

PREVENTION INTAKE ASSESSMENT

Calgary HMIS

This form is to be completed within 30 days of a client being entered into your program.

FOIP NOTIFICATION			
<p>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?</p>			
The FOIP notification has been read and discussed with the client? <input type="checkbox"/> Yes <input type="checkbox"/> 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?			
<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			
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			
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			
FAMILY INFORMATION			
Which of the following best describes your current family situation?			
<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Single parent family <input type="checkbox"/> Head of two-parent family <input type="checkbox"/> Other parent in two-parent family <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer			
Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		
Have you been exposed to/are you currently fleeing from family violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		
HOUSING HISTORY		
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 <input type="checkbox"/> Don't know		
What is the postal code of your current address (if permanent)? _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		
What is the neighbourhood of your current address (if permanent)? _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		
How long have you been in your current living situation? <input type="checkbox"/> 1 week or less <input type="checkbox"/> More than 1 week and less than 1 month <input type="checkbox"/> 1 to 3 months <input type="checkbox"/> More than 3 months and less than 1 year <input type="checkbox"/> 1 year or longer <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		
How many times have you moved in the past 12 months? <input type="checkbox"/> None <input type="checkbox"/> 1 to 3 <input type="checkbox"/> 4-6 <input type="checkbox"/> More than 6 <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		
How many times have you lived in shelters or outside in your lifetime? <input type="checkbox"/> None <input type="checkbox"/> 1 to 3 <input type="checkbox"/> 4-6 <input type="checkbox"/> More than 6 <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		
If renting, are you the lease holder? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		
What percentage of your income (before tax) do you spend on housing/rent? <input type="checkbox"/> Less than 30% <input type="checkbox"/> 30-50% <input type="checkbox"/> More than 50% <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		
Do you have family or friends that could help with housing and/or finances if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		
INCOME		
What are your current sources of monthly income (before tax)? (Check all that apply and indicate amount) <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 \$ _____	<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
Do you currently have any of the following (Check all that apply)? <input type="checkbox"/> Rent arrears <input type="checkbox"/> Utility arrears <input type="checkbox"/> Other debt <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		

If "Other debt" please specify:

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 ☐ Not applicable

BASIC NEEDS ASSISTANCE

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 ☐ First month's rent ☐ Rent shortfall/subsidy
☐ Security deposit ☐ Tenant insurance support ☐ Transportation ☐ Utility arrears ☐ None ☐ Other _____
☐ Don't know ☐ Declined to answer

HEALTH INFORMATION

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

JUSTICE AND LEGAL INFORMATION

Have you had any previous involvement/are you currently involved with the police or legal system?

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

NOTES: