

# CLIENT PROFILE - DEMOGRAPHICS & UDE'S

## Calgary HMIS

### 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 Interview (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

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

### 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

### 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 NEEDS

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

#### HEALTH INFORMATION

Do you require specialized housing accommodations due to a disabling condition?   ☐ Yes   ☐ No   ☐ Don't know   ☐ Declined to answer

If yes, please specify: \_\_\_\_\_

#### NOTES: