

HOMELESSNESS SERVICES INTAKE FORM



Hamilton

Demographic Information:

Last Name	First Name	Date of Birth D M Y
Identification (government issued – type and number) <input type="checkbox"/> No Identification <input type="checkbox"/> Pending ID	Start Date of Current Homelessness D M Y Number of Episodes Homeless (in past year)	
HIFIS ID	Gender Identity	
Do you identify as Indigenous, or do you have Indigenous ancestry? (First Nations, Inuit, or Metis) Yes/No	If you do identify as Indigenous, do you wish to receive services from an Indigenous Service Provider? Yes/No	
Status in Canada	Military Service Yes/ No	
Source of Income	Housing Status before Entry into Program (Housed, Shelter, Unsheltered/Street, Transitional Housing, Correctional Facility, Hospital, Couch Surfing)	
Current Homelessness Status (Sheltered, Unsheltered/street, Unknown, Transitional, Correctional Facility, Hospital, Couch Surfing)	Current Service Provider: Entry Date:	
VI-SPDAT Score <input type="checkbox"/> Single <input type="checkbox"/> Youth <input type="checkbox"/> Family	Date of VI-SPDAT Score D M Y	
Worker Completing Intake Form: Date Intake Form Completed:	Client Contact Info Location: Phone number or email:	

If this is a family unit, please provide the following for every additional person:

Last Name	First Name	Date of Birth D M Y
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Gender Identity	Unique HIFIS ID
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Last Name	First Name	Date of Birth D M Y
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