

SMIS Intake Form

Fields that are marked with * are mandatory. Please ensure that this information is updated in SMIS.

Intake Program	
Program: _____	Status: _____
Created on: _____	Created By: _____
Last updated on: _____	Last Updated by: _____

Personal Info.	
First Name* _____	Last Name* _____
Also Known As _____	Date of Birth* _____
Gender* _____	Pronouns* _____
Phone _____	Email _____
Comments/Details	

Family

Last Name	First Name	Gender	DOB	Also Known As	Relationship
					<input type="checkbox"/> Dependant <input type="checkbox"/> Spouse/Partner
					<input type="checkbox"/> Dependant <input type="checkbox"/> Spouse/Partner
					<input type="checkbox"/> Dependant <input type="checkbox"/> Spouse/Partner
					<input type="checkbox"/> Dependant <input type="checkbox"/> Spouse/Partner
					<input type="checkbox"/> Dependant <input type="checkbox"/> Spouse/Partner

Living Situation

i We want to better understand why people are using our services.

Length of homelessness	<input type="checkbox"/> Not homeless	<input type="checkbox"/> 1 – 5 years
<i>How long have you been experiencing homelessness?</i>	<input type="checkbox"/> Less than a month	<input type="checkbox"/> 5 – 10 years
	<input type="checkbox"/> 1 – 6 months	<input type="checkbox"/> Over 10 years
	<input type="checkbox"/> 6 months – 1 year	
Sleeping arrangements*	<input type="checkbox"/> Abandoned Building	<input type="checkbox"/> Family
<i>Where did you sleep last night?</i>	<input type="checkbox"/> Children's Aid	<input type="checkbox"/> Friends
	<input type="checkbox"/> Hospital	<input type="checkbox"/> Housing
	<input type="checkbox"/> Long Term Care Facility	<input type="checkbox"/> Jail
<i>Please note that there are additional options on the next page</i>	<input type="checkbox"/> Shed / Garage	<input type="checkbox"/> Motel / Hotel
	<input type="checkbox"/> Unknown	<input type="checkbox"/> Nathan Philips Square

- Vehicle
- ARC Respite
- Bus Stop / Shelter
- Bus / Airplane
- Detox / Treatment
- Park
- Refused to Answer
- Encampment
- Shelter
- Sidewalk / Ground / Grate

Reason for service*

Why do you need to access shelter services?

- Discharged from Institution
- Discharged from another Shelter
- Eviction due to Rental Arrears
- Foreclosure due to Mortgage Payment Arrears
- Refugee
- Relationship Breakdown
- Relocating
- Sponsorship Breakdown
- Abuse
- Decided to vacate housing
- Evicted by Family / Friends
- Evicted by Landlord
- Fire or other disaster
- Flood
- Gas leak
- Stranded Visitor / Tourist

Have you lived only in Toronto for the last 12 months?*

- Yes
- No

Have you lived only in Toronto for the last 12 months?

- (a) If 'No', where did you live right before coming to Toronto?
 - Elsewhere in Ontario
 - Other Province / Territory
 - Outside of Canada

(b) *If 'Elsewhere in Ontario,' where?


(c) *Were you homeless in that location?

Yes

No

County of origin _____

Client Details

 Now I'm going to ask you a few questions about your background. We ask **everyone** these questions to understand how people's experience with our services may be impacted by gender, Indigenous identity, race, and other factors, and so we can figure out how we can serve you better. You can choose whether or not to answer these questions. Regardless of what you choose, you will still have access to our services.

In Canada, the term "Indigenous" includes First Nations, Inuit, or Métis. Do you identify with any of these three groups?*

No

Métis

First Nations (status, non-status, treaty, non-treaty)

Prefer not to answer

Inuit

People often describe themselves by their race or racial background. For example, some people consider themselves "Black", "White" or "East Asian". Which race category best describes you?*

Arab, Middle Eastern or West Asian (examples: Afghan, Armenian, Iranian, Lebanese, Persian, Turkish)

Black (examples: African, African-Canadian, Afro-Caribbean)

East Asian (examples: Chinese, Japanese, Korean)

First Nations (status, non-status, treaty or non-treaty), Inuit or Métis

Latin American (examples: Brazilian, Colombian, Cuban, Mexican, Peruvian)

South Asian or Indo-Caribbean (examples: Indian, Indo-Guyanese, Indo-Trinidadian, Pakistani, Sri Lankan)

Southeast Asian (examples: Filipino, Malaysian, Singaporean, Thai, Vietnamese)

- White (examples: English, Greek, Italian, Portuguese, Russian, Slovakian)
- More than one race category or mixed race, please describe _____
- Not listed, please describe _____
- Prefer not to answer

Have you ever served in the Canadian military or RCMP?*

- No
- Canadian Military (Navy, Army or Air Force)
- RCMP
- Both Canadian Military and RCMP
- Military outside of Canada
- Prefer not to answer
- Unknown

Are you applying for refugee status in Canada?*

- No
- Refugee claimant: Has not yet made a claim
- Refugee claimant: Claim is in progress
- Refugee: Claim has been approved
- Other, please describe _____
- Prefer not to answer
- Unknown

Getting to know your needs

i Please see the Supports Assessment Guide on how to ask these questions. If you are not able to complete this section with a client at the point of intake, please complete it within 36 hours of intake.

Support Needs

I'm going to ask about support needs you may have. **If you do not feel comfortable answering a question, you can just say "pass" or ask to skip the question.**

This information will help us to support you while you are using our services. It will also help us assist you to find housing that meets your needs. I am going to go through a quick checklist now, and when you meet with the caseworker / counsellor / housing worker later on, they will ask you some follow-up questions and help you access services.

Health & Wellness	Accessibility	Other Supports
<input type="checkbox"/> Allergies or dietary restrictions	<input type="checkbox"/> Cannot use stairs	<input type="checkbox"/> Pet owner
<input type="checkbox"/> Harm reduction / substance use supports	<input type="checkbox"/> Limited mobility	<input type="checkbox"/> Legal
<input type="checkbox"/> Medication support	<input type="checkbox"/> Wheelchair accessibility	<input type="checkbox"/> Immigration
<input type="checkbox"/> Pregnancy support	<input type="checkbox"/> Vision/Hearing/Speech	<input type="checkbox"/> Religious / cultural supports
<input type="checkbox"/> Mental health support	<input type="checkbox"/> English translator	<input type="checkbox"/> Safety concerns (at risk of violence or self-harm)
<input type="checkbox"/> Physical health support	<input type="checkbox"/> Reading / completing paperwork	<input type="checkbox"/> Intimate Partner Violence (IPV) supports
<input type="checkbox"/> Support for daily activities (e.g. bathing, eating)	<input type="checkbox"/> Other accessibility supports	<input type="checkbox"/> Supports for survivors of human trafficking
<input type="checkbox"/> Other health support		<input type="checkbox"/> Other urgent support needs

Supports comments/details (0/4000 characters)

Triage: Recommended level of supports

- Low**
- Client has few support needs and does not require much assistance to find or maintain housing.
 - Client able self-manage any mental health, physical health, or substance use issue

- Medium**
- The client needs some assistance from staff to find housing and connect with supports.
 - The client may have challenges with mental health, physical health, substance use, or other challenges that may impact their ability to access services and find and maintain housing on their own.
 - The client may require some staff assistance with reading, doing paperwork, communicating, or translation.

- High**
- The client needs intensive assistance from staff to find and maintain housing and connect with supports.
 - "Mental health" and/or "substance use" is checked off, with one or more additional items checked off that seem likely to impact the client's ability to access services, and find housing and maintain housing on their own. The client may need assistance with daily activities.
 - Once housed, the client will likely need a higher level of case management follow-up supports, or they may require ongoing on-site supports.

Please provide the rationale for your decision about the client's level of support needs

Housing Essentials

What are your sources of income right now?* (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Assets | <input type="checkbox"/> No income declared |
| <input type="checkbox"/> Canada Pension Plan (CPP) | <input type="checkbox"/> Ontario Disability Support Program (ODSP) |
| <input type="checkbox"/> CPP-Disability | <input type="checkbox"/> Old Age Security (OAS) |
| <input type="checkbox"/> Child support | <input type="checkbox"/> Ontario Student Assistance Program (OSAP) |
| <input type="checkbox"/> Child Tax Benefit | <input type="checkbox"/> Ontario Works (OW) |
| <input type="checkbox"/> Continued Care and Support for Youth | <input type="checkbox"/> Personal Needs Allowance (PNA) |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Savings |
| <input type="checkbox"/> Employment Insurance (EI) | <input type="checkbox"/> Workplace Safety and Insurance Board (WSIB) |
| <input type="checkbox"/> Guaranteed Income Supplement (GIS) | |
| <input type="checkbox"/> Other, please specify | |

Do you have any ID?* (Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Permanent Resident Card |
| <input type="checkbox"/> Canadian Citizenship Card | <input type="checkbox"/> Refugee Protection Claimant Document (RPCD) |
| <input type="checkbox"/> Driver's Licence | <input type="checkbox"/> Record of Landing |
| <input type="checkbox"/> Health Card | <input type="checkbox"/> Social Insurance Number (SIN) |
| <input type="checkbox"/> Indigenous Status Card | <input type="checkbox"/> Verification of Status |
| <input type="checkbox"/> Ontario Photo ID | <input type="checkbox"/> Veteran Status Card |
| <input type="checkbox"/> Passport | |
| <input type="checkbox"/> Other | |

 Please upload client ID to the Attachments section in SMIS.

Client Contacts

Can include client's other support workers, next of kin, emergency contacts, etc.

Contact Type <small>(office, agency, relationship, etc.)</small>	Full Name	Phone	Email