

DIVERSION 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:
Client phone number:		Client email address:	
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			
VETERAN STATUS			
Have you ever served in the Canadian Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <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?

- Single Couple Single parent family Head of two-parent family Other parent in two-parent family
 Other Don't know Declined to answer

Are you pregnant? Yes No Don't know 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? Yes No Don't know Declined to answer

Have you been exposed to/are you currently fleeing from family violence?

- Yes No Don't know Declined to answer

HOUSING HISTORY

What is the postal code of your last permanent address?

_____ Don't know Declined to answer

What is the neighbourhood of your last permanent address?

_____ Don't know Declined to answer

How many times have you moved/changed housing in the past 12 months?

How many times have you lived in shelters or outside in your lifetime?

- None 1 to 3 4-6 More than 6 Don't know Declined to answer

Do you have family or friends that could help with housing and/or finances if needed?

- Yes No Don't know Declined to answer

EVENTS

What events led you to require the services of our shelter? (Check all that apply)

- Addictions Cannot afford rent/mortgage Condemned Housing Divorce Domestic violence
 Housing First Rehousing Kicked out of home Lost job Relocated Relocation due to disaster
 Separation from partner Temp employment in town Transient Victim of crime Working homeless
 Staying with friends/family Other _____ Don't know Declined to answer

HOMELESSNESS HISTORY (PLEASE CHOOSE EITHER CHRONIC OR EPISODIC FOR THE FOLLOWING QUESTIONS)

Are you chronically homeless? (Def'n: *Client has either been continuously homeless for a year or more, or has had at least 4 episodes of homelessness in the past 3 years. Person must have been sleeping in a place not meant for human habitation and/or in an emergency homeless shelter*)

- Yes No

If chronic, how many **times** have you lived in shelters/outside in your lifetime?If chronic, how many **years** have you been homeless?

- 1 year 2 years 3 years 4 Years 5 years or more Don't know Declined to answer

Are you episodically homeless? (Def'n: *Homeless for less than a year and has fewer than 4 episodes of homelessness in the past three years*)

- Yes No

If episodic, how many **times** have you lived in shelters/outside over the last year?If episodic, how many **months** have you been homeless?

- Less than 1 month 1-3 months 4-6 months 7-12 months Don't know Declined to answer

PREVIOUS HOUSING HISTORY

What was your primary residence prior to program entry?

- Outside (rough sleeping, camping, vehicle) Dwelling unfit for human habitation Emergency shelter Addictions treatment facility
 Staying with family or friends (couch surfing) Correctional facility Hospital/medical facility Child Intervention Services placement
 Hotel/motel Transitional housing Long-term housing with supports Renting – Subsidized Renting – Unsubsidized
 Own home Other _____ Declined to answer

If staying at another emergency shelter, which shelter were you staying at? _____

INCOME AND EXPENSES

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

What are your current **monthly** expenses? (Check all that apply and indicate amount)

- Auto insurance \$ _____
- Auto maintenance \$ _____
- Auto payments \$ _____
- Bankruptcy \$ _____
- Child care \$ _____
- Child support \$ _____
- Clothing \$ _____

- Credit card(s) \$ _____
- Electric \$ _____
- Gas \$ _____
- Gas/oil for automobile \$ _____
- Groceries/food expenses \$ _____
- Health insurance \$ _____
- Home/rental insurance \$ _____
- Laundry \$ _____
- Loan payments \$ _____

- Medical bills \$ _____
- Rent/mortgage \$ _____
- Telephone \$ _____
- Transportation \$ _____
- Tuition \$ _____
- Wage assignment \$ _____
- Water \$ _____
- Other: _____ \$ _____
- Don't know
- Declined to answer

Do you currently have any of the following?

- Rent arrears
- Utility arrears
- Other debt
- Don't know
- Declined to answer

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?

- Aboriginal agencies
- Addictions services
- Child care
- Child support services
- Clothing
- Counseling
- Debt reduction
- Disability support
- Employment training
- Food
- Furniture
- Health services (non hospital)
- Hospital
- Identification
- Immigration serving agencies
- Legal Services
- Medication
- Outstanding legal fines financial services

Police services Rent arrears Rent shortfall Security deposit Tenant insurance 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

Do you require specialized housing accommodations due to a disabling condition? Yes No Don't know Declined to answer

If yes, please specify: _____

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: