

## National Minimum Data Set Collections – NMDS

As a requirement under our funding agreement we are obligated to provide information of the services we provide every three months. This is done by our service providing information through a National Database. The information we are required to supply relates to the programs we provide, the amount of support being provided (hours, staffing etc) and client details.

The information of individuals remains anonymous with each client being registered by 3 characters in their surname. The collection of this information assists with the allocation and distribution of funds.

To assist us could you please complete the following questions.

Surname \_\_\_\_\_ Given Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex Male / Female

Aboriginal but not Torres Strait Islander origin

Torres Strait Islander but not of Aboriginal origin

Both Aboriginal and Torres Strait Islander origin

Neither Aboriginal nor Torres Strait Islander origin

In which country were you born? \_\_\_\_\_

Do you require an interpreter? Yes / No

Method of Communication

Spoken language

Sign Language

Other non spoken communication

Little or no effective communication

Residence

Lives alone

Lives with family  Postcode \_\_\_\_\_

Lives with others

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Residential Setting

- Private Residence
- Aboriginal Community
- Group Home
- Supported accommodation/ hostels
- Boarding House/private hostel
- Independent living unit within a retirement village
- Residential aged care facility
- Psychiatric/mental health community care facility
- Short term crisis, emergency or transitional
- Accommodation
- Public place/temporary shelter
- Other

Disability Group

- Intellectual
- ADD/ ADHD
- Autism
- Physical
- Acquired Brain Injury
- Neurological (epilepsy, alzheimers etc)
- Deafblind
- Vision
- Hearing
- Speech
- Psychiatric
- Development Delay

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*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	2	3	4	5
Unable to do or always needs help/supervision in this life area	Sometimes Needs help/supervision in this life area	Does not need help/supervision in this life area but uses aids or equipment	Does not need help/supervision in this life area and does not use aids or equipment	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 self 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

*In the following questions 'not applicable' is a valid response **only if** the person is **0-4** years 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

*In the following questions 'not applicable' is a valid response **only if** the person is **0-14** years 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

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Do you have someone such as a family member friend or neighbour who provides care and assistance on a regular basis? Yes / No

Does the carer assist you in the area of self-care, mobility or communication? Yes / No

Does the carer live in the same house? Yes / No

What is the relationship of the carer with you? \_\_\_\_\_

What is the age group of the carer?

Less than 15 years

15-24 years

25-44 years

45-64 years

Over 64

If under 16 do the parents/guardians receive carers allowance? Yes / No

If over 15 are you:

Employed

Unemployed

Not in Labour force

If over 16 what is your source of income?

Disability Support Pension

Other pension

Paid Employment

Compensation payments

Other Income

Nil Income

Are you receiving individual funding? Yes / No

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Please Tick the program and the days you will participating.

**Day Program**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

**Desmond Wood – Student Accommodation**

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

**Group Home**

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

**Merton House Accommodation**

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

**Community Outreach Program**

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

**Respite**

- Friday
- Saturday
- Sunday

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