

HOUSING FIRST MOVE-IN ASSESSMENT FAMILIES

Calgary HMIS

This form is to be completed within the month of a client's date of move-in.

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):

Client referred by:

☐ CAA – High Acuity ☐ CAA – Mid Acuity ☐ CAA - Families ☐ CAA - Youth

☐ Self ☐ Don't know ☐ Declined to answer ☐ Not applicable ☐ Other

If "Other" referral source, please specify:

Date of move in (mm/dd/yyyy):

Date lease signed (mm/dd/yyyy):

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

What is the postal code of your last **permanent** address?

_____ ☐ Don't know ☐ Declined to answer

What is the neighborhood of your last **permanent** address?

_____ ☐ 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 _____ ☐ Don't know ☐ Declined to answer

VETERAN STATUS

Have you ever served in the Canadian Forces?

☐ Yes ☐ No ☐ Don't know ☐ 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) are currently in your primary care? (Only include those also enrolled in the program)

Are Child Protective Services involved with you or your family? ☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

Have you been exposed to/are you currently fleeing from family violence?

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

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

PERSONAL HISTORY

Have you recently (past 12 months) been released from a correctional facility? ☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

Have you recently (past 12 months) been released from a mental health facility? ☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

Have you recently (past 12 months) been released from a residential addiction facility? ☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

Have you recently (past 12 months) been released from a health facility? ☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

Have you recently (past 12 months) been evicted from a residence? ☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

Have you recently (past 12 months) been in the care of Child Family Services Agency (CFSA)?

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

Have you ever been in foster care? ☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

HOUSING NEEDS

Are you absolutely (*i.e. emergency shelter or street*) or relatively (*i.e. living in spaces that don't meet health and safety standards*) homeless?

☐ Absolute ☐ Relative

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

INCOME

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

☐ Aboriginal Funding \$ _____
☐ Alberta Works/Income Support \$ _____
☐ Assured Income for the Severely Handicapped (AISH) \$ _____
☐ Binning/Recycling/Bottle Picking \$ _____
☐ Canada Pension Plan Benefits \$ _____
☐ Canada Pension Plan Disability Benefits \$ _____
☐ Child Support/Alimony \$ _____

☐ Child Tax Credit \$ _____
☐ Employment Insurance (EI) \$ _____
☐ Full-time Employment \$ _____
☐ Guaranteed Income Supplement or Survivor's Allowance \$ _____
☐ Housing Supplements \$ _____
☐ Long-term Disability (private) \$ _____
☐ Old Age Security Pension (OAS) \$ _____
☐ Other Tax Credits \$ _____
☐ Panhandling \$ _____
☐ Part-time Employment \$ _____

☐ Retirement pensions, superannuation & annuities \$ _____
☐ Self Employed \$ _____
☐ Student Funding \$ _____
☐ War Veterans Allowance/Veterans Benefits \$ _____
☐ Workers' Compensation Benefit \$ _____
☐ No Income
☐ Other _____ \$ _____
☐ Don't know
☐ Declined to answer

What is your current **monthly household** income (before tax)?

\$ _____ ☐ Don't know ☐ Declined to answer ☐ Not applicable

EMPLOYMENT TRAINING AND EDUCATION

Are you currently employed?

☐ Yes - Full-time ☐ Yes – Part-time ☐ Yes - Casual/Contract ☐ Yes - Seasonal ☐ No - Unable to work ☐ No
☐ Don't know ☐ Declined to answer

If unemployed, for how many months have you been unemployed?

☐ 1 month or less ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6-12 months ☐ 1-3 years ☐ More than 3 years
☐ Don't know ☐ Declined to answer ☐ Not applicable

What is your current employability status? ☐ Employable ☐ Not employable at this time ☐ Don't know ☐ Declined to answer

Are you currently attending a job training program? ☐ Yes - Full-time ☐ Yes – Part-time ☐ No ☐ Don't know ☐ Declined to answer

Are you currently attending an education program? ☐ Yes - Full-time ☐ Yes – Part-time ☐ No ☐ Don't know ☐ Declined to answer

What is the highest level of education you have attained?

☐ Less than junior high ☐ Completed junior high ☐ Some high school ☐ Completed high school ☐ Some post-secondary (college/technical)
☐ Completed post-secondary (college/technical) ☐ Some post-secondary (university) ☐ Completed post-secondary (university)
☐ Don't know ☐ 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: _____

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

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

If any, how many **days** in total have you spent hospitalized in the past 12 months?

If any, how many **times** have you been hospitalized in the past 12 months?

If any, how many **times** have you utilized Emergency Medical Service (EMS) in the past 12 months?

If any, how many **times** have you been to a hospital emergency room in the past 12 months?

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

If any, how many **days** in total have you spent in jail in the past 12 months?

If any, how many **times** have you been to jail in the past 12 months?

If any, how many **times** have you had interactions with the police in the past 12 months?

If any, how many court appearances have you had in the past 12 months?

NOTES: