

HOUSING FIRST QUARTERLY FOLLOW-UP ASSESSMENT – YOUTH 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? <input type="checkbox"/> Yes (please fill out interview questions below) <input type="checkbox"/> 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? <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer			
LANGUAGE			
What is your primary language? <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer			
CITIZENSHIP & MIGRANT STATUS			
What is your current citizenship and immigration status? <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident (Landed immigrant) <input type="checkbox"/> Refugee - Permanent resident <input type="checkbox"/> Refugee - Claimant <input type="checkbox"/> Temporary Foreign Worker <input type="checkbox"/> International student <input type="checkbox"/> Other _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer			
What is your current migrant status? <input type="checkbox"/> New to province (within 3 months) <input type="checkbox"/> Recent immigrant (within 3 years) <input type="checkbox"/> Recent immigrant and new to province <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer <input type="checkbox"/> Not applicable			
ETHNICITY			
What is your ethnicity? <input type="checkbox"/> Caucasian <input type="checkbox"/> Aboriginal <input type="checkbox"/> Chinese <input type="checkbox"/> South Asian <input type="checkbox"/> African/Caribbean <input type="checkbox"/> Filipino <input type="checkbox"/> Latin American <input type="checkbox"/> Southeast Asian <input type="checkbox"/> Arab <input type="checkbox"/> West Asian <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Other _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer			
If Aboriginal ethnicity, which group do you belong to? <input type="checkbox"/> First Nations (Status) <input type="checkbox"/> First Nations (Non Status) <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer <input type="checkbox"/> Not applicable			
HOUSING HISTORY			
Are you currently housed? (If client is waiting to be rehoused, select 'No') <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer			
Have you achieved permanent housing throughout the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer			
Were you rehoused within the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> 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

Have you continuously engaged in meaningful activity 3-4 times per week during the past 3 months?

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

Have you been connected with natural supports 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: