Gen 03: Accessing the Housing and Homelessness Service System: Form 1 – Coordinated Intake Interview

Client Name: _____

Notice of Collection: To deliver a program called the Community Homelessness Prevention Initiative (CHPI) we need to collect and store your personal information (such as: your name, address, date of birth, and other identifying information). Your personal information will be used lawfully, to provide you with services to assist in preventing or ending your homelessness. We may share your personal information with other agencies that also provide these services. A list of these agencies is available upon request. Questions regarding the collection, use, disclosure, sharing and disposal of your personal information may be directed to our Privacy Officer *(name):* _____**.**

IN HIFIS → front desk →Add a new Client

First	**Middle**	**Last**
_____	_____	_____
D.O.B. (YYYY-MM-DD) _____-____-_____	**Alias(es)** _____	**Consent** ☐ YES ☐ NO
Geographic Region (*should be the same as 3e):*		
Do you have a family that is seeking help with you? ☐ YES ☐ NO *If client is part of a family, complete family information found at end of form and enter into HIFIS through "add family member".*		

1 Why are you seeking assistance today? *In HIFIS, record in Client Management → Goods and Services →Add a Goods and Services Transaction→ Reason for Service → add activity under transaction - Coordinated Intake Protocol.*

☐ Discharge from Child Protective Services
☐ Discharge from Corrections/Jail
☐ Discharge from Health Facility
☐ Family/Relationship Breakdown
☐ Financial – Crisis
☐ Housing – Imminent Risk of Loss

☐ Housing – Lack of
☐ Housing – Loss of (Recent eviction)
☐ Housing – Unsafe
☐ Stranded in area
☐ Personal Safety
☐ Seeking Emergency Shelter
☐ Seeking Specific Services
☐ Other _____

2 Who/what agency referred you here today? _____
In HIFIS, record in Client Management → Goods and Services Transaction → Referred From.

3 Before we continue, I need to find out more about you (and your family).
In HIFIS, record a) through e) in Client Information → Client Vitals.

a) Gender	**b) Are you of Aboriginal descent?**
☐ Male	☐ Non-Aboriginal
☐ Female	☐ First Nations: Off-reserve
☐ Transgendered Male to Female	☐ First Nations: On reserve
☐ Transgendered Female to Male	☐ Inuit
☐ Other	☐ Metis

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☐ Unknown/refused	☐ Non-Status ☐ Unknown
c) Are you a veteran? ☐ Veteran ☐ Not a Veteran ☐ Unknown	**e) Where did you live 1 month ago** (Reference HIFIS Geographic regions map as an aid) *(may help to translate to 30 days prior to today's date e.g. if today is May 15 ask where did you live on April 15)?* ☐ City of Kingston ☐ County of Frontenac – North ☐ County of Frontenac – Central ☐ County of Frontenac – South ☐ County of Frontenac – Islands
d) What it your citizenship status? ☐ Canadian Citizen - Born In Canada ☐ Canadian Citizen - Born Outside Canada ☐ Permanent Resident/Immigrant ☐ Refugee/Refugee claimant ☐ Student Visa ☐ Visitor Visa ☐ Work Visa ☐ Undeclared	☐ Hastings County (Belleville) ☐ Leeds & Grenville United Counties (Brockvillle/ Gananoque) ☐ Prince Edward, Lennox & Addington Counties (Picton /Napanee) ☐ Lanark County (Smith Falls) ☐ Ontario-Other ☐ Other Province ☐ Other Country

4   HOUSING HISTORY: Starting with last night, where have you lived/stayed in the past whether permanent or temporary? *In HIFIS, record in Client Information → Housing History – attempt to get a reliable history for 3 years; however, stop as soon as reported history seems vague.*

Address/Location *(most recent on top)*	Cost	Start date	End date	Type *(e.g. market rental)*	Exclude from HIFIS*

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Exclude entering in HIFIS where client had an address/home but was staying temporarily in another place. For example, client lived in market rental housing but was incarcerated for 4 months. Enter into HIFIS only the market rental address and exclude the prison address from HIFIS.

RESOURCES AVAILABLE TO HOUSEHOLD (income, assets, other supports, insight and problem-solving skills) Questions 5 through 10 below)

5 **What is your current income situation?** *In HIFIS, record in Client Information → Financial Profile → Incomes.*

Income Source	Monthly Amount	Start Date	End Date	Primary Source of Income (Y/N)

6 **Do you have any savings/or other assets that might help resolve the current situation?**
In HIFIS, record in Client Information → Financial Profile → Assets.

Income Source	Asset Type

7 **Are you connected to a worker in another agency who has been helping you either now or in the past with your housing issues? (e.g. case workers, case managers, OW/ODSP worker, CHITT/ACT team). I may also need to contact some of your other supports to see what they can do to help you. I will need consents to do so. Would that be all right?   ☐ YES   ☐ NO** *(If no, explore reasons).*
In HIFIS, record in Client Information → Contacts.

Name	Title(e.g. case worker)	Contact Information	Consent signed to contact on (date)

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b. Can you describe how they have assisted you both now and in the past (if applicable)?

c. What do you think our service could do differently to help you?

8   a) Do you have friends or family that have been helping you either now or in the past with your housing issues? Would they provide assistance now?
If important for future reference, Record <u>first name only</u> *in HIFIS - Client Information → Contacts*

Name	Relationship	Contact Information

b) Do you have someone you would like us to call if there were an emergency when you are with us? *(Must ensure they have the permission to use their name in the client record or as a contact in HIFIS - Client Information → Contacts*

Name	Relationship	Contact Information

9   In your opinion, what are some of the reasons you had to leave the place you last stayed/lived in?
In HIFIS, record in Client Information → Various Factors → Contributing Factors.

☐ Conflict with law
☐ Conflict with landlord
☐ Conflict with housemates/ family/ neighbours
☐ Arrears - Rent
☐ Arrears - Utilities
☐ Financial- Gambling
☐ Financial- Insufficient Income
☐ Ineligible for social assistance
☐ Unemployment (*Loss of job/income*)

☐ Abuse/Trauma
☐ Medical condition *(physical)*
☐ Cognitive/developmental condition
☐ Mental health condition
☐ Physical Needs/ Limitations
☐ Substance Misuse
☐ No identified factor (*e.g. factor is related to housing such as building unsafe, mold*)

Notes:

10 **What have you <u>done</u> to resolve your current housing situation now or in the past?**
Seek responses then follow-up with **"What have you <u>thought about doing</u>"?**
[Optional] In HIFIS, record in Client Management → Goods and Services. Click on Goods and services (top of screen) → the Edit Client Goods and Services Details→Comments at bottom of page

Did   Considered
☐   ☐   Borrowed money
☐   ☐   Been to Landlord & Tenant Board
☐   ☐   (Re) Negotiated a payment plan
☐   ☐   Talked to housemates/landlord/landlord to resolve situation
☐   ☐   Asked other friends/relatives for help (*e.g. a place to stay, money*)
☐   ☐   Talked to OW/ODSP worker for assistance
☐   ☐   Earned some income/ looked for employment/ job training
☐   ☐   Talked to CHITT/ACT/ other worker for assistance
☐   ☐   Looked for more affordable housing
☐   ☐   Stayed at a motel
☐   ☐   Other _____

11 **Interviewer's assessment of resources available to client household** *(use probing questions if not able to determine from questions 5 through 8). Select all that apply.*
☐ Has income and sufficient assets to secure housing
☐ Is connected to other formal services and supports (agencies)
☐ Is connected to other informal supports (friends, family, faith-based organizations)
☐ Has insight into problems and has attempted to resolve them, even if not successful

12 **Interviewer's assessment of current housing situation** *(use probing questions if not able to determine from above information)*
In HIFIS, record in Client Information → Various Factors → Risk of Homelessness.
☐ Chronic - **Currently homeless** for 6 months or more (consecutive or non) in past year
☐ Episodic - **Currently homeless** & have experienced 3 <u>or</u> more episodes in past year
☐ Short-term - **Currently homeless** and have been homeless < (less than) 6 months (consecutive or non) or < (less than) 3 episodes in the past year

If homeless, select one option below that best describes current homelessness situation:
☐ Provisionally accommodated (i.e. couch surfing, living with friends < 6 months)
☐ Unsheltered (i.e. parks, abandoned buildings, garages)
☐ In institution (i.e. hospital, jail, foster care) with no housing arranged for exit date
☐ In emergency shelter
If NOT homeless, select one option below that best describes the situation:
☐ At imminent risk of homelessness – eviction notice/order within 30 days
☐ At imminent risk of homelessness – leaving violent/abusive situation
☐ At imminent risk of homelessness – being forced out of current housing situation
☐ At risk of homelessness- not imminent (e.g. unstably housed, no or few resources)
☐ No risk of homelessness (e.g. currently housed / has resources available)

13 It is our goal to work with you to ensure that you are able to maintain or secure housing in the future. In order to determine if and how we might assist you a screening survey may need to be completed. It takes about 10 minutes. After that we can target assistance more appropriately. Do I have your permission to do the survey?   ☐ YES   ☐ NO *(If no, explore reasons and the consequences – e.g. general housing assistance only)*

FIRST TRIAGE DECISION

☐ Refuses to participate in interview/sign consent for other services/or for administration of SPDAT Screening Tool	→ Provide General Housing Assistance only – end intake
☐ No risk of homelessness / currently housed / has resources available / <u>not</u> a youth (16-24)	→ Provide General Housing Assistance only – end intake
☐ Currently chronically or episodically homeless (no SPDAT screening required)	→ Transfer to Assessment – HF/RRH – end intake
☐ Currently homeless and seeking emergency shelter	→ Initiate shelter diversion protocol – add shelter diversion to Goods and Services Transaction
☐ Housed – More intensive supports in place (eg. CHTT, ACTT) – client redirected after worker consulted with other provider	→ Provide General Housing Assistance only – end intake
☐ HPF Application From HHSS agency – no other supports requested	→ Provide HPF application only – place on HPF wait list for action by Admin Approver only – end intake

For Triage Outcome #1, 2, or 3: In HIFIS, record in Client Management → Goods and Services. If General Housing Assistance is provided add as a new service under the original Goods and Services transaction. Close Coordinated Intake by adding end dates to both the Goods and Service Transaction and the services underneath - "Coordinated Intake Protocol" and "General Housing Assistance".

SCREENING FOR ACUITY - THE SPDAT SCREENING TOOL

SPDAT Screening Tool Administered on DATE: _____ *(Must be done within 3 days of initial interview, but preferably on the same day/visit.)*

☐ TAY-VI-SPDAT (youth)   ☐ PR-VI-SPDAT SINGLE
☐ VI-SPDAT SINGLE   ☐ PR-VI-SPDAT FAMILY
☐ VI-SPDAT   ☐ JD-VI-SPDAT

In HIFIS, enter as a service under the original Goods and Services Transaction. Add start and end date for this activity, usually the same day. IF PR-VI-SPDAT add score under "expended minutes" in activity.

☐ Not administered as planned because: _____

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14 On a regular day, what is the best way to contact you? Is there a phone number/email/voicemail where a message can be safely left?

In HIFIS, record in client information→ Contacts

_____

SECOND TRIAGE DECISION:

A. No Service Required/ Wanted (adult/family/youth)	
☐ Client Declined All Service Options	→ **Provide General Housing Assistance only – end intake**
☐ Client consistently refused to sign consents (e.g. HIFIS, other agencies which are necessary for service provision	→ **Provide General Housing Assistance only – end intake**
☐ Client is housed and scores less than 16 on the PR-VI-SPDAT	→ **Provide General Housing Assistance only – end intake**

B: Services Required/ Desired (Adult and family)	
Homeless	
☐ Seeking shelter – Diversion Protocol Completed – <u>Successfully diverted</u> (No SPDAT screening completed)	→ **Follow-up consistent with Shelter Diversion Protocol to determine plan (complete VI-SPDAT Screening if not already done)**
☐ Seeking shelter – Diversion Protocol Completed – <u>Not diverted</u>	→ Transfer to **Housing Assistance/ Emergency Shelter-Emergency Shelter**
☐ Homeless, scores 4 or greater on VI-SPDAT	→ **Transfer to Assessment – HF/RRH –** end intake
☐ Homeless, not seeking shelter (low acuity) - SPDAT screening score <4 on VI-SPDAT or TAY-VI-SPDAT	→ Transfer to **Prevention Diversion** – **Brief Intervention-Homeless**
Housed	
☐ Housed, scores above 16 on PR-VI SPDAT	→ Transfer to **Prevention Diversion - Brief Intervention-Imminent Risk**
☐ Housed, seeks HPF funding scores lower than 16 on PR-VI SPDAT	→ Transfer to **Prevention Diversion - Brief Intervention-Imminent Risk** for consideration of assisting with HPF application based on HPF criteria

A. YOUTH - Services Required/ Desired (Youth only)	
☐ Homeless, (low acuity) on TAY-VI-SPDAT	→ Transfer to **Housing Assistance/ Emergency Shelter-Emergency Shelter** <u>AND</u> **Youth Prevention Diversion** – **Brief Intervention-Homeless**
☐ Homeless, (moderate and high acuity) on TAY-VI-SPDAT	→ **Transfer to Youth Assessment –** end intake

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☐ Housed, scores greater than 16 on PR-VI-SPDAT	→ Transfer to **Prevention Diversion** – **Brief Intervention-Imminent Risk**

In HIFIS, record in Client Management → Goods and Services. Add an end date to the Coordinated Intake Goods and Services Transaction and all activities underneath. Activities may include General Housing Assistance and diversion-shelter in addition to coordinated intake protocol.

Worker Signature: _____ **Date:** _____

ADDING FAMILY MEMBERS

If seeking assistance as a family, enter family members here (photocopy this page if necessary). *In HIFIS, record in Client Information → Family*

First	_____	_____	_____
Last	_____	_____	_____
D.O.B. (YYYY-MM-DD)	_____-____-____	_____-____-____	_____-____-____
Relationship			
☐ Partner	☐	☐	☐
☐ Child	☐	☐	☐
☐ Other	☐	☐	☐
Gender			
☐ Male	☐	☐	☐
☐ Female	☐	☐	☐
☐ Other	☐	☐	☐
Citizenship			
☐ Canadian Citizen	☐	☐	☐
☐ Permanent Resident	☐	☐	☐
☐ Other	☐	☐	☐
☐ Undeclared	☐	☐	☐
Aboriginal			
☐ Non-Aboriginal	☐	☐	☐
☐ First Nations: Off-reserve	☐	☐	☐
☐ First Nations: On reserve	☐	☐	☐
☐ Inuit	☐	☐	☐
☐ Metis	☐	☐	☐
☐ Non-Status	☐	☐	☐
☐ Unknown	☐	☐	☐
Veteran			
☐ Veteran	☐	☐	☐
☐ Not a Veteran	☐	☐	☐

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☐ Unknown	☐	☐	☐

Worker Signature: _____ **Date:** _____

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