

- 1. Real Estate Agent**
- 2. State or Territory Housing Authority**
- 3. Parent / Other relative not in the same household**
- 4. Other person not in the same household**
- 5. Owner / Manager of caravan park**
- 6. Employer - Defence Housing Authority**
- 7. Employer - Government**
- 8. Other employer**
- 9. Housing Co-operative / Community or Church group**
- 10. Other**

W

- 1. Working**
- 2. Looking for work**
- 3. Working in unpaid voluntary job**
- 4. Child care**
- 5. Home duties**
- 6. Studying**
- 7. Retired**
- 8. Voluntarily inactive**
- 9. Own illness / injury**
- 10. Own disability / handicap**
- 11. Looking after ill / disabled / aged person**
- 12. Other**

Y

- 1. Wages or salary**
(including from own incorporated business)
- 2. Government pension or allowance**
(including Family Tax Benefit if received as a payment from Centrelink)
- 3. Child support / Maintenance**
- 4. Superannuation / Annuity / Allocated pension**
- 5. Worker's Compensation**
- 6. Any other regular source**
(excluding profit or loss from business, rent or investment)

- 1. War Widow(er)'s Pension (DVA)**
- 2. Disability Pension (DVA)**
- 3. Carer Allowance**
- 4. Overseas pension or benefit**
- 5. Family Tax Benefit**
- 6. Parenting Payment**
- 7. Youth Allowance**
- 8. Other**

1. **Child's (step) brother / (step) sister**
2. **Child's grandparents**
3. **Child's other relative**
4. **Other people**
5. **Other organisation**
6. **Child looks after self**

1. **Sight problems NOT corrected by glasses or contact lenses**
2. **Hearing problems**
3. **Speech problems**
4. **Blackouts, fits or loss of consciousness**
5. **Difficulty learning or understanding things**
6. **Limited use of arms or fingers**
7. **Difficulty gripping things**
8. **Limited use of legs or feet**
9. **Any condition that restricts physical activity or physical work (e.g. back problems, migraines)**
10. **Any disfigurement or deformity**
11. **Any mental illness for which help or supervision is required**

- 1. Bathing / showering**
- 2. Dressing or undressing**
- 3. Eating or feeding**
- 4. Using the toilet**
- 5. Bladder / bowel control**
- 6. Moving around at home**
including transferring to / from bed or chair
- 7. Moving around away from home**
- 8. Understanding / being understood in own language**
e.g. by strangers, family and friends (including using sign language or lip reading)

1. **Type of job could do**
2. **Number of hours that could be worked**
3. **Finding suitable work**
4. **Needing time off work**
5. **Permanently unable to work**

Sample Only

W

1. **Self care**
2. **Mobility**
3. **Communication**
4. **Health care**
5. **Home help**
6. **Home maintenance**
7. **Meals**
8. **Paperwork**
9. **Cognitive or emotional support**
10. **Transport**