

HOUSING FIRST QUARTERLY FOLLOW-UP ASSESSMENT

Calgary HMIS

Once a client has secured a move-in date, this form is to be completed every 3 months until program exit

Is follow-up required?

- ☐ Yes (please fill out interview questions below)
☐ Yes, Client is still in program but is missing/unavailable (known answers to be filled in only)
 If no, please proceed to exit interview.

PROGRAM-LEVEL INFORMATION

Date of ____ Month Follow-up Assessment (mm/dd/yyyy):

Program name:

Program entry date:

Case worker name:

Case worker phone number:

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

LANGUAGE

What is your primary language?

- ☐ English ☐ French ☐ Other _____ ☐ Don't know ☐ Declined to answer

CITIZENSHIP & 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

HOUSING HISTORY

Are you currently housed? (If client is waiting to be rehoused, select 'No')

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

Have you achieved permanent housing throughout the past 3 months?

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

Were you rehoused within the last 3 months? ☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

FAMILY INFORMATION

Has your family situation changed since the last follow-up was completed? ☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

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
☐ 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

BASIC NEEDS ASSISTANCE

What basic needs assistance have you received during the last 3 months?

☐ Child care ☐ Clothing ☐ Debt reduction ☐ Disability support ☐ Further education ☐ 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

SERVICE REFERRALS

What service referrals have you received during the last 3 months?

☐ Aboriginal agencies ☐ Addictions service ☐ Child support service ☐ Counseling ☐ Financial service
☐ Health service (non-hospital) ☐ Hospital ☐ Immigrant serving agencies ☐ Legal service ☐ Police service ☐ None
☐ Other _____ ☐ Don't know ☐ Declined to answer

CASE WORKER CONTACT

How often does your case worker visit or contact you each month?

☐ 1-10 times ☐ 11-20 times ☐ 21-30 times ☐ 31 times or more ☐ Don't know ☐ Declined to answer

EMPLOYMENT TRAINING AND EDUCATION

Have you gained paid employment within the past 3 months?

☐ Yes - Full-time ☐ Yes - Part-time ☐ Yes - Casual/Contract ☐ Yes - Seasonal ☐ No - Unable to work ☐ No
☐ 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

Have you completed a job training program within the past 3 months? ☐ Yes ☐ 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

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

SOCIAL PARTICIPATION

Have you engaged in volunteer work during the past 3 months?

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

Have you engaged in recreational or cultural programs/services during the past 3 months?

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

Have you experienced positive changes in your social participation during the past 3 months?

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

HEALTH INFORMATION

Have you been diagnosed with any of the following in the last 3 months? (Check all that apply)

☐ Physical health issues ☐ Mental health issues ☐ None ☐ Don't know ☐ Declined to answer

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

Have you had any involvement with the health system in the past 3 months?

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

If any, how many **days** in total have you spent hospitalized in the past 3 months? _____

If any, how many **times** have you been hospitalized in the past 3 months? _____

If any, how many **times** have you utilized Emergency Medical Service (EMS) in the past 3 months? _____

If any, how many **times** have you been to a hospital emergency room in the past 3 months? _____

JUSTICE AND LEGAL INFORMATION

Have you had any involvement with the police or the legal system in the past 3 months?

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

If any, how many **days** in total have you spent in jail in the past 3 months? _____

If any, how many **times** have been to jail in the past 3 months? _____

If any, how many **times** have you had interactions with the police in the past 3 months? _____

If any, how many court appearances have you had in the past 3 months? _____

DISCHARGE PLANNING

IT IS ONLY NECESSARY TO COMPLETE THE FOLLOWING IF CLIENT IS COMPLETING A 9 OR 12 MONTH FOLLOW UP

What assistance do you require for discharge planning? (Check all that apply)

☐ Support services required – complete question below ☐ No support services required for discharge planning ☐ No support services required as client is not being discharged ☐ Don't know ☐ Declined to answer

If support services are required, what services do you need? (Check all that apply)

☐ Mental health ☐ Addictions/Substance abuse issues ☐ Physical health ☐ Household maintenance ☐ Ongoing rental supplements/support ☐ Other _____ ☐ Don't know ☐ Declined to answer

NOTES: