

# WARMING CENTRE ASSESSMENT

## 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

### 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 STATUS

Are you currently experiencing homelessness?

☐ Yes ☐ No ☐ Declined to answer

Are you connected to a housing program?

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

Are you interested in supports toward housing?

☐ Not Interested ☐ Wants housing but no commitment ☐ Engaged – NSQ completed ☐ Engaged – working on diversion in community  
☐ Engaged – Family reunification/home

**ATTN STAFF: If Client agrees to have NSQ completed, please have an onsite Housing Strategist check to ensure a NSQ is completed, or refer to external Housing Strategist**

Where do you plan to sleep tonight?

☐ Encampment   ☐ Homeless Shelter   ☐ Motel/Hotel   ☐ Other   ☐ Own Apartment/House   ☐ Public Space   ☐ Someone else's place  
☐ Transitional Housing   ☐ Unsure   ☐ Vehicle

If 'Other' Sleep Location, please specify:

If staying outside and not accessing shelter, please indicate 'YES' to the applicable reasons why you won't access a shelter:

☐ Turned Away (Full)   ☐ Turned Away (Banned)   ☐ Lack of Transportation   ☐ Fear of Safety   ☐ Crowded   ☐ Bed bugs & other pests  
☐ Cleanliness   ☐ Not Trustworthy   ☐ Substance Use   ☐ Too Institutional   ☐ Other

If 'Other reason', please provide brief description:

#### **PET INFORMATION (IF APPLICABLE)**

What type of animal accessed the warming centre?

☐ Caged Animal   ☐ Cat   ☐ Dog   ☐ Other

What is the anticipated length of stay for the pet?

☐ Daytime   ☐ Overnight (1 night)

If pet is staying for more than one night, please specify length of stay:

☐ 2 - 6   ☐ 7+

**NOTES:**