

Form Fill Guide for **By-Name List Update Form** Simcoe County

January 2020

Complete this form for individuals who are on the BNL, for any changes to the information originally on the individual's Common Intake Form or last Update Form. Upload to BNL Sharepoint folder.

- Submit updates at least once per 30 days
- Service providers are responsible to submit an update for any significant life changes when the change happens
- If you are still actively working with an individual but have no significant change to report, you can reply to the BNL Data Manager with a simple email instead of completing this form

Complete this section up to #5 every time you submit an Update Form.

HIFIS ID #

(4-digit number)

I have also entered these changes in HIFIS

1. Date of Update

2. Agency

3. Staff Name

4. Email

5. Phone Number

Update (fill in applicable changes)

Refer to Housing First Program

Remove from BNL

Withdraw consent

Moved into housing

Moved out of Simcoe County

Deceased

Make inactive - no contact in 90 days

Use this same update form if you are the first service provider to come into contact with an individual who was previously on the BNL but moved out of homelessness or became inactive on the list

To make a referral to HF, enter any applicable information throughout the form, and also complete the HF information on page 3

When a client withdraws their consent, you also need to remove them in HIFIS. See simcoe.ca/hifis for details

When removing a client, check the appropriate box and also fill in any information you can throughout the Form. ie if they have moved into housing, what type of housing? When? In what community? (#7, 8, 9, 11)

If you have not been able to contact a client in 90 days and do not provide an update, they will automatically be made inactive on the BNL and the BNL Data Manager will tell you this by email

Only enter information that has changed (no need to re-enter details that are the same as before)

6. Individual's Phone _____ Email _____

7. Address/ Organization where currently staying _____

Temporary (*limited time of stay*)

Permanent (*as long as you want to stay*)

No Fixed Address

Enter full street address if available, or enter only the community name or area

Temporary place = staying at a shelter or somewhere with an identifiable address

No Fixed Address = sleeping rough or couch surfing

8. How long have you lived or been staying there?

Approximate move-in date

9. What is your current housing status?

Housed Homeless

10. If Homeless, 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 a healthcare facility (hospital, treatment centre, residential rehabilitation, mental health facility) with no housing to return to & discharging in next 30 days
- In a correctional facility with no housing to return to & discharging in next 30 days
- Other _____

11. If Housed, housing type

- Own your Housing
- Rental Apartment
- Rental House
- Rental Room (including Single Room Occupancy (SRO))
- 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 _____

12. Income Source

- Employed:
 - Full time Part-time
 - Other _____
- Self-employed:
 - Full time Part-time
 - Other _____
- OW (*Ontario Works*)
Caseworker name _____
- ODSP (*Ontario Disability Service Program*)
Caseworker name _____
- CPP (*Canada Pension Plan*)

ex 1 Apr 2019

ex December 2019

If Other, please specify

* Transitional housing is now defined as being Housed (based on changes to the federal definition of homelessness)

If Other, please specify

- OAS (*Old Age Security*)
- Child Tax Credit
- EI (*Employment Insurance*)
- Other/s _____
- No Income
- Yes No

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

Organization's name _____
 Worker's name _____

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

- The community I'm living in now _____
- Another community _____
- I'm open to living anywhere I can find housing / services I need

15. VI-SPDAT Date of VI-SPDAT _____ VI-SPDAT Score _____

A VI-SPDAT is not required to be added initially to the BNL. If you do a VI-SPDAT with the individual after they are on the BNL, enter their score when available

A completed VI-SPDAT is required to be referred to the Housing First program. Enter their score here and upload a VI-SPDAT summary sheet to the BNL Sharepoint folder

Upload a new/updated VI-SPDAT whenever one is available

16. Are other members of your household seeking services with you?

- Yes No

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).

If adding multiple adults in the same household, please upload Common Consent Forms for each adult

Other Household Member's Name	Relationship	Birthdate / Age	Dependent	Is now living with you	Will be living with you right away (once housed)
			Yes/No	Yes/No	Yes/No

17. Housing First Referral

*see script with more info about HF. Do not make a referral to HF until you have enough information about the individual

I understand the Housing First case management program and want to be added to the list (in order of priority)

Print Name _____

Signature _____ Date _____

This client signature is required to make the initial referral to Housing First. You do not need a signature each time you submit an Update

18. Are you in a relationship with a partner who has already been referred to Housing First?

- No
- Yes – Partner’s Name

*Signed consent of this partner is required

This is needed because HF has a policy of assigning a different case manager to each member of a couple. If one partner is already assigned to a HF case manager, their partner will not be assigned to the same HF case manager. (*the Indigenous Housing First program assigns the same case manager to both partners in a couple)

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.

If you do not feel confident answering the below questions, you likely do not have enough of a relationship with the client to make a HF referral. Support the individual with other services appropriate for their needs.

19. Special Identifiers

Select all that apply:

- Involved in human trafficking
- Youth leaving care / transitioning out of child protection
- Has a child/ren currently in care of child protection
- Has experienced domestic violence
- Leaving a healthcare or corrections institution

Youth who have moved into homelessness because they have left a foster home/were previously living in care

Any experience of domestic violence, not necessarily fleeing violence into homelessness at this specific time

Discharged from hospital or jail into homelessness

Elevated Risk
Factors

- Experiencing severe mental health deterioration
- Experiencing persistent and acute mental health issues
- Experiencing severe physical health deterioration
- Experiencing chronic disease
- Currently pregnant (any member of the household)
- Significant increase in contacts with emergency services

'Severe deterioration' means a significant change in what you have observed of the client in the past. This is relative to their own state of normal.

'Significant increase' means a big change – this is also relative to the client's own state of normal

For referrals to Housing First, also upload summary page of the most recent VI-SPDAT to the BNL Sharepoint. Upload a new VI-SPDAT whenever one is available, together with the regular BNL Update