CAA Referral

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| System Partners Referral Form |

Please complete all areas below and submit to CAA Mobile:

[caamobile@distresscentre.com](mailto:caamobile@distresscentre.com) ; Fax: 403-457-3322; Cell: 403-608-5559

The Calgary Homeless Foundation is the System Planner for Calgary’s Homeless Serving System of Care. Through collaboration and a collective impact approach, CHF is a leader within Calgary’s Plan to End Homelessness. All CHF-funded Housing First programs take referrals through the Coordinated Access & Assessment (CAA) Placement Committee Process that is supported by CHF with Access and Assessment provide by the CAA Team at SORCe and door agencies with Housing Strategists on staff. If you are working with an individual that you believe would require the supports of program that operate within the Homeless Serving System of Care please complete the following and you will be contacted by a Housing Strategist in regards to next steps. Not all referrals will enter the Placement Committee triage list for entry into Housing-First programs and this will be determined with you based on the following information as a pre-screen method for CAA.

Basic Information:

First & Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_ Age: \_\_\_\_\_ Over 60 years of age (Y/N): \_\_\_\_\_\_

Consent to Participate:

Are you connected with any support agency or community support? (i.e. Connect 2 Care, Shelters, Outreach teams, AHS support services)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**History of Housing and Homelessness:**

1. Where do you sleep most frequently? Shelters, Couch Surfing, Outdoors, Other (specify), Refused \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How long has it been since you lived in permanent stable housing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. In the last year, how many time have you been homeless? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Risks:**

1. In the past six months, how many times have you:
   1. Received health care at an emergency department/room? \_\_\_\_ Refused \_\_\_\_
   2. Taken an ambulance to the hospital? \_\_\_\_ Refused \_\_\_\_
   3. Been hospitalized as an inpatient? \_\_\_\_ Refused \_\_\_\_
   4. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centres and suicide prevention hotlines? \_\_\_\_ Refused \_\_\_\_
   5. Talked to the police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? \_\_\_\_ Refused \_\_\_\_
   6. Stayed one or more nights in a hoding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? \_\_\_\_ Refused \_\_\_\_
2. Have you been attacked or beaten up since you’ve become homeless? Y \_\_\_\_ N \_\_\_\_ Refused \_\_\_\_
3. Have you threatened to or tried to harm yourself or anyone else in the last year? Y \_\_\_\_ N \_\_\_\_ Refused \_\_\_\_
4. Do you have any legal stuff going on right now that may result in your being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y \_\_\_\_ N \_\_\_\_ Refused \_\_\_\_
5. Does anybody force or trick you to do things that you do not want to do? Y \_\_\_\_ N \_\_\_\_ Refused \_\_\_\_
6. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don’t know, share a needle, or anything like that? Y \_\_\_\_ N \_\_\_\_ Refused \_\_\_\_

**Socialization & Daily Functioning:**

1. Is there any person, past landlord, budiness, bookie, dealer, or government group like the CRA that thinks you owe them money? Y \_\_\_\_ N \_\_\_\_ Refused \_\_\_\_
2. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Y \_\_\_\_ N \_\_\_\_ Refused \_\_\_\_
3. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y \_\_\_\_ N \_\_\_\_ Refused \_\_\_\_
4. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean wather and other things like that? Y \_\_\_\_ N \_\_\_\_ Refused \_\_\_\_
5. Is your current homelessness in any way caused by a relathionship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? Y \_\_\_\_ N \_\_\_\_ Refused \_\_\_\_

**Wellness:**

1. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Y \_\_\_\_ N \_\_\_\_ Refused \_\_\_\_
2. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y \_\_\_\_ N \_\_\_\_ Refused \_\_\_\_
3. Do you have any physical disabilityes that would limit the type of housing you could access, or would make it hard to live independently because you’d need help? Y \_\_\_\_ N \_\_\_\_ Refused \_\_\_\_
4. When you are sick or not feeling well, do you avoid getting help? Y \_\_\_\_ N \_\_\_\_ Refused \_\_\_\_
5. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant? Y \_\_\_\_ N \_\_\_\_ Refused \_\_\_\_
6. Has your drinking or drug use led you to being kicked out of an apartment or pgorgram where you were staying in the past? Y \_\_\_\_ N \_\_\_\_ Refused \_\_\_\_
7. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Y \_\_\_\_ N \_\_\_\_ Refused \_\_\_\_
8. Have you ever had trouble maintining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
   1. A mental health issue or concern? Y \_\_\_\_ N \_\_\_\_ Refused \_\_\_\_
   2. A past head injury? Y \_\_\_\_ N \_\_\_\_ Refused \_\_\_\_
   3. A learning disability, developmental disability, or other impairment? Y \_\_\_\_ N \_\_\_\_ Refused \_\_\_\_
9. Do you have any mental health or brin issues that would make it hard for you to live independently because you need help: Y \_\_\_\_ N \_\_\_\_ Refused \_\_\_\_
10. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Y \_\_\_\_ N \_\_\_\_ Refused \_\_\_\_
11. Are there any medications like painkillers that you don’t take the way the doctor prescribed or where you sell the medication? Y \_\_\_\_ N \_\_\_\_ Refused \_\_\_\_
12. Has your current period of homelessness been caused by an experience of emothional, physical, psychological, sexual, or other type of abuse, or by any other trauma that you have experienced? Y \_\_\_\_ N \_\_\_\_ Refused \_\_\_\_