

COORDINATED ACCESS REGINA

INTAKE, TRIAGE & ASSESSMENT PACKAGE

INTERNAL REFERRAL FORM

This package will take approximately 15-20 minutes to complete and includes the following sections:

Section 1 – Service Information

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

Section 2 – Explaining & Collecting Consent

To explain the HIFIS and By-Name List Consent form and collect written consent.

Sections 3 & 4 – Collecting Client Information and Updating Client Information

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

Section 5 – Common Triage & Assessment Tool

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 determine next steps for client based on their level of assessed need.

SECTION 1 – SERVICE INFORMATION

SERVICE PROVIDER: _____

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

1. Is the client currently experiencing homelessness?

YES **NO**

2. Were you referred by another agency?

YES, REFERRED BY:

NO REFERRAL

3. Is the client an existing HIFIS client with an 'Active' Consent Status? HIFIS = CLIENT SEARCH

ACTIVE CONSENT à Skip to Section 4

INACTIVE CONSENT à Complete Section 2, then skip to Section 4

NO CLIENT FILE FOUND à **Continue to Section 2**

SECTION 2 – EXPLAINING & COLLECTING CONSENT

- 4. I am going to explain our consent form and how your consent will help us to provide you with services today and in the future. After that, I will ask you some questions to help us understand how we can best assist you.**

STEP 1 – PRESENT AND EXPLAIN FORM

- This is a consent form that we ask everyone who accesses our services to sign.
- By signing this form, you get access to the [shelter stay/transitional housing stay/other service] you are here for today, and other support services that can help you to find and keep a home.
- The 1st box on this form asks for your consent for [this agency] to collect and store your information in an electronic system called HIFIS. Storing your information in HIFIS helps us to keep organized as we deliver services.
- The 2nd box on this form requests your consent for HIFIS to share your personal information with other agencies that deliver housing and support services to you.
- Signing both boxes will reduce the number of times the same information is collected from you. It will also give us permission to put you on a waitlist for housing and support services. If you would like, this will include pairing you with a support staff at an agency that meets your needs and preferences to help you with the process of finding and keeping housing.
- If you have a safety concern and need your information to stay private to this agency, please let me know *[if yes, make sure client only initials first box OR refer to internal policies if you are a VAW provider]*.

STEP 2 – SUMMARIZE THE ADDITIONAL DETAILS

- If you only sign the first box on this form, or don't sign this form at all, you will still have access to emergency services. However, it will limit our ability to work with other agencies to help you plan ahead *[If the client requests examples: putting a person on the waitlist for housing services; reserving an emergency shelter bed in HIFIS]*.
- Your consent will expire one year after signing this form, but you can cancel it at any time.
- *[If client has dependents accessing services with them]*: Your consent will apply to your dependents accessing services with you if they are under the age of 16.
- Non-identifying information from HIFIS will be shared with the Government of Canada and in community reports to help evaluate services. This information cannot be used to identify you.

STEP 3 – EXPLAIN WHAT CLIENT NEEDS TO DO

- To provide consent, we need you to:
 1. write your full legal name on the line at the top of this form;
 2. initial the boxes you agree to – that can be both boxes, or just the first box; and
 3. sign and date the bottom of the form.
- We will keep a copy of the signed form in your file.

STEP 4 – ASK IF THE CLIENT HAS QUESTIONS

- Do you have any questions?



HIFS & BY-NAME LIST CONSENT FORM

I, _____, understand that this agency is part of the Homelessness Information Partnership Saskatchewan (HIPSK), a partnership of agencies that use a secure electronic system ('HIFS') to deliver housing and support services. I confirm that I have read and understand the statements below.

☐ **CONSENT TO COLLECT:** By initialing this box, I consent to the collection and storage of my personal information in HIFS.

- This information will be requested from me during intake and assessment and may include:
 - Basic details about me (name, date of birth, veteran status, etc.);
 - My housing history and factors that led me to seek services;
 - Areas where I currently receive supports;
 - Areas where I need support(s) to help me find and/or keep my housing; and
 - Health and legal issues that may impact my ability to find or keep housing.

☐ **CONSENT TO SHARE:** By initialing this box, I consent to the sharing of my personal information with HIPSK agencies through HIFS and I consent to being added to the By-Name List.

- Only staff who provide you with services will be allowed to access your information.
- The By-Name List is a real-time list of people experiencing homelessness, used to match individuals and families to housing and related supports.

I UNDERSTAND THAT MY CONSENT:

- applies to my dependents under the age of 16 who are receiving services with me;
- will be valid for one year unless I cancel it earlier; and
- is not required for me to receive immediate emergency services;

I UNDERSTAND THAT I HAVE THE RIGHT TO:

- cancel my consent at any time by signing the Withdrawal of Consent Form;
- request a list of my personal information stored in HIFS;
- request changes to my personal information if there are errors; and
- view an up-to-date list of HIPSK agencies.

I FURTHER UNDERSTAND:

- if I cancel my consent, my information will be hidden in HIFS except for my name, date of birth, and gender, and further entry of my information into HIFS will stop; and
- non-identifying data from HIFS will be shared:
 - with the Government of Canada for policy, analysis, research, and evaluation purposes; and
 - in local reports to support and evaluate services in and across participating Saskatchewan communities.

Your Signature: _____ Date: _____

Staff Name: _____ Agency: _____

Staff Signature: _____ Date: _____

*Questions about this Consent and HIFS can be directed to the HIFS Lead Organization:
Saskatoon Housing Initiatives Partnership, ATTN: Community Engagement Manager (HIFS)
201-1120 20th St W, Saskatoon SK S7M 0Y8 / 306-979-6706 Ext 109 / hifs@shipye.ca*

SECTION 3 – COLLECTING CLIENT INFORMATION HIFS = ADD CLIENT

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

LAST: _____ FIRST: _____

MIDDLE: _____ ALIAS/NICKNAME: _____

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

DATE OF BIRTH: _____ or APPROX. AGE: _____

7. What is your gender identity?

GENDER: _____ or

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

YES

NO

9. 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

10. 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

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

12. 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

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

PREFERRED LANGUAGE(S) OF SERVICE: _____

SECTION 4 – UPDATING CLIENT INFORMATION

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

Method	Value (Phone number, email, etc.)

15. Are you interested in receiving housing support services in Regina? **HIFIS = 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.

16. Are there any agencies you would prefer not to work with? Agencies you prefer to work with?

I do not want to work with

I prefer to work with

17. 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

18. 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.

19. 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

20A. 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

20B. 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
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21. 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 YES 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
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22. 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 YES 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
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23. 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 <u>YES</u> to having physical health challenges that impact their daily life or has impacted their ability to find or keep housing recently, score 1.	/1
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This section asks you to tally the scores for questions 22-24	
If client answered <u>YES</u> to having addiction, mental/emotional health, and physical health issues, score 1 for potential tri-morbidity.	/1

24. 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 <u>YES</u> 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
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25. 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	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.	Check with BNL/CA Lead to see if there is a waitlist for program type. Option 1: If there is no waitlist for program type, and your program has case management space, you can house client on your case load and report client data to BNL Coordinator (CA Lead) with housing update/file for client inflow/housing tracking. Option 2: For all other scenarios, send client file to be added to BNL for client to be connected to vacancy in appropriate programming.	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.	Client requires a SPDAT to assess depth of acuity. After SPDAT, client is then added to the BNL to wait for vacancy in appropriate programming.	SPDAT Scoring Range – 35- 49: Intensive Case Management SPDAT Scoring Range – 50-60: Permanent Supportive Housing

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

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.