

COORDINATED ACCESS REGINA

INTAKE, TRIAGE & ASSESSMENT PACKAGE

EXTERNAL REFERRAL FORM

This package is for external agencies, programs, and departments to refer clients to Coordinated Access Regina (CAR). This package will take approximately 15-20 minutes to complete and includes the following sections:

Section 1 – Referring Agency Information [Mandatory]

To collect information about the services and when they were delivered and the homelessness status of the client.

Section 2 – Initial Assessment: Is Client Experiencing Homelessness [Mandatory]

At present, only clients currently experiencing homelessness are to be referred to Coordinated Access Regina

Section 3 – Consent to Share Package with CAR [Mandatory]

To gather basic information so the HIFIS Client File can be created or updated.

Section 4 & 5 – Collecting Client Information & Contact Information [Mandatory]

To gather basic information so that the individual can be added to, or updated on, the By-Name List.

Section 5 – Common Triage & Assessment Tool [Optional for External Referral Partners]

To help determine depth of need, recommended programming, and next steps for assessment based on scoring and criteria, which you will add up at the end of this section.

Section 6 – Next Steps for Client Based on Assessment Score

To help guide next steps for client based on their level of assessed need.

Section 7 – Submitting Package to CAR

Instructions for submitting this package to Coordinated Access Regina.

SECTION 1 – REFERRING AGENCY INFORMATION

REFERRAL AGENCY/PROGRAM/DEPARTMENT:

REFERRAL DATE: _____ / _____ / _____ REFERRAL TIME: _____ AM
 YYYYYY MM DD PM

STAFF NAME: _____

PHONE: () - **EMAIL:**

SECTION 2 – REFERRING AGENCY INFORMATION

Is the client currently experiencing homelessness?

Note: If the individual does not have access to a safe and/or permanent residence where they can stay for as long as they want, they are experiencing homelessness.

YES à *Complete package.*

NO à Do not completed package. The individual is out of scope for referral to CAR.

SECTION 3 – CONSENT TO SHARE PACKAGE WITH COORDINATED ACCESS REGINA

I, _____ consent for my personal information, as it relates to my housing needs, to be shared with Namerind Housing Corporation, the Coordinated Access Regina Lead Agency. As the Coordinated Access Regina Lead Agency, Namerind Housing Corporation coordinates referrals for individuals experiencing homelessness who are seeking housing and support services in Regina.

With this consent, I understand that the information collected from me in this package will be used by Coordinated Access Regina staff to contact me and connect me with housing services that meet my needs.

Client Signature: _____ Date: _____

Referral Staff Name: _____ Referral Agency: _____

Referral Staff Signature _____ Date: _____

Additional consents will need to be collected by Coordinated Access Regina Staff.

SECTION 4 – COLLECTING CLIENT INFORMATION HIFS = ADD CLIENT

1. What is your full legal name? Do you have any nicknames you like to go by?

LAST: _____ FIRST: _____

MIDDLE: _____ ALIAS/NICKNAME: _____

2. What is your date of birth? *[If client declines to provide, record estimated age].*

DATE OF BIRTH: _____ or APPROX. AGE: _____

3. What is your gender identity?

GENDER: _____ or _____

4. Do you have any needs related to your physical mobility? HIFS = DISABILITY TOGGLE

YES

NO

5. Are you a veteran?

YES *[Identify below]*

NO

UNDECLARED/REFUSED

VETERAN - ALLIES

VETERAN - CIVILIAN

FORMER RCMP CANADIAN ARMED FORCES

FIRE DEPARTMENT/CITY POLICE DEPARTMENT/EMERGENCY MEDICAL SERVICES

6. How do you self-identify your citizenship or immigration status?

CANADIAN CITIZEN BORN IN CANADA

STUDENT VISA

CANADIAN CITIZEN BORN OUT OF CANADA

VISITOR VISA

PERMANENT RESIDENT/IMMIGRANT

WORK VISA

REFUGEE CLAIMANT

UNDECLARED

7. If born outside of Canada, where were you born? _____

8. Do you identify as being part of an Indigenous community?

YES [*Identify below*]

NO

UNDECLARED/REFUSED

FIRST NATIONS: STATUS ON RESERVE

FIRST NATIONS: STATUS OFF RESERVE

FIRST NATIONS: NON-STATUS ON RESERVE

FIRST NATIONS: NON-STATUS OFF RESERVE

INUIT

MÉTIS: REGISTERED

MÉTIS: UNREGISTERED

9. What language do you prefer to use with service providers? **HIFS = VITALS > LANGUAGES**

PREFERRED LANGUAGE(S) OF SERVICE: _____

SECTION 5 – CLIENT INFORMATION

10. What is the best way to reach you? **HIFS = VITALS > CONTACT INFO**

Method	Value (Phone number, email, etc.)

11. Are you interested in receiving housing support services in Regina? **HIFS = VITALS > GEOGRAPHIC REGION**

YES

NO

I AM LOOKING FOR HOUSING SUPPORTS IN _____

SECTION 5 – COMMON TRIAGE & ASSESSMENT

THIS PORTION OF THE INTAKE BEGINS TO ASK MORE PERSONAL QUESTIONS ABOUT THE CLIENT. THIS SECTION CAN BE COMPLETED BY PARTICIPATING COORDINATED ACCESS REGINA AGENCIES. IT IS HELPFUL FOR PARTICIPATING AGENCIES TO LEVERAGE THEIR EXISTING RELATIONSHIP WITH THE CLIENT TO COMPLETE THIS PORTION OF THE INTAKE AND ASSESSMENT. THE TRIAGE AND ASSESSMENT IS SHORT, AND MOST OF THE QUESTIONS REQUIRE YES/NO RESPONSES.

COORDINATED ACCESS REGINA ASKS THESE QUESTIONS SO THAT WE HAVE A BETTER UNDERSTANDING OF HOW WE CAN SUPPORT CLIENTS IN FINDING AND KEEPING HOUSING.

IT IS IMPORTANT THAT CLIENTS GIVE THE MOST HONEST ANSWERS POSSIBLE, AS DOING SO WILL ALLOW COORDINATED ACCESS REGINA AND PARTNER PROGRAMS TO PROPERLY CASE PLAN FOR CLIENT. ANSWERS WILL NOT ACT AS A BARRIER TO HOUSING AND SUPPORTS. IN FACT, THIS INFORMATION HELPS PARTICIPATING AGENCIES ADVOCATE ON BEHALF OF THEIR CLIENTS.

THE FOLLOWING TRIAGE & ASSESSMENT TOOL COVERS 7 MAIN AREAS AS IT RELATES TO CLIENTS BEING ABLE TO FIND AND MAINTAIN HOUSING. THEY ARE AS FOLLOWS:

- **SOURCES OF INCOME**
- **FAMILY AND DEPENDENTS**
- **HISTORY OF HOUSING AND HOMELESSNESS**
- **ADDICTIONS & SUBSTANCE USE ISSUES**
- **MENTAL AND EMOTIONAL HEALTH ISSUES**
- **PHYSICAL HEALTH ISSUES**
- **LEGAL ISSUES**

EACH QUESTION INCLUDES CRITERIA FOR TALLYING SCORES.

I WILL NOW START ASKING MORE PERSONAL QUESTIONS.

12. Are there any agencies you would prefer not to workwith? Agencies I prefer to work with?

I do not want to workwith

I prefer to work with

13. What are your main sources of income? HIFIS = CLIENT INFORMATION > FINANCIAL PROFILE > INCOMES

SASKATCHEWAN INCOME SUPPORT (SIS)

Start date:

End date/stopped receiving:

SASKATCHEWAN ASSURED INCOME FOR DISABILITY (SAID)

Start date: _____ **End date/stopped receiving:** _____

PERSONAL PENSION PLAN (PPP)

MSS YOUTH – TEMP WARD

PROVINCIAL TRAINING

MSS YOUTH – PERM WARD

ALLOWANCE (PTA) TRUSTEE – MSS

BAND FUNDING

TRUSTEE – CMS

LONG TERM DISABILITY (PRIVATE)

TRUSTEE - SALVATION ARMY

EMPLOYMENT BENEFITS/INSURANCE (EI)

CRISIS – JUSTICE

CANADIAN PENSION PLAN (CPP)

FNCFS YOUTH

CANADIAN PENSION PLAN DISABILITY

YOUNG OFFENDER

BENEFITS OLD AGE SECURITY

MSS YOUTH – APPREHENDED

PANHANDLING

MSS YOUTH - SEC 9

EMPLOYMENT WAGE/SALARY

MSS YOUTH - SEC 10

SELF-EMPLOYMENT

MSS YOUTH - SEC 56

STUDENT LOAN(S)

MSS YOUTH – LTW

CHILD TAX BENEFITS

Answer tally: If client answered that they have NO source of income, including if they are to Income Assistance but not currently receiving benefits, score 1.

/1

14. Now I am going to ask you some questions to try to understand where you have been living for the last year. HIFS = CLIENT INFORMATION > HOUSING HISTORY

NOTE: Use the questions and housing types on the next page to fill in the table below.

Housing Type	Start & End Dates OR Length of Time in Housing Type

Prompting questions to determine client's housing history for the last year:

- Where did you sleep last night and how long have you been sleeping there?
- What was your living situation just before this [the situation described above]?
- Where were you before that, if you can remember? How long did you stay there?
- Have you had a stable living situation in the last year? When was that?

If client cannot give housing history for the past year: In the past 12 months, approximately how much time have you spent homeless?

Housing Types:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Makeshift/Street • Vehicle • Abandoned Building • Encampment/Campsite • Emergency Shelter • Hostel • Hotel/Motel • Couch Surfing – Friends/Family/Acquaintances • VAW – Emergency Shelter • Co-op Housing • Foster Care • Housed in Family's House/Apartment • Home Ownership • Military Housing • Room in a House • Social/Community Housing • Rental at Market Price | <ul style="list-style-type: none"> • Group Home • Indigenous Housing Provider • Rental at Market Price w/ Rent Subsidy • Secondary Suite • Supportive Housing • Correctional Facility • Hospital - Medical • Hospital - Psychiatric • Residential Care Facility • Detoxification Facility • Transitional Housing • VAW – Transition House • Recovery / Treatment Facility • Halfway House • Sask Housing Authority • Long-Term Care Facility |
|--|--|

Answer tally: If client has been homeless for 6 months or more in last year, score 1.	/1
Answer tally: If client is currently sleeping rough (street, vehicle, etc.), score 1.	/1
Answer tally: If client has been homeless for 6 months AND is sleeping rough, score 1.	/1
TOTAL	/3

Family & Dependents HIFS = CLIENT INFORMATION > FAMILY

This section looks to better understand who might be staying with you.

15. Are any family members over the age of 16 seeking services with you?

NOTE: Consent must be collected from clients 16 and over.

YES *[Fill out table below]*

NO *[Skip to question 20]*

Last Name	First Name	Relationship to Client	Gender	Age

16A. Are any of your dependents under the age of 16 seeking services with you?

YES *[Fill out table below]*

NO *[Skip to question 21]*

Last Name	First Name	Relationship to Client	Gender	Age

16B. Is anyone in your household currently expecting?

YES

NO

UNDECLARED/REFUSED

Answer tally: If client <i>HAS</i> any dependents or <i>IS</i> expecting, score 1.	/1
--	----

17. Does an addiction of any kind impact your day-to-day-life or has it impacted your ability to find or keep housing recently?

YES

NO

Answer tally: If client answered <i>YES</i> to having an addiction of any kind that impacts their day-to-day-life or has impacted their ability to find or keep housing recently, score 1.	/1
---	----

18. Does your mental or emotional health impact your day-to-day-life or has it impacted your ability to find or keep housing recently?

YES

NO

Answer tally: If client answered <i>YES</i> to having mental or emotional issues that impact their day-to-day-life or has impacted their ability to find or keep housing recently, score 1.	/1
--	----

19. Do you have any physical health challenges that impact your day-to-day life or that have recently impacted your ability to find or keep housing?

YES

NO

Answer tally: If client answered YES to having physical health challenges that impact their daily life or has impacted their ability to find or keep housing recently, **score 1**.

/1

This section asks you to tally the scores for questions 22-24

If client answered YES to having addiction, mental/emotional health, and physical health issues, **score 1** for potential tri-morbidity.

/1

20. Do you have any legal issues that might impact if you can find or keep housing?

YES

NO

Additional comments/observations: _____

Answer tally: If client answered YES to having legal issues that impact their day-to-day life and might impact whether or not you can find or keep housing, **score 1**.

/1

21. Triage and Assessment Score Tally HIFS = CLIENT MANAGEMENT > SURVEYS > REGINA PRE-ASSESSMENT

Staff Instructions: For the triage and assessment questions from this section (SECTION 6), tally the scores in the table below.	
No source of Income	/1
Has dependent children or is expecting	/1
Homeless 6+ months of the past year (Chronically homeless)	/1
Sleeping unsheltered	/1
Is chronically homeless AND sleeping unsheltered	/1
Addictions Issues	/1
Mental & emotional health issues	/1
Physical health issues	/1
Tri-Morbidity (has all three of addictions, mental and emotional health, & physical health issues).	/1
Legal issues	/1
Total	/10

SECTION 6 – NEXT STEPS FOR CLIENT BASED ON ASSESSMENT SCORE

Assessment Details	Next Steps for Coordinated Access	Recommended Programming
Scoring Range: 0-2 OR is homeless for the first time and less than 14 days¹	Coordinated Access Regina staff will add client to By-Name List. Coordinated Access Regina and community partners will work with client to self-resolve their homelessness and help solve immediate needs.	No/Light Homeless Serving Sector Intervention (case management) Diversion, connect to income assistance, landlord mediation
Scoring Range: 3-5 OR If client IS NOT chronically homeless and DID NOT answer yes to having potential tri-morbidity that impacts their day-to-day life or their ability to find and keep housing recently.	Coordinated Access Regina staff will add client to By-Name List and refer client out to vacancy in case management for recommended program type.	Rapid Rehousing
Scoring Range: 6-10 OR If client IS chronically homeless and/or ANSWERED YES to having potential tri-morbidity that impacts their day-to-day life or their ability to find and keep housing recently.	<p>If client scored within this range, or meets other listed criteria on the Triage and Assessment tool, they are to have a SPDAT administered by Coordinated Access Regina Staff</p> <p>After SPDAT, Coordinated Access Regina will then add client to the By-Name List to wait for vacancy in appropriate programming.</p> <p>The waitlist for housing & supports within this scoring range is long due to limited programming options in the community.</p>	<p>SPDAT Scoring Range – 35- 49: Intensive Case Management</p> <p>SPDAT Scoring Range – 50-60: Permanent Supportive Housing</p>

¹ Youth, women fleeing violence, and individuals sleeping unsheltered are exempt from the time spent homeless threshold.

SECTION 7 – SUBMITTING PACKAGE TO CAR

- Submit this Package as a .pdf to Coordinated Access Regina at coordinatedaccessregina@namerind.com via a secure, approved organization email.
- Coordinated Access Regina staff will acknowledge receipt within 24 business hours.
- Coordinated Access Regina staff will reach out to the client within 48 business hours of acknowledged receipt.

Appendix: Contact Information for Coordinated Access Regina

The following tables outline how to contact Coordinated Access Regina. It is recommended that referrals are sent to the general coordinated access email, as this e-mail will be connected to all staff within the CAR Lead.

General Organizational Information	
Coordinated Access Regina Lead	Namerind Housing Corporation
Main Office Location/Address	1112 Winnipeg St.
Office Hours	8:30 am - 4:45 pm
CAR Phone # (landline)	1-306-545-4525
General CAR Email	coordinatedaccessregina@namerind.com
Website	https://www.hipsk.ca/coordinatedaccessregina

Staff Contact Information: CAR Manager	
Name	Charlene Bruce
Phone	1-306-791-9535
Email	charlene@namerind.com

Staff Contact Information: CAR Intake and Assessment Coordinator	
Name	Kelly Ashdohonk
Phone	1-306-791-9534
Email	kelly.coordinatedaccessregina@namerind.com

Staff Contact Information: CAR Intake and Assessment Coordinator	
Name	Dylan Tran
Phone	1-306-791-9536
Email	dylan@namerind.com

Staff Contact Information: By Name List Coordinator	
Name	Geraldine Potts
Phone	306-791-9533
Email	geraldine@namerind.com

DISCLAIMER FOR PARTICIPATING AGENCIES:

To ensure protection of client data, please store the completed Intake & Assessment Triage package in accordance with your agency's policies.