

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 complete questions 1 – 9
3. **[Returning Client]** Verify and provide any updates to questions 21, 24, 25, 28

Note: Questions that are mandatory are labelled as ★ in this form.

HIFIS File Number :

Date of Intake _____ / _____ / _____
YYYY MM DD

1. Service Provider Name

2. Caseworker Name

3. Caseworker Phone 4. Caseworker Email

5. What brings you in today? Please specify the reason for services.

6. Were you referred here/to me by another organization? Yes, please provide the service provider name _____
 No

7. ★ Have you signed the [Common Consent Form](#) that allows different service providers to share information to help solve your housing issue?
 Yes
 No, please complete the *Common Consent Form*

8. Will this be the first time in your life that you receive services related to your housing in Simcoe County?
 Yes (New)
 No (Returning), have you completed a VI-SPDAT assessment in last six months?
 Yes (to Q9) No (to Q11)

9. VI-SPDAT Score _____ 10. Date of VI-SPDAT _____ / _____ / _____
YYYY MM DD

About You

11. ★ Last Name 12. ★ First Name

13. Middle Name 14. Preferred Name

15. ★ Date of Birth _____ / _____ / _____ **OR** Approximate Age _____
YYYY MM DD

16. ★ What is your gender identity?
 Male Female
 Transgender FtM Transgender MtF
 X Other Unknown Prefer not to say

17. ★ Do you have any accessibility needs / requirements?
 Yes, please specify _____
 No

18. ★ Are you a Veteran?
 Former RCMP Veteran – Canadian Armed Forces
 Veteran – Allies Veteran – Civilian
 No a Veteran Unknown Undeclared / Refused

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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 or living temporarily with others (with no chance of being able to live there permanently).

28. ★ What's your current housing status? Housed (to Q29) Homeless (to Q32)

If Housed:

29. ★ Housing type

Own your Housing

Rental Apartment Rental House Rental Room

In Transitional Housing

Temporarily housed with option for permanency (including a motel)

In a healthcare facility (including hospital, treatment centre, residential rehabilitation, mental health facility) have housing to return to

In a correctional facility (have housing to return to)

Other (i.e., youth in foster care), please specify _____

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

31. Are you at imminent risk (within the next 30 days) of homelessness? Yes, please specify _____
 No

If Homeless:

32. ★ Where are you staying?

Emergency sheltered

Temporarily housed with no option for permanency (including a motel)

Couch surfing with friends / family / strangers

Unsheltered / living rough / on streets / in vehicle

In a healthcare facility (including hospital, treatment centre, residential rehabilitation, mental health facility) with no housing to return to and discharging in next 30 days

In a correctional facility with no housing to return to and discharging in next 30 days

Other (i.e., in abandoned building, storage locker, garage), please specify _____

33. ★ In total, how much time have you been homeless over the past year? _____ Day(s) _____ Month(s) _____ Year(s)

34. ★ If you have been homeless more than once, how much time have you been homeless over the past 3 years? (Including this time) _____ Day(s) _____ Month(s) _____ Year(s)

Chronically Homeless =

Homeless 180 days or more/6 months or more over the past year.

AND/OR

Homeless more than once and 1½ years in the last 3 years.

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Housing Placement:

35. What community or communities would you prefer to live in?

The community I'm living in now, please specify _____

Another community, please specify _____

I'm open to living anywhere I can find housing/ or the services I need

36. How many bedroom(s) are you looking for?

Bachelor 3 Bedroom

1 Bedroom 4 and more Bedroom

2 Bedroom Please specify _____

37. When seeking accommodations what is your monthly budget for rent?
(Include the rent and the costs of electricity, heat, water and other municipal services).

Please specify amount \$ _____ / Month

38. Do you have any specific requirements for the accommodations?
(i.e., wheelchair accessible, pet friendly, public transportation, etc.)

Income Sources

39. Income Source

Canada Pension Plan (CPP)

Child Tax Credit

Employment

Full time Part-time

Other, please specify _____

Self-Employment

Employment Benefits/Insurance (EI)

Ontario Works (OW) – Provincial Social Assistance
Caseworker Name _____

Ontario Disability Service Program (ODSP)
Caseworker Name _____

Old Age Security (OAS)

Other(s), please specify _____

No Income

40. Do you expect your income to change significantly within the next six months?

Yes, please specify _____

No

Current Service Connections

41. Are you accessing any services that are related to your housing issue(s)?

Yes, please provide the service provider name _____

No

Emergency Contacts

Name	Relationship	Phone / Email

END OF INTAKE
THANK YOU VERY MUCH FOR SHARING YOUR INFORMATION WITH US!

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FOR STAFF ONLY

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 Consent Form** and **Common Intake Form** to HIFIS:
 - a. Search Client File by name/HIFIS File Number > Client Information => Consent / Documents.

Distinguishing Features

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.

For staff only: Please mention any distinguishing features you noticed:

Notes
