

Situational Information

Are there additional people in need of Housing First support along with this individual?

Partner Pets

Current sleeping situation:

Emergency Shelter Outside Hospital Jail Other: _____

Income:

What type of income is being accessed? _____

If none, has a referral been made to support this process? Yes No

Do they have a trustee? Yes: _____ No

In the past year, has this individual: (please check all that apply)

- Experienced homelessness chronically (6+ months) and/or episodically (3+ instances)
- Received a mental health diagnosis or has struggled with potential mental health concerns
- Used substances recreationally (please include length of use: _____)
- Voiced concern surrounding their drug or alcohol use
- Experienced incarceration
- Taken prescription medications
- Accessed health care in an emergency room more than twice
- Accessed psychiatric care in a hospital setting
- Accessed a rehabilitation or detox centre
- Experienced an exhaustion of resources (banned, evicted, etc.)
- Experienced physical health challenge(s)
- Experienced a cognitive challenge
- Used a motorized scooter, wheelchair, or walker to support mobility
- Smoked cigarettes

Consent for referral, having referral reviewed with MOSH Housing First Team (the team includes the Intensive Case Managers, Nurses, and an OT and Nurse from the NS Health Authority)

Please have the individual being referred sign below indicating consent for referral, an interview with Housing First staff, assessment (SPDAT), and the information collected being used beyond involvement with the project to support program activities such as education, ongoing quality improvement and evaluation of the project without compromising privacy.

Consent for referral: _____
(client signature)

Consent for case interview, assessment (SPDAT), and referral review: _____
(client signature)

Consent for data collection: _____
(client signature)

Halifax Housing First (HHF)

Coordinated Access & Assessment Release of Information Form

The purpose of coordinated access and assessment is to share referral information among HHF providers to provide timely, most-appropriately-available access to Housing First through one of the available Housing First providers: Mobile Outreach Street Health – Housing First (MOSH-HF), Shelter Nova Scotia’s Herring Cove Apartments – Housing First (HCA- HF), Shelter Nova Scotia – Housing First (SNS-HF), Adsum for Women & Children - Housing First (Adsum – HF), and Salvation Army – Housing First (SA – HA). Information sharing is subject to relevant privacy legislation (the Freedom of Information and Protection of Privacy and the Personal Health Information Act).

Client Name (Print)

Date of Birth

I UNDERSTAND THAT:

- My consent to share information is voluntary, and that failure to provide consent will not result in any adverse decision about my rights, benefits or services, other than limiting the ability of the above HHF organizations to coordinate my access to the most appropriate, available Housing First provider on my behalf.
- I have been asked to permit the disclosure of my individually identifying personal information among the HHF service providers, and I have been informed of the main benefits and disadvantages of consenting and of refusing to consent, to such disclosure. I further understand that I may revoke this consent at any time, in writing, and no new information will be shared.
- 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 have a right to see a current list of HHF providers involved in coordinated access and care. I understand that additional agencies may join the HHF in coordinated access and care at any time, but these agencies will not have access to my information unless I agree to disclose information to them.
- This consent will result in the HHF service providers indicated above having the ability to share my personal information until March 31, 2019 (unless otherwise revoked by me prior to this date).

I hereby authorize the following agencies providing Housing First in Halifax to share information for coordinated access and assessment:

- SNS – HF
- Adsum - HF
- SA - HF
- MOSH – HF
- HCA – HF

By signing this consent form I am agreeing to have the above HHH services providers communicate and share the following, specific information about me:

- All referral information including: demographic information, referral form, intake or ongoing assessments, case notes, collateral information from referral source or case workers,
- Only my Housing First referral form and available demographics (name, birth date, address, gender, contact information, referral date, program entry and exit date, VI SPDAT or other required referral information)
- Other:

Dated and effective as of _____ (Day/Month/Year)

_____	_____
Signature of Client	Print Client's Full Name
_____	_____
Signature of Witness	Print Witness' Full Name

OR

I do **NOT** consent to HHH coordinated access and assessment disclosure and sharing of my personal information as set out above.

_____	_____
Signature of Client	Print Client's Full Name
_____	_____
Signature of Witness	Print Witness' Full Name