

ACCESSING SERVICES

5. Have you identified a need for the client in this area (accessing appropriate services)?

Please tick one box only

- Yes Go to question 6 below
 No Go to question 6 on next page
 Unable to assess Go to question 6 on next page

5a. Please identify the circumstances that apply for this client

Tick all that apply

- | | |
|---|--------------------------|
| Persistent refusal/unwillingness to be provided with services | <input type="checkbox"/> |
| Uncoordinated multiple referrals | <input type="checkbox"/> |
| Ongoing inability to negotiate with service system | <input type="checkbox"/> |
| Recurring criminal issues | <input type="checkbox"/> |
| Recurring legal issues | <input type="checkbox"/> |
| Client no longer entitled to brokerage, relief, vouchers etc | <input type="checkbox"/> |
| Exclusion from other services | <input type="checkbox"/> |
| Geographic isolation | <input type="checkbox"/> |
| Limited access to transport | <input type="checkbox"/> |

Other (please specify): _____

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Refer to the accessing services section of the guidelines for further explanation.

5b. What level of support is required to meet the client's need in this area?

Please tick one box only

- Low Medium High

5c. Can the support needs of the client in this area (accessing appropriate services) be met by your agency ?

Please tick one box only

- Yes Go to question 6 on next page
 No Go to question 5d below
 To some extent Go to question 5d below

5d. Will you refer (or have you referred) this client to other service(s)?

Please tick one box only

- Yes Go to question 5e below
 No Go to question 5e below

5e. Are there any barriers to accessing these referral services?

Tick all that apply

- | | | | |
|--|--------------------------|---|-------------------------------|
| No, no barriers | <input type="checkbox"/> | } | Go to question 6 on next page |
| Yes, no relevant service(s) exist in local area | <input type="checkbox"/> | | |
| Yes, cannot access service(s) due to cost | <input type="checkbox"/> | | |
| Yes, cannot access service(s) due to waiting list | <input type="checkbox"/> | | |
| Yes, client does not want to access the service(s) | <input type="checkbox"/> | | |

Other (please specify): _____

