

SUPPORT SERVICES INTAKE ASSESSMENT

Calgary HMIS

This form is to be completed within 30 days of a client being served by a program.

FOIP NOTIFICATION

This personal information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy ACT (the `FOIP`) and/or in accordance with any applicable agreements in place. All personal information collected during the registration process, during the course of the client's stay, and for participation in any programs will be used to provide services and ensure a safe and secure environment for all our clients. It will be treated in accordance with the privacy provision of Part 2 of the FOIP. Limited information may also be provided to the Minister of Human Services for the purpose of carrying out programs, activities or policies under his administration (e.g. research, statistical analysis) or for receiving provincial and/or federal funding. Do you have any questions or concerns?

The FOIP notification has been read and discussed with the client? ☐ Yes ☐ No

PROGRAM-LEVEL INFORMATION

Program name:

Case worker name:

Case worker phone number:

Date of Intake Assessment (mm/dd/yyyy):

Name of program that referred client (if applicable):

BASIC INFORMATION

Last name:

First name:

Middle name:

Prefix:

Suffix:

Also known as (A.K.A.)/ Nickname(s):

Date of birth:

Age:

What is your gender?

☐ Female ☐ Male ☐ Transgender ☐ Don't know ☐ Declined to answer

IDENTIFICATION

Are you able to produce the following forms of identification? (Check all that apply)

☐ Birth Certificate ☐ Driver's License ☐ Government issued ID ☐ Health card ☐ SIN ☐ No ID ☐ Other _____
☐ Don't know ☐ Declined to answer

LANGUAGE

What is your primary language?

☐ English ☐ French ☐ Other _____ ☐ Declined to answer

CITIZENSHIP AND MIGRANT STATUS

What is your current citizenship and immigration status?

☐ Canadian citizen ☐ Permanent resident (Landed immigrant) ☐ Refugee - Permanent resident ☐ Refugee - Claimant
☐ Temporary Foreign Worker ☐ International student ☐ Other _____ ☐ Don't know ☐ Declined to answer

What is your current migrant status?

☐ New to province (within 3 months) ☐ Recent immigrant (within 3 years) ☐ Recent immigrant and new to province ☐ Don't know
☐ Declined to answer ☐ Not applicable

ETHNICITY

What is your ethnicity?

☐ Caucasian ☐ Aboriginal ☐ Chinese ☐ South Asian ☐ African/Caribbean ☐ Filipino ☐ Latin American ☐ Southeast Asian
☐ Arab ☐ West Asian ☐ Korean ☐ Japanese ☐ Other _____ ☐ Don't know ☐ Declined to answer

If Aboriginal ethnicity, which group do you belong to?

☐ First Nations (Status) ☐ First Nations (Non Status) ☐ Métis ☐ Inuit ☐ Don't know ☐ Declined to answer ☐ Not applicable

FAMILY INFORMATION

Which of the following best describes your current family situation?

☐ Single ☐ Couple ☐ Single parent family ☐ Head of two-parent family ☐ Other parent in two-parent family ☐ Other
☐ Don't know ☐ Declined to answer

Are you pregnant? ☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

How many dependents (under 18) do you have? (only include those also enrolled in the program)

HOMELESSNESS HISTORY (PLEASE CHOOSE CHRONIC OR EPISODIC FOR THE FOLLOWING QUESTIONS)

Are you chronically homeless? (Def'n: Client has either been continuously homeless for a year or more, or has had at least 4 episodes of homelessness in the past 3 years. Person must have been sleeping in a place not meant for human habitation and/or in an emergency homeless shelter)

☐ Yes ☐ No

If chronic, how many **times** have you lived in shelters/outside in your lifetime?

If chronic, how many **years** have you been homeless?

☐ 1 year ☐ 2 years ☐ 3 years ☐ 4 Years ☐ 5 years or more ☐ Don't know ☐ Declined to answer

Are you episodically homeless? (Def'n: Homeless for less than a year and has fewer than 4 episodes of homelessness in the past three years)

☐ Yes ☐ No

If episodic, how many **times** have you lived in shelters/outside over the last year?

If episodic, how many **months** have you been homeless?

☐ Less than 1 month ☐ 1-3 months ☐ 4-6 months ☐ 7-12 months ☐ Don't know ☐ Declined to answer

HOUSING HISTORY

What was your primary residence prior to program entry?

☐ Outside (rough sleeping, camping, vehicle) ☐ Dwelling unfit for human habitation ☐ Emergency shelter ☐ Addictions treatment facility
☐ Staying with family or friends (couch surfing) ☐ Correctional facility ☐ Hospital/medical facility ☐ Child Intervention Services placement
☐ Hotel/motel ☐ Transitional housing ☐ Long-term housing with supports ☐ Renting – Subsidized ☐ Renting – Unsubsidized
☐ Own home ☐ Other _____ ☐ Don't know ☐ Declined to answer

What is the postal code of your current address (if permanent)?

_____ ☐ Don't know ☐ Declined to answer

What is the neighbourhood of your current address (if permanent)?

_____ ☐ Don't know ☐ Declined to answer

INCOME

What are your current sources of **monthly** income (before tax)? (Check all that apply and indicate amount)

- | | | |
|--|--|---|
| <input type="checkbox"/> Aboriginal Funding \$ _____
<input type="checkbox"/> Alberta Works/Income Support \$ _____
<input type="checkbox"/> Assured Income for the Severely Handicapped (AISH) \$ _____
<input type="checkbox"/> Binning/Recycling/Bottle Picking \$ _____
<input type="checkbox"/> Canada Pension Plan Benefits \$ _____
<input type="checkbox"/> Canada Pension Plan Disability Benefits \$ _____
<input type="checkbox"/> Child Support/Alimony \$ _____ | <input type="checkbox"/> Child Tax Credit \$ _____
<input type="checkbox"/> Employment Insurance (EI) \$ _____
<input type="checkbox"/> Full-time Employment \$ _____
<input type="checkbox"/> Guaranteed Income Supplement or Survivor's Allowance \$ _____
<input type="checkbox"/> Housing Supplements \$ _____
<input type="checkbox"/> Long-term Disability (private) \$ _____
<input type="checkbox"/> Old Age Security Pension (OAS) \$ _____
<input type="checkbox"/> Other Tax Credits \$ _____
<input type="checkbox"/> Panhandling \$ _____
<input type="checkbox"/> Part-time Employment \$ _____ | <input type="checkbox"/> Retirement pensions, superannuation & annuities \$ _____
<input type="checkbox"/> Self Employed \$ _____
<input type="checkbox"/> Student Funding \$ _____
<input type="checkbox"/> War Veterans Allowance/Veterans Benefits \$ _____
<input type="checkbox"/> Workers' Compensation Benefit \$ _____
<input type="checkbox"/> No Income
<input type="checkbox"/> Other _____ \$ _____
<input type="checkbox"/> Don't know
<input type="checkbox"/> Declined to answer |
|--|--|---|

BASIC NEEDS ASSISTANCE

What basic needs assistance do you currently require?

- ☐ Child care ☐ Clothing ☐ Debt reduction ☐ Disability support ☐ Employment training ☐ Food ☐ Furniture
☐ Housing supplement ☐ Identification ☐ Medication ☐ Rent arrears ☐ Rent shortfall/subsidy ☐ Security deposit
☐ Tenant insurance support ☐ Transportation ☐ Utility arrears ☐ None ☐ Other _____
☐ Don't know ☐ Declined to answer

HEALTH INFORMATION

- Do you have an ongoing mental health condition? ☐ Yes - Treated ☐ Yes- Untreated ☐ Yes- Both treated and untreated ☐ No
☐ Don't know ☐ Declined to answer
- Do you have an ongoing physical health condition? ☐ Yes - Treated ☐ Yes- Untreated ☐ Yes- Both treated and untreated ☐ No
☐ Don't know ☐ Declined to answer
- Do you have an addictions/substance abuse issue? ☐ Yes - Treated ☐ Yes- Untreated ☐ Yes- Both treated and untreated ☐ No
☐ Don't know ☐ Declined to answer
- Do you have Fetal Alcohol Spectrum Disorder (FASD)? ☐ Yes – Client suspected ☐ Yes- Diagnosed ☐ No
☐ Don't know ☐ Declined to answer
- Do you require specialized housing accommodations due to a disabling condition? ☐ Yes ☐ No ☐ Don't know ☐ Declined to answer
 If yes, please specify: _____

JUSTICE AND LEGAL INFORMATION

Have you had any involvement with the police or the legal system in the past 12 months while you were homeless?

- ☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

NOTES: