

# Halifax By-Name List Intake Form

(to be completed by staff and client together)

## PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Alias: \_\_\_\_\_

Date of birth: \_\_\_\_\_

What are your pronouns? \_\_\_\_\_

Do you identify as gender diverse, transgender, non-binary, two spirit or intersex? \_\_\_\_\_

Are you a member of the LGBTQIA2S+ community? \_\_\_\_\_

Are you Indigenous? \_\_\_\_\_

Do you identify as African Nova Scotian (ANS), Black, Caribbean or African Descent?

No  Yes, ANS  Yes, Black  Yes, Caribbean  African Descent  Don't know/declined

Are you from one of the 52 historic African Nova Scotian communities?

No  Yes, please specify \_\_\_\_\_

Have you ever been incarcerated? \_\_\_\_\_

Are you applying as:  Family  Single Adult  Youth  Couple

If you are a family, how many children? \_\_\_\_\_

## CONTACT INFORMATION

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Pay for incoming calls?  Yes  No  Only certain hours \_\_\_\_\_

Text only?  Yes  No

If no other contact method is available, where do you spend most of your time? \_\_\_\_\_

Is there someone else we can pass messages through? If yes, who? \_\_\_\_\_

## SITUATIONAL INFORMATION

Current sleeping situation: Emergency Shelter couching other \_\_\_\_\_

Are you currently residing in any of the following temporary situations:

Correctional facility transitional housing program residential treatment (addictions) hospital acute care

What is your expected release or graduation date? \_\_\_\_\_

How long have you been unhoused/homeless in the past year? \_\_\_\_\_ months

How long since you have lived in permanent stable housing? \_\_\_\_\_ (years and months)

Please check all that apply:

I require an accessible unit (due to mobility issue)

I am a veteran

I have a pet. Type \_\_\_\_\_

I smoke cigarettes and/or cannabis

I am in late-stage alcohol use

I am currently experiencing violence

I am leaving domestic violence

I am actively engaged in sex work (whether for money, favours, drugs etc)

I have a history of involvement with Child Welfare services: as a parent as a child

I am a youth transitioning out of Child Welfare

I have high usage of emergency health services police services corrections

I have active and problematic drug or alcohol use (if yes, please complete section X)

I am female identifying/gender diverse and involved in criminal justice system (if yes, please complete section Y)

Is there anything else important that should be considered when matching you to your supports and/or housing? If so, indicate below.

## INTAKE STAFF INFORMATION

Staff Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

**INTAKE AGENCY INFORMATION**

Lead Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**SECTION X (only if answered yes to applicable question in above section)**

If you have active or problematic drug or alcohol use, are you willing to participate in harm reduction services and programs (such as the Overlook)? \_\_\_\_\_

What type of drugs or alcohol (including non-beverage) do you currently use? Please list.

Have you used any other substances in the last 3-6 months? Please list.

Have you been evicted or lost housing because of the behaviours associated with your drug/alcohol use? (issues with guests, noise, illegal activity, hoarding, damage, etc)

If you currently use alcohol, have you experienced any of the following in the last 3-6 months:

- Black outs?
- Withdrawal seizures?
- Accessed, or tried to access, withdrawal services (detox)?
- Accessed an emergency room or EHS because of your alcohol use?  
If yes, how many times? \_\_\_\_\_
- Interacted with police or mobile crisis because of your alcohol use?  
If yes, how many times? \_\_\_\_\_

If you currently use drugs/substances, have you experienced any of the following in the last 3-6 months:

- Overdose or over-amping?  
If yes, how many times? \_\_\_\_\_
- Withdrawal symptoms?
- Accessed or tried to access withdrawal management services?
- Accessed an emergency room or EHS because of your drug use?  
If yes, how many times? \_\_\_\_\_
- Interacted with police, corrections or mobile crisis because of your drug use?  
If yes, how many times? \_\_\_\_\_

If you currently use drugs/substances, how do you use (select all that apply):

- Intravenously
- Smoke
- Snort
- Ingest/swallow
- Inhalants
- Topical absorption (skin)
- Suppository

Are you currently on probation or have unresolved matters before the court? \_\_\_\_\_

Do you currently have debts/owe money because of your drug/alcohol use? \_\_\_\_\_

Have you been told by a doctor/nurse (or have concerns or worries) that you may have issues with your heart, lungs, liver, blood or brain because of your drug/alcohol use? \_\_\_\_\_

If given the opportunity would you engage with any of the following:

- Individualized harm reduction safety planning (ways in which you, peers and staff can work together to enhance your safety)
- Harm reduction counselling
- Nurse led harm reduction services
- In house educational programming on a variety of topics selected by tenants
- Peer support (as either the peer accessing the support or the peer offering the support)
- Restorative justice/conflict resolution processes (around issues with neighbours or behaviours that endanger your tenancy)

## SECTION Y (only if answered yes to applicable question in above section)

### ELIGIBILITY

Are you:

- Woman/Gender Diverse aged 18+
- Involved in the criminal justice system
- Homeless or at risk of homelessness
- Require 24/7 care and support
- Able to live communally with 14 other residents
- Have an income source to pay rent of \$535 (IA, pension, OAS, wages, etc)
- Willing to work with on site supports

### REASON FOR SERVICE

- Exiting a jail or prison
- Residing in a homeless shelter
- Currently unsheltered/couch surfing
- Being evicted/discharged from housing

## Halifax By-Name List Consent Form

By signing below, I \_\_\_\_\_, give permission for my personal information to be included on the Halifax By-Name List.

- ✓ I understand that the following information will be added to the By-Name List:
  - My name, date of birth and all information on the By-Name List Intake Form
  - My current housing situation
  - My contact information
  - My VI-SPDAT assessment
  - Any other relevant information to assist in my housing placement
  
- ✓ I understand that non-profit housing providers and housing support providers will be forwarded my referral and VI-SPDAT should I be prioritized for a vacancy. This informs their process as they decide who to offer the housing or support opportunity.
  
- ✓ I understand that I will be contacted by participating agencies to tell me about housing and/or support services when they become available.
  
- ✓ I understand that the following agencies will have access to my information on the By-Name List for the purpose of adding my name and updating my status:
  - 902 Man Up Housing Support
  - Adsum for Women and Children
  - Brunswick Street Mission
  - Coverdale Courtwork Society
  - DAL Housing Support
  - Elizabeth Fry Society
  - John Howard Society
  - Mi'kmaw Native Friendship Centre
  - MOSH Housing First
  - Out of the Cold Shelter
  - Phoenix Youth Shelter
  - Sackville Area Warming Centre
  - Salvation Army
  - Shelter Nova Scotia
  - Souls Harbour Rescue Mission
  - Stepping Stone
  - Welcome Housing
  - YWCA Housing Support
  
- ✓ I understand that I can request to have my name removed from the By-Name List at any time.

Name (First and Last):	
Signature:	Date:

## Support and Housing Preference Form

Please take time to complete the following questions. Your answers will help us to understand your preferences when matching you to potential housing or caseload vacancies. If you do not have a preference when you read a question, please write NP in the space provided.

### Housing preferences

1. Which of the following are your preferences for housing?

- Independent apartment?  Yes  No
- Shared accommodations or rooming house?  Yes  No
- Supportive housing?  Yes  No

2. Do you have pets?  Yes  No If yes, what kind? \_\_\_\_\_

3. Do you have mobility issues that require an accessible unit?  Yes  No

4. Can you climb stairs?  Yes  No

5. What are your preferences for an apartment?

- Size of building?  small  medium  large
- What are your preferred neighbourhood(s)? (Check all that apply)
 

<input type="checkbox"/> North End Halifax	<input type="checkbox"/> North End Dartmouth
<input type="checkbox"/> South End Halifax	<input type="checkbox"/> Cole Harbour
<input type="checkbox"/> Fairview	<input type="checkbox"/> Other (please specify:)
<input type="checkbox"/> Clayton Park	_____
<input type="checkbox"/> Downtown Dartmouth	
- On which floor would you prefer to live?  Ground  Basement  Upper
- Do you prefer your own entrance?  Yes  No
- Do you prefer  smoking, or  non-smoking?

6. What else is important for you with regards to your housing?

- Close to a grocery store?  Yes  No
- Close to a pharmacy?  Yes  No
- On a bus route?  Yes  No
- Power included?  Yes  No
- Internet and/or cable included?  Yes  No

## Support preferences

1. Do you want support to find and secure housing?  Yes  No
2. Do you want ongoing support to maintain housing?  Yes  No
3. To remain housed, are there things you need support with?  Yes  No

Tell us more:

4. Do you want the support of a Housing Support Worker (HSW)?  Yes  No
5. Do you want the support of an Intensive Case Manager (ICM)?  Yes  No
6. Are there specific support or housing programs you would like to be considered for when a vacancy happens? (Refer to the list of supports and/or housing and list all you would consider).

Tell us more:

7. Is there anything else you would like to share about your housing or support preferences?

Tell us more:



**To be answered by Client Lead Support Agency:**

An individual or family becomes document ready once they have completed the Support and Housing Preference Form and the Lead Agency has answered the following questions:

- 1. Is the person eligible for income?  Yes       No
- 2. What source(s) of income do they have, or are eligible for?

Please specify:

- 3. Do they have arrears with MRHA?  Yes       No
- 4. Has the participant completed secondary eligibility for preferred support or housing program? (for example, completed a full SPDAT, MRHA Seniors application)  Yes       No

Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Agency and Position: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

## CCT Consent for Release of Information

I, \_\_\_\_\_, date of birth, \_\_\_\_\_,

release information to and request information from the following agencies (please check all that apply):

- |                                                                                               |                                                                        |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Adsum for Women and Children                                         | <input type="checkbox"/> Mainline                                      |
| <input type="checkbox"/> Metro Turning Point                                                  | <input type="checkbox"/> Stepping Stone                                |
| <input type="checkbox"/> Barry House                                                          | <input type="checkbox"/> YWCA                                          |
| <input type="checkbox"/> Salvation Army Centre of Hope                                        | <input type="checkbox"/> Out of the Cold Shelter                       |
| <input type="checkbox"/> MOSH                                                                 | <input type="checkbox"/> Mi'kmaw Native Friendship Centre              |
| <input type="checkbox"/> Welcome Housing<br>(Halifax Housing Help, Dartmouth<br>Housing Help) | <input type="checkbox"/> Elizabeth Fry Society Mainland<br>Nova Scotia |
| <input type="checkbox"/> Navigator Street Outreach                                            | <input type="checkbox"/> Direction 180                                 |
| <input type="checkbox"/> Coverdale Courtwork Society                                          | <input type="checkbox"/> Bryony House                                  |
|                                                                                               | <input type="checkbox"/> 902 Man Up                                    |

Other agencies (please print):

*Only pertinent information that relates directly to my search for housing and barriers that relate to my ability to find and keep housing, including the risk of imminent housing loss will be shared. If I do not wish an agency to participate in this process, I will indicate this by **NOT checking the box** next to that agency. Only those agencies that I have checked will have access to personal information or participate in discussions about me, or my family, during CCT meetings.*

- ✓ I understand that by signing this form, my personal information will be shared with the above agencies to help connect me to housing and supports when available.
- ✓ I understand that the agencies listed above and their staff operate as a team. This team approach allows the agencies and their staff to assist me to find and keep stable, permanent housing.
- ✓ I understand that providing my consent will allow any and all agency staff to speak with each other and to work with the listed community agencies to support me to find and keep permanent housing.
- ✓ I understand that CCT agencies who work with me, or on my behalf, will consult with me and each other about my housing needs. This may include sharing information about my personal, health and legal issues that may impact my housing needs.

- ✓ I understand that CCT agencies will neither request from each other, nor provide to each other, information which is not directly related to assessing or removing barriers to resolving my housing needs.
- ✓ I understand that I can identify any information that I feel is sensitive or could affect my safety and request that this information not be shared with CCT.
- ✓ I may consent to the sharing of personal information on behalf of minor children for whom I have legal guardianship, or for other persons for whom I am a legal representative.
- ✓ I understand that I can refuse to sign this form and if I do not sign, I will not be prevented from accessing services at this agency and any agency listed above.
- ✓ I understand that I have a right to see a current list of agencies involved in the CCT process. I understand that additional agencies may join the CCT at any time, but these agencies will not have access to my information unless I agree to disclose information to them.
- ✓ I understand that my consent is valid for 12 months, or until such time as I withdraw my consent, whether in writing or verbally, or until my file closes. Consent will be renewed annually.
- ✓ I understand that my consent to participate is completely voluntary and that I may withdraw my consent at any time.
- ✓ I understand that if I have questions about this consent form, I can contact:

\_\_\_\_\_ at \_\_\_\_\_

**I have read or have had this read to me and understand all the parts of this consent form and give consent.**

Signature:	Date:
Signature of Witness:	Date:
Witness – Staff Member Name:	Date:

NOTES:

## By-Name List Update Form

Client Unique Identifier: \_\_\_\_\_ Date: \_\_\_\_\_

Client Lead Agency: \_\_\_\_\_

Staff submitting this update: \_\_\_\_\_

Update/Track	Date	Notes
VI-SPDAT completed		
CCT consent signed		
Completed Housing Preference form		
Is Document Ready		
Offered support		
Accepted support		
Offered housing unit		
Accepted housing unit		
Move-in completed		
Moved to Inactive		
Return to active from housing		
Return to active from inactive		
New lead agency chosen		

It is important to ensure the BNL is updated to ensure we are supporting staff to better meet the needs of the people they have agreed to support in finding housing.

Email all updates to [cas@ahans.ca](mailto:cas@ahans.ca)

- If you do not have access to make updates directly on the BNL, please submit this form within 48 hours of knowing a change in individual or family status.
- If have access to make updates directly on the BNL, please use this form to ensure status updates on individuals and families are accurate and complete.

## HIFIS Consent Form

\_\_\_\_\_ keeps information and statistics about the services that it provides.

\_\_\_\_\_ will collect and enter your information into a secure database called the Homeless Individuals and Families Information System (HIFIS).

This database belongs to the Government of Canada but is managed locally by the Affordable Housing Association of Nova Scotia (AHANS). AHANS shares community-level, non-identifying data from HIFIS for reports to the wider community including the Province of Nova Scotia and the Government of Canada.

**This non-identifying data will not include your name or any information about your personal situation.**

A complete list of the types of data that will be shared is available to you.  
Data that is collected and shared does not have an end date.

**I have read and understand all the parts of the above data collection and sharing processes. I understand information particular to me, including my name and personal circumstances, will not be included. Data that I provide will not impact on the services and supports that I may receive.**

Signature:	Date:
Signature of Witness:	Date:
Witness – Staff Member Name:	Date: