

Participant Intake Form

This package will take approximately 10-15 minutes to complete, and it includes the following:

Section 1: Collecting Participant Consent – 5 min

To explain HIFIS Coordinated Access and the Unique Identifier List Consent Form and collect Participant consent.

Section 2: Collecting Participant Information and Updating Participant Information – 6 min

To gather basic information so the HIFIS Client Profile can be created or updated.

Section 3: Collecting Participant Housing History – 4 min

To gather basic housing history so the Unique Identifier List can be created or updated.

Section 1 – Collecting Participant Consent Script

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 us understand how we can best assist you.

Introduction

Before we go any further, I want to talk about how we use your personal information to help connect you with the right support.

We use a secure computer system called HIFIS – that stands for Homeless Individuals and Families Information System. It allows programs and workers in Lethbridge to safely share information and work together digitally, so that:

- You don't have to repeat your story to each organization
- Your services don't get duplicated
- Everyone is on the same page about the goals you're working on.

This way, different programs can coordinate to support you in a better, more connected way.

It is important to know that you have complete choice in how your personal information is shared with other programs in the city. There are three options – I'll walk you through them, one at a time.

1. **Full Sharing – Best Support** (Coordinated Access + Explicit Consent)
With your consent, we'll share your name and basic information with other trusted support programs. You'll also be added to something called the Unique Identifier List – this is a secure list of people who are looking for housing or other support in Lethbridge. It helps us match you with the right programs, it makes sure nobody gets missed, and only trained service staff can access it.
2. **Limited Sharing – Basic Support** (Explicit Consent)
We'll still share your basic information with trusted programs – like your name and what kind of help you're needing, but you won't be added to the Unique Identifier List. This means it might take longer to connect you with long-term support like housing, since teams won't see your name when planning services.
3. **No Sharing – Just the Wellness Shelter and Stabilization Unit** (Declined – Anonymous)
Only our agency will be able to see your information. It won't be shared with anyone else, and your information will not be added to the Unique Identifier List. This gives you more privacy, but it can also make it harder for other programs to know you're looking for help.

Produce the Consent Form and review with the Participant.

For cold weather, and other high-volume cases, focus on grabbing the Participant information on the paper copy, and then grab the Participant consent and housing history when there is time to sit down and go through the form with the Participants.

Please ensure that client data is entered into HIFIS 24-48 hours after collection.

INTEGRATED COORDINATED ACCESS PARTICIPANT CONSENT FORM

I, _____ date of birth _____
Name of Resident / Client (please print) *DD / MM / YYYY*

understand that this agency is part of the City of Lethbridge's shared HIFIS (Homeless Individuals and Families Information System). HIFIS is a system that uses computers to collect information about homelessness to help provide services to people who are experiencing homelessness.

I consent to:

- ☐ Sharing my information with all Integrated Coordinated Access participating agencies, and designated staff persons at such agencies, to collect the following information noted in Appendix 1 to support my journey towards housing and related social support stability. My information, if relevant, will be added to the Unique Identifier list (UIL). I understand that the City of Lethbridge hosts my HIFIS information, which may be accessed by participating agencies to manage my client file if I use other services in the future. These agencies will not share my information outside this network without my written consent, unless required by law.
- ☐ Sharing my information with you and your organization, and putting my information into HIFIS, but not to sharing this information with anyone else using HIFIS.

I am consenting on behalf of another person: ☐ Yes ☐ No

If you are giving consent for someone else, please tell us:

- Name of the individual(s) you are providing consent for: _____

- What is your authority to provide consent on their behalf?
Please note, you may be required to show proof of your authority to act on the individual's behalf.
 - ☐ I am the personal representative for a deceased individual's estate.
 - ☐ I am a court-appointed guardian and/or trustee.
 - ☐ I am an agent acting under a Personal Directive.
 - ☐ I am an attorney with a Power of Attorney.
 - ☐ I am the guardian of a minor.
 - ☐ I have written authorization from the individual.

Information in this system may not be used to deny outreach, shelter, housing, or other social service assistance. My decision to sign or not sign this consent document will not be used to deny outreach, shelter, housing services, or other assistance. I may revoke my consent at any time, in writing, and no new information will be shared. **This consent will end one (1) year from today.**

I have a right to see my HIFIS record, ask for changes, and to have a copy of my record from this agency upon written request.

Signed: _____ Date: _____
Signature / mark of Resident or Client *DD / MM / YYYY*

- ☐ Resident / Client could not / would not sign form.
- ☐ Form contents and Collection Statement (below) read orally to Resident / Client.

Witness: _____ Date: _____
Signature of Staff *DD / MM / YYYY*

Statement of Use

Personal information that is collected will be used only for the purpose of providing social support and housing services, including the Unique Identifier List administration; services will be delivered primarily by the Recipients. Where services need to be delivered by extended Recipients, information will only be disclosed to them with consent. Information will not be used for any other purpose, unless required by law, and will only be disclosed to external parties with the consent of the individual to whom it pertains.

Authority

Individually, the members derive their authority from the specific legislation that they operate under, or by virtue of being a program or activity of the governing organization in order to collect, use, as well as disclose, client information to other coordinated access agencies participating in HIFIS.

Privacy Statement

This personal information is being collected under the authority of Section 4© of the *Protection of Privacy Act* (POPA) and/or in accordance with any applicable agreement in place. All personal information will be collected during the registration process, during the client's stay and for participation in any projects used to provide services and ensure a safe and secure environment of all our clients. Limited information may also be provided to the City and/or Funder for the purpose of carrying out projects, activities or policies under administration (e.g. research, statistical analysis) or for receiving provincial and/or federal funding. If you have any questions, contact the Access and Privacy Coordinator via Lethbridge 311.

Appendix 1

Data Points Consented to Collect and Share:

My full name;
My date of birth;
My current sleeping arrangements and/or address;
My contact information;
My Indigenous identity, if applicable;
My racial identity;
My veteran status, if applicable;
My immigration/citizenship status;
My household status (single adult, dependent, etc.);
My employment status, history;
My housing history, including services and programs accessed or applied for;
Income status;
Any additional information related to my housing status/needs.

Section 2A – Collecting Participant Information

For Intake / Admissions Staff:

1. Was the client booked into a bed during intake? ☐ Yes ☐ No
2. Date of Book-In: _____
DD-MM-YYYY
3. Time of Book-In: _____ ☐ AM ☐ PM

1. What is your full legal name? Do you have any nicknames that you like to go by?

Last: _____ First: _____

Middle: _____ Alias/Nickname: _____

2. What is your date of birth? (If Participant declines to provide, record estimated age.)

Date of Birth: _____ or Approximate Age: _____
DD / MM / YYYY

3. What is your Gender Identity?

- | | | |
|-------------------------------------|--|---|
| ☐ Male | ☐ Trans Man | ☐ Decline to Answer |
| ☐ Female | ☐ Trans Woman | ☐ Don't Know |
| ☐ Two-Spirit | ☐ Non-Binary
(Genderqueer) | ☐ Other (Not Listed) |

4. Are you a veteran?

- ☐ Yes ☐ No ☐ Undeclared/Refused

Select what applies:

- | | | |
|--|---|--|
| ☐ Veteran – Canadian Armed Forces | ☐ Former RCMP | ☐ Unknown / Not Asked |
| ☐ Veteran – Allies | ☐ Undeclared / Refused | |
| ☐ Veteran – Civilian | | |

5. What is your Citizenship/Immigration Status?

- | | | |
|--|---------------------------------------|--|
| ☐ Canadian Citizen – Born in Canada | ☐ Student Visa | ☐ Refugee |
| ☐ Canadian Citizen – Born Outside of Canada | ☐ Visitor Visa | ☐ Refugee Claimant |
| ☐ Permanent Resident / Immigrant | ☐ Work Visa | ☐ Decline to Answer |
| | | ☐ Undeclared |

6. Do you identify as being part of an Indigenous community?

- | | | |
|--|---|--|
| ☐ First Nations | ☐ Non-Indigenous | ☐ Decline to Answer |
| ☐ Inuit | ☐ Non-Status | ☐ Don't Know |
| ☐ Métis | | |

7. Do you identify with any of the racial identities listed below?

- ☐ Yes
 ☐ Identify as Indigenous Only
 ☐ Decline to Answer
 ☐ Don't Know

Select all that apply:

- ☐ Arab (e.g., Syrian, Egyptian, Yemeni)
- ☐ Asian-south-east (e.g., Filipino, Vietnamese, Cambodian, Malaysian, Laotian)
- ☐ Asian-East (e.g., Chinese, Korean, Japanese)
- ☐ Asian-South or Indo-Caribbean (e.g., Indian, Pakistani, Sri Lankan, Indo-Guyanese, Indo-Trinidadian)
- ☐ Asian-west (e.g., Iranian, Afghan)
- ☐ Black-African (e.g., Ghanaian, Ethiopian, Nigerian)
- ☐ Black-Afro-Caribbean or afro-latinx (e.g., Jamaican, Haitian, Afro-Brazilian)
- ☐ Black-Canadian/American
- ☐ Latin American (e.g., Brazilian, Mexican, Chilean, Cuban)
- ☐ White (e.g. European, French, Ukrainian, Euro-Latinx)
- ☐ Not listed

8. If born outside of Canada, where were you born? _____

Section 2B – Updating Participant Information**1. What level of consent are you comfortable with providing?**

☐ Coordinated Access & Explicit
☐ Explicit Only

☐ Declined – Anonymous
☐ Inherited

NOTE: If consent has changed, a new consent form must be completed with the participant.

2. Has your legal name changed, or do you have a nickname you would like to provide?

☐ Yes

☐ No

First Name: _____ Last Name: _____

Nickname/Alias: _____

3. Would you like to update your Gender Identity?

☐ Yes

☐ No

Gender Identity: _____

4. Would you like to update your Racial Identity?

☐ Yes

☐ No

Racial Identity: _____

5. Would you like to update your Indigenous Identity?

☐ Yes

☐ No

Indigenous Identity: _____

Section 3: Collecting Participant Housing History

1. Housing Type

- | | |
|--|---|
| ☐ Abandoned Building | ☐ Housed in Family's House / Apartment |
| ☐ Affordable Housing | ☐ Housed On-Reserve |
| ☐ Co-op Housing | ☐ Indigenous Housing Provider |
| ☐ Correctional Facility | ☐ Lodge / Assisted Living |
| ☐ Couch Surfing – Staying Temporarily with Others | ☐ Makeshift / Street |
| ☐ Detoxification Facility | ☐ Recovery / Treatment Facility |
| ☐ Domestic Violence – Emergency Shelter | ☐ Rental at Market Price |
| ☐ Domestic Violence – Transition House | ☐ Rental at Market Price with Rent Subsidy |
| ☐ Emergency Shelter | ☐ Residential Care Facility |
| ☐ Encampment / Campsite | ☐ Room in a House |
| ☐ Foster Care | ☐ Rooming House |
| ☐ Group Home | ☐ Secondary Suite |
| ☐ Halfway House | ☐ Social / Community Housing |
| ☐ Home Ownership | ☐ Supportive Housing |
| ☐ Hospital – Medical | ☐ Transitional Housing |
| ☐ Hospital – Psychiatric | ☐ Vehicle |
| ☐ Hotel / Motel | ☐ Youth Shelter |

2. Start Date: _____
DD / MM / YYYY

3. End Date: _____
DD / MM / YYYY

4. Previous Address, if known:

Address Line 1: _____

Address Line 2: _____

Unit / Apartment Number: _____ Province / Territory: _____

City: _____ Postal Code: _____