

Disability Services National Minimum Data Set Collection

Name and Address (please correct any errors)

Service Type Outlet Form 2014–15

A separate Service type outlet form should be filled in for each NDA-funded service type outlet (i.e. for each NDA-funded service type provided at or from a given location). Your NDA funding department should have filled in items A–G before your agency received this form. Please check the responses using the Data Guide—pages 18–32, initially for any queries you may have.

A. Funded agency ID
B. Service type outlet ID
C. Service type D. Service type outlet postcode
E. Service type outlet SLA
F. Funding jurisdiction G. Agency sector
Service type outlet name:
Funded service type:
Please verify the information provided above.
Contact Name
Title or position Email
Phone number Fax number

Please turn over >

Has this service type outlet been fun- full financial year?	ded for the	Yes 1 No	2 See Data Guide page 33
2. How many weeks per year does this 'No regular pattern of operation through a services such as Christmas holic	year' includes seasonal	L	See Data Or Guide page 34
3. How many days per week does this 'No regular pattern of operation through a holiday programs.	week' includes school	L	See Data or Guide page 35
4. How many hours per day does this 'No regular daily pattern of operation' include hour sleepover etc. Please do not provide the	des flexible hours, on call, i	24	See Data Or Guide page 36
Staff hours: What were the total hour staff) and volunteers working on behalf 5. In the 7-day reference week preceding the end of the reporting period? 6. In a typical (or average) 7-day week?	· ·	•	i taff – ked by
Please enter a dash (–) in the right hand box Please round hours up to the nearest whole If the service type of this service out question 7 and o	hour.	7.01–7.04) please do	o not complete
7. How many service users received service type outlet during the report Please do not provide numbers of 'beds' of	this service type from	m this	See Data Guide page 43

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Thank you for your time and effort.



Disability Services National Minimum Data Set Collection

Service User Form 2014–15

Service types 1.05–1.07, 2.06, 3.01, 3.03, 4.01–4.05 should complete <u>all</u> questions on this form for each service user who received a service within the reporting period. Service types 1.01–1.04, 1.08, 2.01–2.05 and 2.07 should complete all questions except 17e and 17f; service type 3.02 should fill out at least questions B, 1 and 2—Linkage key elements and items 17a–17b; and service types 5.01 and 5.02 should fill out all questions except 12b–c and 12e (some carer questions).

and 5.02 should fill out all questions except 12b–c and 12e (some carer questions).				
B. Service type outlet ID			See Data Guide page 47	
Please copy the Service type outlet ID from the related	d Service Type Ou	tlet Form.		
1. Record ID			See Data Guide page 48	
2. Statistical Linkage Key				
2a. Letters of surname	3rd 4th	5th 6th	See Data Guide pages 49–50	
2b. Letters of given name	310 4111	Sui Gui	See Data Guide pages 51–52	
2c. Date of birth	y y y	known	e Data Guide page 53. If not n, estimate year, enter 01/01 for lay and month and tick 2d.	
2d. Is the service user's date of birth an	estimate?	Yes 1	See Data Guide pages 54	
2e. What is the service user's sex ?	Male 1	Female 2	See Data Guide pages 55	
Service type 3.02 - Recreation/holiday program services, go to Question 17.				
3. Is the service user of Aboriginal or Torres Strait Islander origin?				
			See Data Guide pages 56-57	
Aboriginal but not Torres Strait Islan	nder origin	1		
Torres Strait Islander but not Aboriç	ginal origin	perce	nses must not be based on the otions of anyone other than the	
Both Aboriginal and Torres Strait Islan	nder origin	3 a µ unrelia	, or their advocate. The 'look' of person has proven to be an able way for another person to	
Neither Aboriginal nor Torres Strait Islan	nder origin 🗌	4 assess	s someone's Indigenous origin.	

4. In which country was the service user born ?	See Data Guide page 58-59
Australia 1101 Scotland 2105	
England 2102 Greece 3207	
New Zealand 1201 Germany 2304	
Italy 3104 Philippines 5204 Viet Nam 5105 India 7103	Where the country of birth is known but is not specified in the
Viet Nam5105 India7103 If other country please specify	classification, please specify it in the space provided.
5. Does the service user require interpreter services?	See Data Guide page 60
Yes - for spoken language Yes - for non-spoken communication 2	No 3
6. What is the service user's most effective method of communication	ation?
Spoken language (effective)	See Data Guide page 61
Sign language (effective) 2	
Other effective non-spoken communication 3 - e.g. Canon Communicator, Compic	This item is considered
Little, or no effective communication 4	'not applicable' to young children. Hence children aged 0–4 years should
Child aged under 5 years (not applicable) 5	always be coded as 'Child aged under 5 years'.
7. Does the service user usually live alone or with others?	See Data Guide page 62
Lives alone 1 'Usually' mear	ns 4 or more days per week on
Lives with taxilly Do	average.
Lives with family2 The service us	ser's living arrangements must
Lives with others 3 relate to the san	ne place described in residential ing (see question 9).
8. What is the postcode of the service user's usual residence?	See Data Guide page 63
	e user's postcode must relate to lential setting (see question 9).

9. What is the service user	r's usual residential setting ?	See Data Guide pages 64-65
	Private residence1	
Re	esidence within an Aboriginal community 2	
	Domestic-scale supported living facility 3 – e.g. group homes	
– e.g. hostels	Supported accommodation facility 4 s, supported residential services or facilities	The type of physical accommodation the person usually resides in
	Boarding house/private hotel5	('usually' means 4 or more days per week on
Independ	dent living unit within a retirement village 6	average).
	Residential aged care facility 7 – nursing home or aged care hostel	
Psychiatr	ric/mental health community care facility 8	
	Hospital 9	
	mergency or transitional accommodation 1 es, hostels for the homeless, halfway houses	0
	Public place/temporary shelter1	1
	Other 1	2
10 What are the service u	user's primary and other significant c	lisability group(s)?
10. What are the service a		
a. Primary disability	y group b. Other sign	ificant disability group(s)
	Tick all oth	ificant disability group(s) er significant disabilities
a. Primary disability		
a. Primary disability Tick 1 box only	Tick all oth	er significant disabilities Disability group(s)
a. Primary disability Tick 1 box only	Tick all oth Intellectual	Disability group(s) (other than that indicated
a. Primary disability Tick 1 box only 1 2 S	Tick all oth Intellectual specific learning/ADD - other than Intellectual	Disability group(s) (other than that indicated as being 'primary') that
a. Primary disability Tick 1 box only 1 2 Si 3	Tick all oth Intellectual Specific learning/ADD - other than Intellectual Autism - including Asperger's Syndrome	Disability group(s) (other than that indicated as being
a. Primary disability Tick 1 box only 1 2 S 3 4 5	Tick all oth Intellectual Specific learning/ADD - other than Intellectual Autism - including Asperger's Syndrome Physical	Disability group(s) (other than that indicated as being 'primary') that also cause difficulty for the person.
a. Primary disability Tick 1 box only 1 2 S 3 4 5	Intellectual Specific learning/ADD - other than Intellectual Autism - including Asperger's Syndrome Physical Acquired brain injury	Disability group(s) (other than that indicated as being 'primary') that also cause difficulty for the person.
a. Primary disability Tick 1 box only 1 2 S 3 4 5	Intellectual Specific learning/ADD - other than Intellectual Autism - including Asperger's Syndrome Physical Acquired brain injury rological - including epilepsy & Alzheimer's Diseas	Disability group(s) (other than that indicated as being 'primary') that also cause difficulty for the person.
a. Primary disability Tick 1 box only 1 2 S 3 4 5 6 Neuro 7	Intellectual Specific learning/ADD - other than Intellectual Autism - including Asperger's Syndrome Physical Acquired brain injury Fological - including epilepsy & Alzheimer's Disease Deafblind - dual sensory	Disability group(s) (other than that indicated as being 'primary') that also cause difficulty for the person. See See Data Guide pages
a. Primary disability Tick 1 box only 1 2 Si 3 4 5 6 Neuro 7	Intellectual Specific learning/ADD - other than Intellectual Autism - including Asperger's Syndrome Physical Acquired brain injury rological - including epilepsy & Alzheimer's Diseas Deafblind - dual sensory Vision	Disability group(s) (other than that indicated as being 'primary') that also cause difficulty for the person. See See Data Guide pages
a. Primary disability Tick 1 box only 1 2 S 3 4 5 6 Neuro 7 8 9	Intellectual Specific learning/ADD - other than Intellectual Autism - including Asperger's Syndrome Physical Acquired brain injury rological - including epilepsy & Alzheimer's Disease Deafblind - dual sensory Vision Hearing	Disability group(s) (other than that indicated as being 'primary') that also cause difficulty for the person. See See Data Guide pages

11. How often does the service user need personal help or

See Data Guide pages 70-72

supervision with activities or participation in the following life areas?

Please indicate the level of help or supervision required for each life area (rows a–i) by ticking only one level of help or supervision (columns 1–5).

The person can undertake activities or participate in this life area with this level of personal help or supervision (or would require this level of help or supervision if the person currently helping were not available)	1) Unable to do or always needs help/supervision in this life area	2) Sometimes needs help/ supervision in this life area	3) Does not need help/supervision in this life area but uses aids or equipment	4) Does not need help/supervision in this life area and does not use aids or equipment	5) Not applicable
LIFE AREA					
a) Self-care e.g. washing oneself, dressing, eating, toileting	1	2	3	4	
b) Mobility e.g. moving around the home and/or moving around away from home (including using public transport or driving a motor vehicle), getting in or out of bed or a chair	1	2	3	4	
c) Communication e.g. making oneself understood, in own native language or preferred method of communication if applicable, and understanding others	1	2	3	4	
d) Interpersonal interactions and relationships e.g. actions and behaviours that an individual does to make and keep friends and relationships, behaving within accepted limits, coping with feelings and emotions	1	2	3	4	
NOTE: In the following questions 'not applica	ble' is a valid	response (only if the per	son is 0–4 yea	ars old.
e) Learning, applying knowledge and general tasks and demands e.g. understanding new ideas, remembering, problem solving, decision making, paying attention, undertaking single or multiple tasks, carrying out daily routine	1	2	3	4	5
f) Education e.g. the actions, behaviours and tasks an individual performs at school, college, or any educational setting	1	2	3	4	5
g) Community (civic) and economic life e.g. recreation and leisure, religion and spirituality, human rights, political life and citizenship, economic life such as handling money	1	2	3	4	5
NOTE: In the following questions 'not applica	ble' is a valid	response (only if the per	son is 0–14 ye	ears old.
h) Domestic life e.g. organising meals, cleaning, disposing of garbage, housekeeping, shopping, cooking, home maintenance	1	2	3	4	5
i) Working e.g. actions, behaviours and tasks to obtain and retain paid employment	1	2	3	4	5

12.	Carer arrangements (informal)	See Data Guide page 73-74
	The following questions are asking about the presence of an informal carer who provides support to the service user (i.e. these questions are not about paid carers)	
	12a. 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 7 > Go to 12b No 2 > Go to 13	'Regular' and 'sustained' in this instance means that care or assistance has been ongoing, or likely to be ongoing for at least six months.
	12b. Does the carer assist the service user in the area(s) of self-care, mobility or communication?	Questions 12b–e relate to the informal carer identified in 12a
	Yes 1 No 2	See Data Guide page 75
,	12c. Does the carer live in the same household as the service Yes, Co-resident carer 1 No, Non-resident carer 2	user? See Data Guide page 76
•	12d. What relationship is the carer to the service user?	See Data Guide page 77-78
	Wife/female partner 1 Daughter-in-law 7	
	Husband/male partner 2 Son-in-law 8 Mother 3 Other female relative 9	When answering this question complete the sentence The carer is the service user's
	Father 4 Other male relative 10	This question relates to the informal carer
	Daughter 5 Friend/neighbour – female 11	identified in 12a
	Son 6 Friend/neighbour – male 12	
	12e. What is the age group of the carer?	See Data Guide page 79
	Less than 15 years 1 45–64 years 45–64	When asking the service user about the age of
	15–24 years 2 65 years and over 5	their carer it is considered more appropriate to ask about broad age groups
	25–44 years 3	rather than actual age.

Only complete question 13 if the service user is aged under 16 years.		
13. If aged under 16 years: do the service user's parents or guardians receive the Carer Allowance (Child)? This question.	See Data Guide page 80	
Yes 1 No 2 Not known 3 Payment et children aged	ven though some parents of less than 16 years receive it in o Carer Allowance (Child).	
Only complete question 14 if the service user is aged 15 years.	ears or more.	
14. If aged 15 years or more: What is the service user's labour force status?	See Data Guide page 81-82	
Employed 1 Unemployed 2 Not in the labou	r force 3	
Only complete question 15 if the service user is aged 16 years.	ears or more.	
15. If aged 16 years or more: What is the service user's main source of income?	See Data Guide page 83	
Disability Support Pension 1 Other income 5	This item refers to the source by which a person derives most (equal to or greater than	
Other pension or benefit 2 Nil income 6	50%) of his/her income. If the person has multiple sources of income and none are equal	
Paid employment 3 Not known 7	to or greater than 50%, the one which contributes the largest percentage should be	
Compensation payments 4	counted.	
Continue questions for service users of all ages.		
16. Is the service user currently receiving individualised funding under the NDA?		
Yes 1 No 2 Not known 3	See Data Guide page 84-85	

Service user form 8 of 10 July 2009

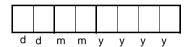
17. Services received 2013-14

For service types 1.05–1.07, 2.06, 3.01, 3.03 and 4.01–4.05 complete all sections (a) to (f). For all remaining service types (except 6.01–6.05 and 7.01–7.04), please complete sections (a) to (d) only. For service type 3.02, complete items (a) and (b).

Responses to the remaining questions must relate to the service type outlet ID indicated in data item B of the Service User Form.

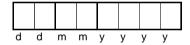
Note: if the service user received more than 1 service type from your agency you will need to complete a separate Service User Form (see Data Guide pages 14–16).

17a. When did the service user commence using this service type?



See Data Guide page 87-88

17b. When did the service user **last receive** this service type?



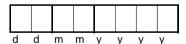
See Data Guide page 89

A service is a support activity delivered to a person, in accordance with the NDA. Services within the scope of the collection are those for which funding has been provided, during the specified period, by a government organisation operating under the NDA.

If the service user is still with the service leave 17c and 17d blank and >Go to question 17e

17c. When did the service user **leave** this service type outlet?

See Data Guide page 90



A service user is considered to leave a service when either:

- 1. the service user ends the support relationship with the service outlet; or
- 2. the service outlet ends the support relationship with the service user.

Only answer this item if item 17c has been coded (i.e. the service user is no longer receiving the service).

17d. What reason did the service user report for leaving this s	service type outlet?
Service user no longer needs assistance from service type outlet – moved to mainstream services	1 See Data Guide page 91-92
Service user no longer needs assistance from service type outlet – other	2
Service user moved to residential, institutional or supported accommodation setting	3
Service user's needs have increased – other service type required	4
Services terminated due to budget/staffing constraints	5
Services terminated due to Occupational Health and Safety reasons	6
Service user moved out of area	7
Service user died	8
Service user terminated service	9
Other	10
Questions 17e and 17f only need to be completed by service type and 4.01–4.05.	oes 1.05–1.07, 2.06, 3.01, 3.03
Hours received – please indicate the number of hours of support received by the service user for this NDA service type:	The amount of NDA-funded support received by a person for this NDA service type during the reporting period.
17e. In the 7-day reference week preceding the end of the reporting period.	See Data Guide page 93-94
17f. In a typical (or average) 7-day week.	See Data Guide page 95
Thank you for your time and effort	

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