

Hamilton's Homeless Serving System Common Intake Form - Individuals

Introduction

This form is for all adults or youth aged 16 or older accessing services through Hamilton's Homeless Serving System who have signed the [Consent to Share Personal Information with Hamilton's Homeless-serving system](#) consent form. This includes youth aged 16 or older who are dependants and accessing services with their family.

You should only be asked to complete this form once – the first time you access services through Hamilton's Homeless Serving System. If you have already completed this form before at this service location or another agency, please speak with program staff.

Programs and services at each agency may also ask you to complete additional documents specific to their program to understand your service needs and goals.

For more information on why we are collecting this information, who will see it, and under what authority we have to collect it, please see the [Consent to Share Personal Information with Hamilton's Homeless-serving system](#) consent form or speak with program staff at your service location.

General Information

Date: YYYY / MM / DD	
Last Name:	
First Name:	
Middle Name:	
Also known as / nicknames:	
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 your 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 your veteran status: Check ONE only</p>	<input type="checkbox"/> 1. Veteran – Canadian Armed Forces <input type="checkbox"/> 2. Not a Veteran <input type="checkbox"/> 3. Veteran – Allies	<input type="checkbox"/> 4. Veteran – Civilian <input type="checkbox"/> 5. Former RCMP <input type="checkbox"/> 6. Prefer not to answer
<p>What best describes your 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 your 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 your 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 your country of birth:</p>		

Housing Information

A. What best describes your current housing situation? Check ONE only.

Homeless – staying at one of the following:

- 1. Couch Surfing
- 2. Emergency Shelter – Outside of Hamilton
- 3. Hotel / Motel
- 4. Unsheltered (staying outside or in emergency shelters in Hamilton)
- 5. Domestic Violence / Violence Against Women (VAW) Shelter

Transitionally Housed or Staying in a Public Institution – staying at one of the following:

- 6. Federal Correctional Facility / Jail
- 7. Provincial Correctional Facility / Jail
- 8. Medical Hospital
- 9. Psychiatric Hospital
- 10. Recovery / Treatment Facility
- 11. Transitional Housing Program
- 12. Withdrawal Management Program

Housed – staying at one of the following:

- 13. Own Home
- 14. Family Member's Home / Apartment
- 15. Lodging House
- 16. Rental (with subsidy)
- 17. Rental (without subsidy)
- 18. Residential Care Facility
- 19. Single Room in Shared House / Unit
- 20. Social / Community Housing
- 21. Supportive Housing Program

B. How long have you been staying there?

Approximate Start Date:

YYYY / MM / DD

C. If you are currently housed, what is your address:

Street Address:	
Unit/Apt (if applicable):	
City:	
Province:	

Postal Code:	
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Not Applicable – Not currently housed	<input type="checkbox"/>
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D. If you have stayed anywhere else in the last 12 months (including recently leaving a public institution), please identify which housing type(s) you have stayed in and for how long? See Question A or the Glossary for the full list of housing types.

Housing Type:	Approximate Start Date: YYYY / MM / DD	Approximate End Date: YYYY / MM / DD	City and Country:
1.			
2.			
3.			
4.			
5.			

Not Applicable – Have not stayed anywhere else in the last 12 months	<input type="checkbox"/>
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Contact Information

Please identify how program staff can safely reach you while you are accessing services.

Personal Phone Number: please specify	
Personal Email Address: please specify	
Other: please specify	
Do not have a way for you to reach me (no phone or email)	<input type="checkbox"/>

Prefer not to answer	<input type="checkbox"/>
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Source of Income Information

Please identify your current source(s) of income. Check ALL that apply.

<input type="checkbox"/> 1. Canada Pension Plan (CPP)	<input type="checkbox"/> 13. Old Age Security
<input type="checkbox"/> 2. Canada Pension Plan (CPP) Survivor Benefits	<input type="checkbox"/> 14. Ontario Disability Support Program (ODSP)
<input type="checkbox"/> 3. Canada Pension Plan Disability Benefits	<input type="checkbox"/> 15. Ontario Trillium Benefit (OTB)
<input type="checkbox"/> 4. Child Support	<input type="checkbox"/> 16. Ontario Works (OW)
<input type="checkbox"/> 5. Child Tax Benefits	<input type="checkbox"/> 17. Other Income
<input type="checkbox"/> 6. Disability Benefits	<input type="checkbox"/> 18. Private Pension
<input type="checkbox"/> 7. Employment – Casual	<input type="checkbox"/> 19. Quebec Pension Plan (QPP)
<input type="checkbox"/> 8. Employment – Full-time	<input type="checkbox"/> 20. Refugee Assistance Program
<input type="checkbox"/> 9. Employment – Part-time	<input type="checkbox"/> 21. Self-Employment
<input type="checkbox"/> 10. Employment Benefits / Insurance (EI)	<input type="checkbox"/> 22. Veteran Affairs Benefit/Pension
<input type="checkbox"/> 11. Guaranteed Income Supplement (GIS)	<input type="checkbox"/> 23. Workers' Compensation Benefits
<input type="checkbox"/> 12. Long Term Disability (private)	<input type="checkbox"/> 24. No Income Available

Prefer not to answer