

PREVENTION 3-MONTH FOLLOW-UP ASSESSMENT

Calgary HMIS

This form is to be completed 3 months after a client's entry to the program.

If client is no longer in the program, please proceed to exit interview.

PROGRAM-LEVEL INFORMATION

Date of 3-Month Follow-Up Interview (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

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

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)

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

HOUSING HISTORY

Have you maintained 3 months of permanent housing?

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

If no, have you been re-housed within the last 3 months??

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

If rehoused, how long have you been in your current living situation?

☐ 1 week or less ☐ More than 1 week and less than 1 month ☐ 1 to 3 months ☐ Was not rehoused ☐ Don't know ☐ Declined to answer

If renting, are you the lease holder?

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

What percentage of your income (before tax) do you spend on housing/rent?

☐ Less than 30% ☐ 30-50% ☐ More than 50% ☐ Don't know ☐ Declined to answer

INCOME AND EXPENSES

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 are your current **monthly** expenses? (Check all that apply and indicate amount)

☐ Auto insurance \$ _____
☐ Auto maintenance \$ _____
☐ Auto payments \$ _____
☐ Bankruptcy \$ _____
☐ Child care \$ _____
☐ Child support \$ _____
☐ Clothing \$ _____

☐ Credit card(s) \$ _____
☐ Electric \$ _____
☐ Gas \$ _____
☐ Gas/oil for automobile \$ _____
☐ Groceries/food expenses \$ _____
☐ Health insurance \$ _____
☐ Home/rental insurance \$ _____
☐ Laundry \$ _____
☐ Loan payments \$ _____

☐ Medical bills \$ _____
☐ Rent/mortgage \$ _____
☐ Telephone \$ _____
☐ Transportation \$ _____
☐ Tuition \$ _____
☐ Wage assignment \$ _____
☐ Water \$ _____
☐ Other: _____ \$ _____
☐ Don't know
☐ Declined to answer

Do you currently have any of the following?

☐ Rent arrears ☐ Utility arrears ☐ Other debt ☐ Don't know ☐ Declined to answer

EMPLOYMENT

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

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

SERVICE REFERRALS

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

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

BASIC NEEDS

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

NOTES: