

Highbanks Intake Inquiry Form



Thank you for your interest in Highbanks Society! In order to determine if our services would be a good fit for you, please provide the following information. Your information will be kept confidential. If we have space available and it seems we would be able to provide you with the support you need, we'll contact you for more information and an interview.

1. Today's Date _____ 2. May we include your name on this form? Yes No

3. How did you hear about Highbanks? _____

4. Full Name _____

5. Phone number _____ 6. Email _____

7. Current address (if possible) _____

8. Date of birth (day/month/year) _____ 9. Primary language _____

10. Are you pregnant or parenting? Pregnant Parenting

11. If pregnant, please indicate due date (day/month/year): _____

12. If parenting, number of children: _____ 13. Ages of children: _____

14. Do you currently have custody of your child(ren)? Yes No

15. Is child welfare *currently* involved with your own family/child(ren)? Yes No
16. Has child welfare been involved with your own family/child(ren) *in the past*? Yes No

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17. Where have you been living for the past 30 days?

- | | |
|---|--|
| <input type="checkbox"/> Renting my own place | <input type="checkbox"/> Living with parents or relatives |
| <input type="checkbox"/> Renting a place with my partner | <input type="checkbox"/> Staying with my partner (not paying rent) |
| <input type="checkbox"/> Renting a place with my friends | <input type="checkbox"/> Living on the streets (homeless) |
| <input type="checkbox"/> Renting through Calgary Housing | <input type="checkbox"/> Staying at a psychiatric facility |
| <input type="checkbox"/> Couch surfing with friends or relatives | <input type="checkbox"/> Staying at a substance abuse treatment facility |
| <input type="checkbox"/> Living in a place I own (e.g. condo, house, etc.) | <input type="checkbox"/> In the hospital |
| <input type="checkbox"/> Staying in a women's shelter
Please specify: _____ | <input type="checkbox"/> In a correctional facility (jail, prison, remand) |
| <input type="checkbox"/> Staying in a homeless shelter
Please specify: _____ | <input type="checkbox"/> In foster care |
| <input type="checkbox"/> Staying in transitional housing
Please specify: _____ | <input type="checkbox"/> In a group home |
| | <input type="checkbox"/> Staying at a motel/hotel |
| | <input type="checkbox"/> Other (please specify) _____ |

18. Are you currently homeless? Yes No

19. Are you currently at risk of becoming homeless? Yes No

20. If you are currently homeless, how long have you been homeless for? _____

21. How many times have you been homeless in the last two years? _____

22. How many times have you been homeless in your life? _____

23. Do you feel safe where you are currently living?

- Yes Somewhat No

24. Are you currently attending school full time?

- Yes No

25. Why do you want to live at Highbanks? _____

Staff Use Only

Action taken: _____

Referrals made: _____

Other comments: _____