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## INFORMATION ABOUT THE SURVEY

We've been asked to help with a survey of people using emergency relief services around Tasmania this week. If you would like to take part we can go through it together now. It will take about ten minutes.

It is part of Anglicare's research, which is used to tell politicians how they can help people on low incomes with things like concessions, services and changes to the law. The information from the survey will be written up in a report which will be available here when it's finished in October 2009.

The survey is completely anonymous, so your name and contact details won't ever be used.

Some of the information the survey asks for is information you have already given us as part of your emergency relief assessment. If you don't want to go through it all again, you can give us permission to fill out those parts of the survey for you later based on what you have already told us. Otherwise, we can fill the whole thing in here and now.

If you don't want to take part in the survey that is no problem. It won't affect your access to this service or to any Anglicare services in any way.

Do you have any questions?

Would you be willing to participate?

**1. How important are the following things in causing you to need emergency relief?**

	A big problem	A bit of a problem	Not a problem	Not relevant to me/us
Rent payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electricity bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of wood (for heating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home phone bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile phone bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loan repayments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debt to Centrelink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car repairs/maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Petrol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other transport costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. From the above list, please circle the issue that is the main cause of financial crisis in your household.**

**3. Do you have money owing for any of the following? You can tick more than one.**

Home loan	<input type="checkbox"/>	Credit card	<input type="checkbox"/>	Overdue electricity bill	<input type="checkbox"/>	To family members	<input type="checkbox"/>
Personal loan (with bank)	<input type="checkbox"/>	Store card	<input type="checkbox"/>	Overdue home phone bill	<input type="checkbox"/>	To friends	<input type="checkbox"/>
Personal loan (other)	<input type="checkbox"/>	To landlord (overdue rent)	<input type="checkbox"/>	Overdue mobile phone bill	<input type="checkbox"/>		
Other (please list) _____							

**4. In the past year, have you or any family member living in your household experienced any of the following issues?**

*You can tick more than one.*

Family/relationship breakdown	<input type="checkbox"/>	Domestic violence	<input type="checkbox"/>
Chronic debt	<input type="checkbox"/>	Legal problem / court appearance	<input type="checkbox"/>
Mental illness	<input type="checkbox"/>	Job loss	<input type="checkbox"/>
Other serious illness	<input type="checkbox"/>	Eviction	<input type="checkbox"/>
Disability	<input type="checkbox"/>	Housing repossession	<input type="checkbox"/>
Serious accident	<input type="checkbox"/>	Bankruptcy	<input type="checkbox"/>
Drug or alcohol addiction	<input type="checkbox"/>	Own business failure	<input type="checkbox"/>
Gambling problem	<input type="checkbox"/>	New baby	<input type="checkbox"/>
Funeral expenses	<input type="checkbox"/>	Came out of jail	<input type="checkbox"/>
Came out of hospital	<input type="checkbox"/>	Left out-of-home care (also known as foster care/state care)	<input type="checkbox"/>

5. In the past year, because of a shortage of money, have any of the following happened for you?

- Could not pay electricity or phone or gas bill Yes  No   
 Could not pay rent or home loan Yes  No   
 Pawned or sold something Yes  No   
 Went without meals Yes  No   
 Unable to heat your home Yes  No   
 Had the phone disconnected Yes  No   
 Had the power off Yes  No   
**if you had the power off, was it off because the company disconnected it**   
**or because you couldn't afford to recharge your Pay As You Go Card**

6. To what extent is the following statement true for you?

- "I worry about whether the amount of food I can buy for my household will be enough"  
 Always true  Mostly true  Occasionally true  Never true

7. In the past two weeks, what type of income have you received?

Please tick all your income sources in the past two weeks for you and (if you have one) your partner

**Your income**

Did you have any paid work in the last two weeks? Yes  No

- If yes, was it full time  part time   
 was it casual  permanent

Did your partner have any paid work in the past two weeks? Yes  No

- If yes, was it full time  part time   
 was it casual  permanent

Were you self-employed? Yes  No   
 If yes, what kind of business? \_\_\_\_\_

Were they self-employed? Yes  No   
 If yes, what kind of business? \_\_\_\_\_

Did you get any income from Centrelink?

- Parenting Payment Single   
 Parenting Payment Partnered   
 Newstart Allowance   
 Youth Allowance   
 Age Pension   
 Disability Support Pension (DSP)   
 Other (please state) \_\_\_\_\_

Did your partner get any income from Centrelink?

- Parenting Payment Single   
 Parenting Payment Partnered   
 Newstart Allowance   
 Youth Allowance   
 Age Pension   
 Disability Support Pension (DSP)   
 Other (please state) \_\_\_\_\_

If you received the DSP, is your disability:

- physical  psychiatric/mental health   
 learning/intellectual  acquired brain injury   
 other (please state) \_\_\_\_\_

If they received the DSP, is their disability:

- physical  psychiatric/mental health   
 learning/intellectual  acquired brain injury   
 other (please state) \_\_\_\_\_

Other income source (please state)

Other income source (please state)

If no income at all, please state why  
 No income at all   
 \_\_\_\_\_

If no income at all, please state why  
 No income at all   
 \_\_\_\_\_

8. How long have you been receiving your main Centrelink payment?

9. If you are on a Centrelink payment, are you or your partner currently on a reduced rate of payment?

- You Yes  No  Partner Yes  No   
 If yes, what is the reason for the reduced rate?  
 You Paying back Centrelink Advance / loan  Partner Paying back Centrelink Advance / loan   
 Paying back debt to Centrelink  Paying back debt to Centrelink   
 Have been breached by Centrelink  Have been breached by Centrelink

10. Gender Female  Male

11. Age \_\_\_\_\_

12. Postcode \_\_\_\_\_

13. Have you ever applied for emergency relief before? Yes  No

If yes, how many times have you used emergency relief in the past 12 months (excluding today)? \_\_\_\_\_

14. How often does your household have financial problems? This is the first time   
Now and then   
Regularly   
Always

15. Do you identify as an Aborigine or Torres Strait Islander? Yes  No

16. Are you from a non-English speaking background? Yes  No

17. Which country were you born in? \_\_\_\_\_  
Australia  Other (please state) \_\_\_\_\_

18. If other, did you arrive in Australia on a refugee visa? Yes  No

If yes, how long have you lived in Australia? \_\_\_\_\_

19. What are your current household living arrangements? Single person   
Couple with no children   
Couple with children   
Single parent with children   
Extended family   
Share house   
Other (please state) \_\_\_\_\_

Number of dependent children usually living in the household \_\_\_\_\_

20. What sort of housing do you live in? Renting from Housing Tasmania   
Private / other rental   
Buying home (mortgage)   
Own home outright (no mortgage)   
Boarding house / hostel / pub-top   
Caravan / cabin   
Crisis accommodation   
Staying with friends or family short-term   
Sleeping rough / in car   
Other (please state) \_\_\_\_\_

21. What is your fortnightly rent / house payment? \$ \_\_\_\_\_

22. Has your rent / house payment increased in the last year? Yes  No

If yes, by how much has it gone up per fortnight? \$ \_\_\_\_\_

23. How many times have you moved house in the last two years? \_\_\_\_\_ times

24. Do you hold a Pension Concession Card   
Health Care Card   
Neither

25. Does your household currently receive a concession on electricity bills? Yes  No

If no, why not? Don't know about it   
Account holder not eligible   
Other (please state) \_\_\_\_\_

26. What is the current method of paying electricity bills in your household? Pay As You Go meter   
Direct debit   
Centrepay   
Regular account paid on due date   
On a payment plan arrangement with Aurora   
Other (please state) \_\_\_\_\_

27. Do you have a home phone   
mobile phone   
no phone at all

28. If you have a mobile phone, what is your current method for paying for your mobile phone? Pre-paid / pay-as-you-go   
Direct debit   
Centrepay   
Regular account paid on due date   
Other (please state) \_\_\_\_\_

29. Are you or anyone in your household currently receiving any other support services? Yes  No

*Thank you very much for your time in completing this survey.*