

# Homeless Services and Supports System Common Intake Form for Simcoe County

TO BE COMPLETED AFTER DIVERSION SERVICE PROVIDED; WITH THOSE WHO COULD NOT BE SUCCESSFULLY DIVERTED. PRIOR TO MEETING PARTICIPANT CHECK IF S/HE IS IN HIFIS (HAS PROVIDED CONSENT) & HAS A COMPLETED COMMON INTAKE FORM IN HIFIS:

1. PRINT OR PULL UP THEIR COMMON INTAKE FORM ON YOUR DEVICE,
2. DO NOT COMPLETE AN ENTIRE NEW COMMON INTAKE FORM, JUST...
3. COMPLETE QUESTIONS 1 – 5
4. VERIFY AND PROVIDE ANY UPDATES TO QUESTIONS 17,18, 20, 21 & 24-33

**Please Note: Questions in this form that are also in HIFIS are labelled: “(HIFIS)”.**

1. Date of Intake  YYYY/DD/MM

2. Agency  Enter agency name here.

3. Completed by  Enter worker/outreach worker name here.

4. What brings you in today?  
(Modify as appropriate if outside)  Enter reason here.

5. Were you referred here/to me by another organization?  Yes  No  
If Yes, which organization?  Enter organization name

## About You

6. What name do you go by? (HIFIS)  Enter preferred name here

7. What is the First Name on your identification?(HIFIS)  Enter first name here

8. What is the Last Name on your identification?(HIFIS)  Enter last name here

9. (If participant not in HIFIS) Have you signed a consent form that allows different service providers to share information to help solve your housing issue? (HIFIS)  Yes  No

10. What language do you prefer to use with service providers? (HIFIS)  English  French  
 Other Specify   
 Need Interpreter

11. Age (HIFIS)  Date of Birth YYYY/DD/MM  
 Approximate Age Enter age here.

12. What is your gender identity? (HIFIS)  Please specify here

Prefer not to say

13. Do you identify as being part of the LGBTQ community? (HIFIS)  Yes  No  Prefer not to say  
If yes, I identify as  Please specify here.

Yes  No  
If Yes,  Status  Non-Status  
 First Nation-On Reserve  First Nation-Off Reserve  
 Inuit  Metis  
 Unknown  Prefer not to say

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15. Are you a Veteran? <b>(HIFIS)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Canadian Armed Forces <input type="checkbox"/> Veteran - Civilian <input type="checkbox"/> Veteran – Allied Country <input type="checkbox"/> Former RCMP <input type="checkbox"/> Unknown <input type="checkbox"/> Undeclared / Refused
16. How do you self-identify your citizenship or immigration status? <b>(HIFIS)</b>	<input type="checkbox"/> Canadian Citizen - born in Canada <input type="checkbox"/> Canadian Citizen - born outside of Canada <input type="checkbox"/> Permanent Resident/Immigrant <input type="checkbox"/> Student Visa <input type="checkbox"/> Refugee <input type="checkbox"/> Work Visa <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Visitor Visa <input type="checkbox"/> Prefer not to say <input type="checkbox"/> If born outside Canada, where were you born? Please specify country.
17. What's the best way to contact you? <b>(HIFIS)</b>	Enter method here
18. Can we leave messages for you? <b>(HIFIS)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Phone: ( )- - Phone: ( )- - Email: Enter email id here Email: Enter email id here
19. Will this be the first time in your life that you receive services related to your housing in Simcoe County?	<input type="checkbox"/> Yes ( <i>New</i> ) <input type="checkbox"/> No ( <i>Returning</i> ) If No, have you completed a "SPDAT" assessment in last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, with who? Enter organization and worker name

## Where do you live/ where are you staying?

20. Address/ Organization where currently staying <b>(HIFIS)</b>	Enter name or address here <input type="checkbox"/> Temporary ( <i>limited time of stay</i> ) <input type="checkbox"/> Permanent ( <i>as long as you want to stay</i> ) <input type="checkbox"/> No Fixed Address
21. How long have you lived or been staying there? (Enter # for one unit only)	<input type="checkbox"/> Days Enter # of days here. <input type="checkbox"/> Weeks Enter # of weeks here. <input type="checkbox"/> Months Enter # of months here. <input type="checkbox"/> Years Enter # of years here.
22. If you haven't always lived in Simcoe County: (Enter # for one unit only)	Where did you live/ stay before coming here? Enter place here. How long ago did you come to Simcoe County? <input type="checkbox"/> Days Enter # of days here. <input type="checkbox"/> Weeks Enter # of Weeks here. <input type="checkbox"/> Months Enter # of Months here. <input type="checkbox"/> Years Enter # of years here.
23. What community or communities would you prefer to live in?	<input type="checkbox"/> The community I'm living in now <input type="checkbox"/> Another community Enter community(ies) here <input type="checkbox"/> I'm open to living anywhere I can find housing/ or the services I need

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## Current Housing Status

Housed    Homeless

24. What's your current housing status?

*HOMELESS" is not having a secure place or the resources/ability to secure a place of your own to live. It includes sleeping on the streets, in shelters, in transitional housing, or living temporarily with others (with no chance of being able to live there permanently).*

### If Housed:

25. Housing type **(HIFIS)**
- Own your Housing
  - Rental Apartment
  - Rental House
  - Rental Room
  - Temporarily housed with option for permanency (including a motel)
  - In a healthcare facility (have housing to return to)
  - In a correctional facility (have housing to return to)
  - Other Please specify here

26. Do you have a scheduled court date (related to your housing)?  Yes    No

27. Are you at imminent risk (within the next 30 days) of homelessness?  Yes    No  
If Yes, Provide details here.

### If Homeless:

28. Where are you staying? **(HIFIS)**
- Emergency sheltered
  - In transitional housing
  - Temporarily housed with no option for permanency (including a motel)
  - Couch surfing with friends / family / strangers
  - Unsheltered / living rough/ on streets
  - In a healthcare facility (hospital, treatment centre) with no housing to return to & discharging in next 30 days
  - In a correctional facility with no housing to return to & discharging in next 30 days
  - Other Please specify here
29. In total, how much time have you been homeless over the past year?
- Days Enter # of days here.
  - Weeks Enter # of weeks here.
  - Months Enter # of months here.
  - Years Enter # of years here.

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30. If you have been homeless more than once, how much time have you been homeless *over the past 3 years?* (Including this time)

- Days Enter # of days here.
  - Weeks Enter # of weeks here.
  - Months Enter # of months here.
  - Years Enter # of years here.
- Chronically Homeless =
- Homeless 180 days or more / 6 months or more over the past year.  
AND/OR
  - Homeless more than once and 1 ½ years in the last 3 years.
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## Income Sources

31. Income Source **(HIFIS)**

- Employed:
    - Full time     Part-time
    - Other Please specify
  - Self-employed:
    - Full time     Part-time
    - Other Please specify
  - OW (*Ontario Works*)  
Caseworker name
  - ODSP (*Ontario Disability Service Program*)  
Caseworker name
  - CPP (*Canada Pension Plan*)
  - OAS (*Old Age Security*)
  - Child Tax Credit
  - EI (*Employment Insurance*)
  - Other/s Please specify
  - No Income
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## Other Household Members

32. Are there other members of your household who are seeking services with you?  Yes  No

**Please add dependents (whose consent is provided by you) and other adults in your household (who have consented to participate in HIFIS).**

33. If yes for Question 32 (*Complete table below. Complete one row for each person*)

Other Household Member's Name	Relationship	Birthdate/Age	Dependent	Is Now living with you	Will be living with you right away (once housed)
		YYYY/DD/MM Enter Age	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		YYYY/DD/MM Enter Age	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		YYYY/DD/MM Enter Age	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		YYYY/DD/MM Enter Age	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		YYYY/DD/MM Enter Age	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

USE BACK OF PAGE FOR MORE HOUSEHOLD MEMBERS.

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## Current Service Connections

34. Are you accessing any services that are related to your housing issue(s)?  Yes  No  
If Yes, Enter organization's name.  
Enter worker's name.

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## Emergency Contacts

If there's an emergency (such as you being in an accident and in the hospital), is there anyone you would want us to contact?

35. Emergency Contact Available?  Yes  No  
(HIFIS) If Yes, enter the information below.

Name	Relationship	Phone
Enter name here	Enter relationship here	Enter phone number

Name	Relationship	Phone
Enter name here	Enter name here	Enter name here

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**END OF INTAKE**

**THANK YOU VERY MUCH FOR SHARING YOUR INFORMATION WITH ME!**

### Next Steps:

1. Complete Common Consent Form with applicant (if it is not in the documents section in HIFIS)
2. Describe the next steps you will take
3. Describe what the applicant should expect next
4. Let applicant know who will contact them next, when and with what information/action
5. [Mandatory] Upload the completed Common Intake Form to HIFIS:
  - a. Front Desk => Client => Search Client => Client Information => Documents.

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## Distinguishing Features

36. After the intake is complete, please note any applicant distinguishing physical features you observed. **DO NOT ASK** the applicant if they have any distinguishing features. (HIFIS)

***For worker only:** Please mention any distinguishing features you noticed: (HIFIS)*

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