

## CAA Referral

### System Partners Referral Form

Please complete all areas below and submit to CAA Mobile:

[caamobile@distresscentre.com](mailto:caamobile@distresscentre.com) ; Fax: 403-428-3322; Cell: 403-608-5559

The Calgary Homeless Foundation is the System Planner for Calgary's Homeless Serving System of Care. Through collaboration and a collective impact approach, CHF is a leader within Calgary's Plan to End Homelessness. All CHF-funded Housing First program referrals go through the Coordinated Access & Assessment (CAA) program coordinated by CHF with Access and Assessment provided by the CAA Team at SORCe. If you are working with an individual that you believe would be a fit into the Homeless Serving System of Care please complete the following and you will be contacted by a Housing Strategist in regards to next steps. Not all referrals will enter the CAA triage list for entry into Housing-First programs and this will be determined with you based on the following information as a pre-screen method for CAA.

Basic Information:

First & Last Name: \_\_\_\_\_

DOB: \_\_\_\_ Age: \_\_\_\_ Over 60 years of age (Y/N): \_\_\_\_

Consent to Participate:

Are you connected with any support agency or community support? (i.e. Connect 2 Care, Shelters, Outreach teams, AHS support services, Housing First Program)

### History of Housing and Homelessness:

1. Where do you sleep most frequently? Shelters, Couch Surfing, Outdoors, Other (specify), Refused  
\_\_\_\_\_
2. How long has it been since you lived in permanent stable housing? \_\_\_\_\_
3. In the last year, how many times have you been homeless? \_\_\_\_\_

### Risks:

4. In the past six months, how many times have you:
  - a. Received health care at an emergency department/room? \_\_\_\_ Refused \_\_\_\_
  - b. Taken an ambulance to the hospital? \_\_\_\_ Refused \_\_\_\_
  - c. Been hospitalized as an inpatient? \_\_\_\_ Refused \_\_\_\_
  - d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centres and suicide prevention hotlines? \_\_\_\_ Refused \_\_\_\_

- e. Talked to the police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? \_\_\_ Refused \_\_\_
- f. Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? \_\_\_ Refused \_\_\_
5. Have you been attacked or beaten up since you've become homeless? Y \_\_\_ N \_\_\_ Refused \_\_\_
6. Have you threatened to or tried to harm yourself or anyone else in the last year? Y \_\_\_ N \_\_\_ Refused \_\_\_
7. Do you have any legal stuff going on right now that may result in your being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y \_\_\_ N \_\_\_ Refused \_\_\_
8. Does anybody force or trick you to do things that you do not want to do? Y \_\_\_ N \_\_\_ Refused \_\_\_
9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Y \_\_\_ N \_\_\_ Refused \_\_\_

### Socialization & Daily Functioning:

10. Is there any person, past landlord, business, bookie, dealer, or government group like the CRA that thinks you owe them money? Y \_\_\_ N \_\_\_ Refused \_\_\_
11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Y \_\_\_ N \_\_\_ Refused \_\_\_
12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y \_\_\_ N \_\_\_ Refused \_\_\_
13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y \_\_\_ N \_\_\_ Refused \_\_\_
14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? Y \_\_\_ N \_\_\_ Refused \_\_\_

### Wellness:

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Y \_\_\_ N \_\_\_ Refused \_\_\_
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y \_\_\_ N \_\_\_ Refused \_\_\_
17. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y \_\_\_ N \_\_\_ Refused \_\_\_
18. When you are sick or not feeling well, do you avoid getting help? Y \_\_\_ N \_\_\_ Refused \_\_\_
19. Are you currently pregnant? Y \_\_\_ N \_\_\_ Refused \_\_\_
20. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Y \_\_\_ N \_\_\_ Refused \_\_\_
21. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Y \_\_\_ N \_\_\_ Refused \_\_\_
22. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

- a. A mental health issue or concern? Y \_\_\_ N \_\_\_ Refused \_\_\_
  - b. A past head injury? Y \_\_\_ N \_\_\_ Refused \_\_\_
  - c. A learning disability, developmental disability, or other impairment? Y \_\_\_ N \_\_\_ Refused \_\_\_
23. Do you have any mental health or brain issues that would make it hard for you to live independently because you need help: Y \_\_\_ N \_\_\_ Refused \_\_\_
24. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Y \_\_\_ N \_\_\_ Refused \_\_\_
25. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? Y \_\_\_ N \_\_\_ Refused \_\_\_
26. Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma that you have experienced? Y \_\_\_ N \_\_\_ Refused \_\_\_