



RUTH & NAOMI'S MISSION
30-Day Reflection Phase Shelter

Client Intake Form

Assessment Date: (program start date) Month: Day: Year:

Last Name First Name Middle Name

DOB: MM DD YY Birthplace Hair color Eye color

Contact Information:

Gender: Female Transgendered Male to Female Male Transgendered Female to Male

Ethnicity: First Nations (Band:) Metis Caucasian East Indian Asian Other:

S.I.N. or other ID:

Living situation last night (night before program of entry):

- Emergency Shelter including hotel or motel paid for by social services
Hotel or motel (where?)
Transitional housing including SROs Psychiatric Unit at Hospital Hospital (non-psychiatric) Detox facility
Substance/recovery treatment centre (where?) Jail, prison, correctional facility (where?)
Rental housing Staying or living in a family member's room, apartment or house
Staying or living in a friend's room, apartment or house Own home/parents' home
Place not meant for habitation (a vehicle, abandoned building, bus/train/airport, tent city or anywhere outside)

Length of stay at "living situation last night":

- One week or less More than one week but less than a month One to three months
more than three months but less than a year One year or longer

Extent of Homelessness:

- First time 1-2 times in the past 3 times in the past three years Chronic: 4 or more times in the past three years

Reason for homelessness:

- Domestic Violence Health/Safety Mortgage foreclosure Mental Health Learning Disability Eviction
No Affordable Housing Substance Misuse Substandard Housing Release from Corrections Facility
Utility Shut-off Criminal Activity Medical Condition Can't read or write Underemployment/Low Income

Domestic Violence Information:

Are you a domestic Violence Victim? Yes No
If yes, extent of domestic violence:
within the past three months three to six months ago six to twelve months ago more than a year ago
Overview of domestic violence:

What are your plans for locating permanent housing?

Sources of Income:

- No Financial Resources Income Assistance - welfare (Basic) Income Assistance - welfare (Disability)
- Employment Insurance (EI) Canada Pension Plan (CPP) Private Disability Insurance Worker's Compensation (WCB)
- Spousal Support Employment (where? _____) and (how much _____)
- TOTAL MONTHLY INCOME: \$ _____

Education:

- No Schooling completed 9th Grade High School Diploma
- Elementary to 4th Grade 10th Grade GED
- 5th or 6th Grade 11th Grade Post-Secondary School
- 7th or 8th Grade 12th Grade, (No Diploma)

Are you in school or working on a certificate or degree? No Yes If Yes, explain:

General Health Status:

- Excellent Very Good Good Fair Poor
- Are you pregnant? Yes Due date: MM ____ DD ____ YY ____ No
- Chemical Addictions:
 Drugs: List _____
- Alcohol
- Process Addictions:
 Gambling Pornography Internet gaming Cutting Sex Over-eating Exercise Other _____

Emergency contact:

Name, address and phone number: _____

Legal Status:

- Are you a Registered Sex Offender? YES NO
- Are you on probation? YES NO If yes, for _____
- Are you on parole? YES NO If yes, for _____
- Name of Probation/Parole Officer: _____ Contact # _____
- Are you aware of any outstanding warrants for your arrest? YES NO

HEALTH ASSESSMENT

To assist us in processing your application for admittance into our program, we ask that you complete the following sections as accurately as possible. Items that you indicate you may have certain health concerns will not necessarily preclude you from admittance into the program. We want to assure that should you come into the program, we have the best supports in place assist you.

Section 1: Medical Health:

Please indicate any medical issues you are currently dealing with. Check all that apply, and write down any related medications or treatment you are taking.

- Diabetes medications: _____
- Pain (location: _____). medications: _____
- Sleep issues medications: _____
- Brain injury medications: _____
- Heart condition medications: _____
- Stroke medications: _____
- Dietary restrictions (please list: _____)
- Crohn's / Colitis medications: _____
- Mobility problems medications: _____
- Infectious disease –Hepatitis B/C, HIV/AIDS, etc. (which? _____) medications: _____
- Methadone (____ mg)
- Detox - when and where: _____)
- Other: _____ medications: _____

Section 2: Mental Health:

Please indicate any mental health issues you are currently dealing with. Check all that apply, and write down any related medications you are taking.

- Depression medications: _____
- ADHD medications: _____
- Schizophrenia medications: _____
- Hallucinations medications: _____
- Suicidal thoughts medications: _____
- Eating disorder medications: _____
- Personality Disorder medications: _____
- Other _____ medications: _____

Section 3: Health Care Providers:

Please provide contact information for your current and recent medical and/or mental health care providers:

	<u>Name</u>	<u>Phone Number</u>
Family Doctor	_____	_____
Psychologist	_____	_____
Psychiatrist	_____	_____
Pharmacist	_____	_____
Social Worker	_____	_____
Other	_____	_____

Section 4: Disclosure of Medical and Mental Health Information:

I, _____, consent to the collection and disclosure of my personal information, including information about my medical and mental health, for the purposes of determining my suitability for Ruth & Naomi's Mission residential and recovery program(s) and for planning and managing my stay.

I affirm that the above information is true and complete to the best of my knowledge. I understand that if any of the above information is materially false, I may be expelled from the 30-Day Reflection Phase shelter program.

Applicant's Signature

Date

R&NM Staff Signature

Date

Admission Date: _____ **Discharge Date:** _____ **Intake By:** _____

ADDITIONAL NOTES FOR INTAKE WORKER ...