Government in responding to such a crisis and the data collected from this exercise will, in part, help to close that gap. The first document includes the full list of questions of which you could include any or all in your current data collection. This second document has taken those questions and put them onto a form that you could use directly to record individual information from people accessing your service. The final document is a statistic sheet that collates the information before forwarding to Fams for consolidation with other service's data. Please email the statistic document to info@fams.asn.au either when it is full or at the end of the month. Those questions in bold are considered the priority if you are only able to collect a few.

Thank you for contributing to the collection of this data. At a time when service delivery has shifted significantly and children, young people, families and communities have varying needs during COVID-19 and beyond, we appreciate any data you are able to report on the Statistics Sheet provided. Fams will keep you informed of the results of the information we are receiving through our Newsletter and weekly communication.