



COORDINATED ACCESS SASKATOON

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 Homeless Individuals and Families Information System (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

First Name: _____ Last Name: _____

Middle Name: _____ Preferred Name: _____

Service Provider: _____

Intake Date: _____ / _____ / _____ Intake Time: _____ am pm
 YYYY MM DD

1. Are you currently experiencing homelessness?

Yes No

2. Were you referred by another agency?

Yes, Referred by: _____ No Referral

3. Are you interested in receiving housing support services in Saskatoon?

Yes No I am Looking for Housing Supports in _____

4. Is the client an existing HIFIS client with an 'Active' Consent Status?

ACTIVE CONSENT ————— Skip to Section 4

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

NO CLIENT FILE FOUND — Continue to Section 2



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SECTION 2 – EXPLAINING & COLLECTING CONSENT

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 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.
3. Sign and date the bottom of the form.



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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?



HIFIS & 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 ('HIFIS') 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 HIFIS.

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 HIFIS 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 HIFIS;
- request changes to my personal information if there are errors; and
- view an up-to-date list of HIPSK agencies.



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I FURTHER UNDERSTAND:

- if I cancel my consent, my information will be hidden in HIFIS except for my name, date of birth, and gender, and further entry of my information into HIFIS will stop; and
- non-identifying data from HIFIS 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 HIFIS can be directed to the HIFIS Lead Organization:
Saskatoon Housing Initiatives Partnership, ATTN: Community Engagement Manager (HIFIS)
201-1120 20th St W, Saskatoon SK S7M 0Y8 | 306-979-6706 Ext 109 | hifis@shipyxe.ca

SECTION 3- COLLECTING CLIENT INFORMATION

5. Are you able to understand the material and information we are discussing today?

Yes No

If not, what is your preferred language: _____

If a translator is required, stop the assessment now and only resume when a translator has been located and a consent form has been signed.

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

Date of Birth: _____ or Approx. Age: _____

7. How do you identify?

Male

Female

Non-Binary

Transgender

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 off Reserve

First Nations: Non-Status on Reserve

Inuit

Métis: Registered

Métis: Unregistered



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9. If you're comfortable disclosing, do any of the following apply to you?

- Residential School Survivor
- Day School Survivor
- 60's Scoop Survivor
- Sanitorium Survivor

10. Do you have any needs related to your physical mobility?

- Yes
- No

11. 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

12. What is your immigration/citizenship status?

- Canadian Citizen Born in Canada
- Student Visa
- Canadian Citizen Born out of Canada
- Visitor Visa
- Permanent Resident/Immigrant
- Work Visa
- Refugee Claimant
- Undeclared

SECTION 4 – CLIENT INFORMATION

13. What is the best way to reach you?

Method	Value (phone number, email, etc.)

*Include any applicable Community Support workers who can be used as alternative contact if necessary



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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 Saskatoon 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 Saskatoon 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 Saskatoon and partner programs to properly case plan for clients. Answers will not act as barrier to housing and supports. In fact, this information helps participating agencies advocate on behalf of their clients.

The following triage & assessment tools covers 7 main areas as it relates to clients being able to find and maintain housing. They are as follows:

- Source 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.

14. Are you currently affiliated with any agencies?

Yes, which ones: _____ No

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

Agencies I prefer to work with?

Prefer to work with: _____

Prefer not to work with: _____



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16. What are your main sources of income?

Saskatchewan Income Support (SIS)

Start date: _____ End date/stopped receiving: _____

Saskatchewan Assured Insurance for Disability (SAID)

Start date: _____ End date/stopped receiving: _____

Personal Pension Plan (PPP)

Provincial Training

Allowance (PTA) Trustee -MSS

Trustee – CMS

Tustee – Salvation Army

Crisis – Justice

FNCFS Youth

Young Offender

MSS Youth – Apprehended

MSS Youth – SEC 9

MSS Youth SEC 10

MSS Youth – SEC 56

MSS Youth – LTW

Saskatchewan Housing Benefit

MSS Youth – Temp Ward

MSS Youth – Perm Ward

Band Funding

Long Term Disability (Private)

Employment Benefits/Insurance (EI)

Canadian Pension Plan

Canadian Pension Plan Disability

Benefits Old Age Security

Panhandling

Employment Wage/Salary

Self-Employment

Student Loan(s)

Child Tax Benefit

Answer tally: If client answered that they have NO source of income, including if they are on Income Assistance but not currently receiving benefits, score 1.	/1
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17. Now I am going to ask you some questions to try to understand where you have been living for the last year.

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

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 past year? When was that?

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



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Housing Types:

- Makeshift/Street
- Abandoned building
- Emergency Shelter
- Hotel/Model
- Co-op Housing
- Housed in Family's House/Apartment
- Military Housing
- Social/Community Housing
- Group Home
- Rental and Market Price w/Rent Subsidy
- Supporting Housing
- Hospital – Medical
- Residential Care Facility
- Transitional Housing
- Recovery/Treatment Facility
- Sask Housing Authority
- Couch Surfing – Friends/Family/Acquaintances
- Vehicle
- Encampment/Campsite
- Hostel
- VAW – Emergency Shelter
- Foster Care
- Home Ownership
- Room in a house
- Rental at Market
- Indigenous Housing Provider
- Secondary Suite
- Correctional Facility
- Hospital – Psychiatric
- Detoxification Facility
- VAW – Transition House
- Halfway House
- 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 & Dependent

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

18. 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 19A]

Last Name	First Name	Relationship to Client	Gender	Age

19A. Are any of your dependents under the age of 16 seeking services with you?

Yes [Fill out table below]

No [Skip to question 19B]

Last Name	First Name	Relationship to Client	Gender	Age



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19B. Is anyone in your household currently expecting?

Yes No Undisclosed/Refused to Answer

Answer tally: If client HAS any dependents or IS expecting, score 1.	/1
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20. Does substance use 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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21. 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/emotional issues that impact their day-to-day-life or has impacted their ability to find/keep housing recently, score 1.	/1
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22. 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
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This section asks you to tally the scores for questions 21-23	
Answer Tally: If client answered YES to having addiction, mental/emotional health, and physical health issues, score 1 for potential tri-morbidity.	/1

23. 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 you can find or keep housing, score 1.	/1
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Additional Information:

24. Have you ever been incarcerated?

Yes No Undisclosed/Refused to Answer

If yes, was it within the last two years?

Yes No

Has there ever been a time when you have been involved with a gang?

Yes No Undisclosed/Refused to Answer



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25. Triage and Assessment Score Tally

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
Concurrent Long-Term Issues (has all three of addictions, mental and emotional health, & physical health issues).	/1
Legal issues	/1
TOTAL	/10



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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 days ¹	Coordinated Access Saskatoon staff will add clients to By-Name List. Coordinated Access Saskatoon and community partners will collaborate 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 Saskatoon staff will add 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.	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 Saskatoon staff. After SPDAT, Coordinated Access Saskatoon will then add client to the By-Name List to wait for vacancy in appropriate programming. The waitlist for housing & supports within this scoring range is long due to limited programming options in the community.	SPDAT Scoring Range 35-49: Intensive Case Management SPDAT Scoring Range 50-60: Permanent Supporting Housing

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



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APPENDIX: CONTACT INFORMATION FOR COORDINATED ACCESS SASKATOON

The following tables outline how to contact Coordinated Access Saskatoon. 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 CAS Lead.

General Organizational Information	
Coordinated Access Saskatoon Lead:	Metis Nation Saskatchewan
Main Office Location/Address:	123 Ave B South
Office Hours:	8:30 am - 4:30pm
General CAS Email:	coordinatedaccess@mns.work

Staff Contact Information	
Name:	Amanda Chabot
Phone:	1-639-471-9104
Email:	achabot@mns.work

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.