

<p>10. If Homeless, where are you staying?</p>	<input type="checkbox"/> Emergency sheltered <input type="checkbox"/> Temporarily housed with no option for permanency (including a motel) <input type="checkbox"/> Couch surfing with friends / family / strangers <input type="checkbox"/> Unsheltered / living rough/ on streets <input type="checkbox"/> In a healthcare facility (hospital, treatment centre, residential rehabilitation, mental health facility) with no housing to return to & discharging in next 30 days <input type="checkbox"/> In a correctional facility with no housing to return to & discharging in next 30 days <input type="checkbox"/> Other _____			
<p>11. If Housed, housing type</p>	<input type="checkbox"/> Own your Housing <input type="checkbox"/> Rental Apartment <input type="checkbox"/> Rental House <input type="checkbox"/> Rental Room (including Single Room Occupancy (SRO)) <input type="checkbox"/> In transitional housing <input type="checkbox"/> Temporarily housed with option for permanency (including a motel) <input type="checkbox"/> In a healthcare facility (including hospital, treatment centre, residential rehabilitation, mental health facility) (have housing to return to) <input type="checkbox"/> In a correctional facility (have housing to return to) <input type="checkbox"/> Other _____			
<p>12. Income Source</p>	<input type="checkbox"/> Employed: <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____ <input type="checkbox"/> Self-employed: <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____ <input type="checkbox"/> OW (<i>Ontario Works</i>) Caseworker name _____ <input type="checkbox"/> ODSP (<i>Ontario Disability Service Program</i>) Caseworker name _____ <input type="checkbox"/> CPP (<i>Canada Pension Plan</i>) <input type="checkbox"/> OAS (<i>Old Age Security</i>) <input type="checkbox"/> Child Tax Credit <input type="checkbox"/> EI (<i>Employment Insurance</i>) <input type="checkbox"/> Other/s _____ <input type="checkbox"/> No Income			
<p>13. Are you accessing any services that are related to your housing issue(s)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Organization's name _____ Worker's name _____			
<p>14. What community or communities would you prefer to live in?</p>	<input type="checkbox"/> The community I'm living in now _____ <input type="checkbox"/> Another community _____ <input type="checkbox"/> I'm open to living anywhere I can find housing / services I need			
<p>15. VI-SPDAT Score</p>	Date of VI-SPDAT		VI-SPDAT Score	

16. Are other members of your household seeking services with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please add dependents (whose consent is provided by you) and other adults in your household (who have already consented to participate in HIFIS. Do not add other adults who have not provided consent).

Other Household Member's Name	Relationship	Birthdate/Age	Dependent	Is Now living with you	Will be living with you right away (once housed)
		/ / YYYY MM DD Age _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		/ / YYYY MM DD Age _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		/ / YYYY MM DD Age _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

17. Housing First Referral <i>*see script with info about HF</i>	I understand the Housing First case management program and want to be added to the list (in order of priority) Print Name _____ Signature _____ Date _____
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18. Are you in a relationship with a partner who has already been referred to Housing First?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Partner's Name _____ *Signed consent of this partner is required
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The information below should be completed based on the service provider's understanding of the individual, from previous interactions and knowledge of their situation and experiences. The service provider is not expected to ask these questions directly when making the referral to Housing First.

19. Special Identifiers Elevated Risk Factors	Select all that apply: <input type="checkbox"/> Involved in human trafficking <input type="checkbox"/> Youth leaving care / transitioning out of child protection <input type="checkbox"/> Has a child/ren currently in care of child protection <input type="checkbox"/> Has experienced domestic violence <input type="checkbox"/> Leaving a healthcare or corrections institution <input type="checkbox"/> Experiencing severe mental health deterioration <input type="checkbox"/> Experiencing persistent and acute mental health issues <input type="checkbox"/> Experiencing severe physical health deterioration <input type="checkbox"/> Experiencing chronic disease <input type="checkbox"/> Currently pregnant (any member of the household) <input type="checkbox"/> Significant increase in contacts with emergency services
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For referrals to Housing First, also upload summary page of the most recent VI-SPDAT to BNL Sharepoint