

COORDINATED OUTREACH 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

Has client given consent to ALL programs included in the Coordinated Outreach Information Sharing Agreement? ☐ 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):

OUTREACH CLIENT DEMOGRAPHICS

Last name:

First name:

Middle name:

Prefix:

Suffix:

Also known as (A.K.A.)/ Nickname(s):

Date of birth:

What is your age group?

☐ Under 18 ☐ 18 - 24 ☐ 25 - 35 ☐ 36 - 50 ☐ 51 - 64 ☐ 65+ ☐ Don't Know ☐ Declined to Answer

What is your gender?

☐ Female ☐ Male ☐ Transgender ☐ Don't Know ☐ Declined to Answer

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

Are you currently experiencing homelessness?

☐ Yes ☐ No ☐ Declined to answer

Are you interested in supports toward housing?

☐ Not Interested ☐ Wants housing but no commitment ☐ Wants housing and has agreed to complete an NSQ
☐ Engaged – NSQ completed ☐ Engaged – working on diversion in community ☐ Engaged – Family reunification/home

CLIENT CONTACT INFORMATION

Address:

Email Address:

Telephone Number 1:

Telephone Number 2:

Preferred Method of Contact:

☐ Email ☐ Telephone ☐ Social Media

If social media, please list platform and usernames:

EMERGENCY CONTACT INFORMATION

Name:	Relationship:
Address:	
Phone Number:	
Reason Emergency Contact Not Answered: <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer	

NOTES: