

EMERGENCY SHELTER INTAKE ASSESSMENT

Calgary HMIS

This form is to be completed within 24 hours of a client entering a shelter.

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

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 & 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

If new to the province, where are you coming from?

Are you new to the city?

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

If new to the city, where are you coming from?

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

If First Nations, what is your band name? _____

Are you coming from a reserve? ☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

If coming from a reserve, which reserve are you coming from? _____

Can client complete form? (Staff observation) ☐ Yes ☐ No

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

VETERAN STATUS

Have you ever served in the Canadian Forces?

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

FAMILY INFORMATION

Family information for those staying at this shelter?

☐ Single ☐ Couple ☐ Single parent family ☐ 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) do you have? (only include those also enrolled in the program)

Do you have other family members staying at a different shelter? ☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

If your family members are staying at a different shelter, please specify where: _____

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

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

Notes related to family violence situation (if applicable):

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

OBSERVATIONS

Observations at shelter intake? (Check all that apply)

<input type="checkbox"/> Under influence of alcohol	<input type="checkbox"/> Under influence of drugs	<input type="checkbox"/> Symptoms of withdrawal	<input type="checkbox"/> Evidence of solvents abuse
<input type="checkbox"/> Evidence of physical altercation	<input type="checkbox"/> In need of clothing	<input type="checkbox"/> Unkempt	<input type="checkbox"/> Hungry
<input type="checkbox"/> Exhibiting Flu-like symptoms	<input type="checkbox"/> Aggressive (agitated)	<input type="checkbox"/> Severe mental illness	<input type="checkbox"/> Mental health Issues
<input type="checkbox"/> Requires wheelchair access	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Dropped off by EMS	<input type="checkbox"/> Dropped off by Police
<input type="checkbox"/> None			

EVENTS

What events led you to require the services of our shelter? (Check all that apply)

<input type="checkbox"/> Addictions	<input type="checkbox"/> Cannot afford rent/mortgage	<input type="checkbox"/> Condemned Housing	<input type="checkbox"/> Divorce	<input type="checkbox"/> Domestic violence
<input type="checkbox"/> Housing First Rehousing	<input type="checkbox"/> Kicked out of home	<input type="checkbox"/> Lost job	<input type="checkbox"/> Relocated	<input type="checkbox"/> Relocation due to disaster
<input type="checkbox"/> Separation from partner	<input type="checkbox"/> Temp employment in town	<input type="checkbox"/> Transient	<input type="checkbox"/> Victim of crime	<input type="checkbox"/> Working homeless
<input type="checkbox"/> Staying with friends/family <input type="checkbox"/> Other _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer				

HOMELESSNESS HISTORY (PLEASE CHOOSE EITHER 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?

<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 Years <input type="checkbox"/> 5 years or more <input type="checkbox"/> Don't know <input type="checkbox"/> 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)		
<input type="checkbox"/> Yes <input type="checkbox"/> 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?		
<input type="checkbox"/> Less than 1 month <input type="checkbox"/> 1-3 months <input type="checkbox"/> 4-6 months <input type="checkbox"/> 7-12 months <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		
PERSONAL HISTORY		
Have you recently (past 12 months) been released from a correctional facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		
If released from a correctional facility, what was your discharge date? _____		
Have you recently (past 12 months) been released from a health facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		
If released from a health facility, what was your discharge date? _____		
Have you ever been in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		
HOUSING NEEDS		
What was your primary residence prior to program entry?		
<input type="checkbox"/> Outside (rough sleeping, camping, vehicle) <input type="checkbox"/> Dwelling unfit for human habitation <input type="checkbox"/> Emergency shelter <input type="checkbox"/> Addictions treatment facility <input type="checkbox"/> Staying with family or friends (couch surfing) <input type="checkbox"/> Correctional facility <input type="checkbox"/> Hospital/medical facility <input type="checkbox"/> Child Intervention Services placement <input type="checkbox"/> Hotel/motel <input type="checkbox"/> Transitional housing <input type="checkbox"/> Long-term housing with supports <input type="checkbox"/> Renting – Subsidized <input type="checkbox"/> Renting – Unsubsidized <input type="checkbox"/> Own home <input type="checkbox"/> Other _____ <input type="checkbox"/> Declined to answer		
If staying at another emergency shelter, which shelter were you staying at? _____		
INCOME		
What are your current sources of monthly income (before tax)? (Check all that apply and indicate amount)	<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
<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 \$ _____		
What is your current monthly household income (before tax)? \$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer <input type="checkbox"/> Not applicable		
EMPLOYMENT TRAINING AND EDUCATION		
What is your current employability status? <input type="checkbox"/> Employable <input type="checkbox"/> Not employable at this time <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		
Are you currently attending employment related training? <input type="checkbox"/> Yes - Full-time <input type="checkbox"/> Yes – Part-time <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		
Are you currently attending further education classes? <input type="checkbox"/> Yes - Full-time <input type="checkbox"/> Yes – Part-time <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		

What is the highest level of education that 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?

- ☐ Aboriginal agencies ☐ Addictions services ☐ Child care ☐ Child support services ☐ Clothing ☐ Counseling ☐ Debt reduction
☐ Disability support ☐ Employment training ☐ Food ☐ Furniture ☐ Health services (non hospital) ☐ Hospital
☐ Identification ☐ Immigration serving agencies ☐ Legal Services ☐ Medication ☐ Outstanding legal fines financial services
☐ Police services ☐ Rent arrears ☐ Rent shortfall ☐ Security deposit ☐ Tenant insurance ☐ Transportation ☐ Utility arrears
☐ None ☐ Other _____ ☐ 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: _____

HEALTH INFORMATION

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 been to a hospital emergency room in the past 12 months?

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

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 ongoing mental 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 have any drug paraphernalia with you? ☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

Do you have any prescribed medications with you? ☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

If you have prescribed medications, please list:

Do you have any weapons with you? ☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

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: