

Hamilton's Homeless Serving System Common Intake Form - Dependants

Introduction

This form should be completed for each dependant (aged 0 to 15 years old) accompanying their family and have been identified as a dependant in their parent / guardian's signed **Consent to Share Personal Information with Hamilton's Homeless-serving system** consent form.

This form should only be completed once – the first time you access services through Hamilton's Homeless Serving System. If you have already completed this form before, please speak with program staff at your service location.

Under [Section 54\(c\) of the Municipal Freedom of Information and Protection of Privacy Act \(MFIPPA\)](#) and summarized by the [Information and Privacy Commissioner of Ontario](#), "an individual having lawful custody (for example, a parent or guardian) of a child under 16 years of age may provide consent on the child's behalf. The child may also provide consent. Once an individual turns 16, their parent or guardian may no longer consent on their behalf".

General Information

Date: YYYY / MM / DD	
Parent / Guardian First and Last Name:	
Parent / Guardian Date of Birth: YYYY / MM / DD	
Parent / Guardian First and Last Name:	
Parent / Guardian Date of Birth: YYYY / MM / DD	
Dependant Last Name:	
Dependant First Name:	
Dependant Date of Birth: YYYY / MM / DD	

Socio-Demographic Information

We collect socio-demographic information to understand what your service needs and program eligibility may be, and to provide better services and supports. We also collect this information to understand who we serve overall and potential variations in individual experiences or outcomes.

Providing this information is voluntary and will not impact your access to services. You can choose "prefer not to answer" to any or all questions.

<p>What best describes the dependant's gender: Check ONE only</p>	<input type="checkbox"/> 1. Woman / girl <input type="checkbox"/> 2. Man / boy <input type="checkbox"/> 3. Non-binary <input type="checkbox"/> 4. Trans woman <input type="checkbox"/> 5. Trans man <input type="checkbox"/> 6. Not Listed <input type="checkbox"/> 7. Prefer not to answer
<p>What best describes the dependant's citizenship and immigration status in Canada: Check ONE only</p>	<input type="checkbox"/> 1. Asylum Seeker <input type="checkbox"/> 2. Canadian Citizen – Born in Canada <input type="checkbox"/> 3. Canadian Citizen – Born outside of Canada <input type="checkbox"/> 4. Permanent Resident / Immigrant <input type="checkbox"/> 5. Refugee <input type="checkbox"/> 6. Refugee Claimant <input type="checkbox"/> 7. Student Visa <input type="checkbox"/> 9. Visitor Visa <input type="checkbox"/> 10. Work Visa <input type="checkbox"/> 11. Prefer not to answer
<p>What best describes the dependant's Indigenous status: Check ONE only</p>	<input type="checkbox"/> 1. First Nations: Off-reserve <input type="checkbox"/> 2. First Nations: On-reserve <input type="checkbox"/> 3. Inuit <input type="checkbox"/> 4. Métis <input type="checkbox"/> 5. Non-Indigenous <input type="checkbox"/> 6. Non-status <input type="checkbox"/> 7. Prefer not to answer
<p>What best describes the dependant's racial identity: Check ALL that apply</p>	<input type="checkbox"/> 1. Arab (e.g., Syrian, Egyptian, Yemeni) <input type="checkbox"/> 2. Asian – South-east (e.g., Filipino, Vietnamese, Cambodian, Malaysian, Laotian) <input type="checkbox"/> 3. Asian – East (e.g., Chinese, Korean, Japanese) <input type="checkbox"/> 4. Asian – South or Indo-Caribbean (e.g., Indian, Pakistani, Sri Lankan, Indo Guyanese, Indo-Trinidadian) <input type="checkbox"/> 5. Asian – West (e.g., Iranian, Afghan) <input type="checkbox"/> 6. Black – African (e.g., Ghanaian, Ethiopian, Nigerian) <input type="checkbox"/> 7. Black – Afro-Caribbean or Afro-latinx (e.g., Jamaican, Haitian, Afro-Brazilian) <input type="checkbox"/> 8. Black – Canadian/American <input type="checkbox"/> 9. Latin American (e.g., Brazilian, Mexican, Chilean, Cuban) <input type="checkbox"/> 10. White <input type="checkbox"/> 11. Not listed <input type="checkbox"/> 12. Identify as Indigenous only <input type="checkbox"/> 13. Prefer not to answer
<p>What is the dependant's country of birth:</p>	