

HIFIS In-Take Completion Checklist

This checklist will help you to complete all information required for Client In-Take in HIFIS

Client Name:

This checklist is to be followed after a consent has been signed

Client Vitals Front Desk → Clients (Client Detail, Vitals Tab)



Checkbox	Data Details		
<input type="checkbox"/>	<input type="checkbox"/> Consent Type (Explicit + Coordinated Access)	<input type="checkbox"/> First Name <input type="checkbox"/> Alias 1 (if Applicable) <input type="checkbox"/> Date of Birth <input type="checkbox"/> Gender	<input type="checkbox"/> Veteran Status <input type="checkbox"/> Citizenship/Immigration Status <input type="checkbox"/> Indigenous Status
	<input type="checkbox"/> Previous consent on file <input type="checkbox"/> Attachments (upload Client Consent) <input type="checkbox"/> Last Name		

If one or more of the above items have not been entered, please explain why.

Contact Information Front Desk → Clients (Client Detail, Contact Info Tab)



<input type="checkbox"/>	<input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone	<input type="checkbox"/> Email Address
	<input type="checkbox"/> Mobile Phone <input type="checkbox"/> No phone	<input type="checkbox"/> No email access

Languages Front Desk → Clients (Client Detail, Languages Tab)



<input type="checkbox"/>	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (Specify)
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If **none** of these options have been entered, please explain why: _____

2SLGBTQIA+ Identity - Front Desk → Clients (Client Detail, Custom Tables Tab)



<input type="checkbox"/>	There is an 2SLGBTQIA+ housing support worker that you may qualify to be assisted by. This worker is sensitive to the specific barriers experienced by people on the 2SLGBTQIA+ spectrum. They provide affirming support in obtaining and maintaining housing as well as referrals to services that are committed to providing supportive and affirming services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If this section was not completed, please explain why: _____

Financial Profile (Front Desk → Clients → Client Information → Financial Profile (Income Tab)



<input type="checkbox"/>	Financial Profile (collect Income Sources)	<input type="checkbox"/> Income Type <input type="checkbox"/> Monthly Primary Income Amount (\$1.00)
		<input type="checkbox"/> Pay Frequency (monthly) <input type="checkbox"/> Start Date (Date of Intake)
		<input type="checkbox"/> Verify Income

If **none** of these have been entered, please explain why: _____

Indigenous Status - Front Desk → Clients → Client Information → Indigenous Status



<input type="checkbox"/>	Indigenous - Status	<input type="checkbox"/> Province/Territory <input type="checkbox"/> Band Name
<input type="checkbox"/>	Indigenous – Non-Status	
<input type="checkbox"/>	Non-Indigenous	Clarification – On-Reserve – Normally the individual lives on-reserve Off-Reserve – Normally the individual lives off-reserve

If the individual identified as Indigenous & this information was not entered, please explain why:

Client Name:

Housing History – Obtain for the year prior to intake if not already in HIFIS



Checkbox	Data Details		
<input type="checkbox"/>	<input type="checkbox"/> Housing type	<input type="checkbox"/> Address line 1	<input type="checkbox"/> Province
	<input type="checkbox"/> Start date	<input type="checkbox"/> Unit/apartment (if applicable)	<input type="checkbox"/> Country
	<input type="checkbox"/> End date (only if applicable)	<input type="checkbox"/> City	<input type="checkbox"/> Monthly Rent (\$1)

Families – Has consent been obtained for each member of the family over 16 years of age?

Note: a checklist must be completed for each family member over the age of 16 at intake.



<input type="checkbox"/> Yes	<input type="checkbox"/> No	Consent for each family member?	Number of family members	2	3	4	5	6
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If the consent was not obtained for each family member over the age of 16, please explain why: _____

Naming Convention for electronic Client Consent:

SmithJohn_Consent20230429 (LastNameFirstName_ConsentYYYYMMDD) _____



<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was HIFIS Consent Uploaded?
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If the HIFIS consent was not uploaded, please explain why: _____

Service Provider: _____



Intake Completed by: (Paper or HIFIS Intake)

Print Name: _____ Signature: _____

If intake was completed on paper and input by another staff, provide the name:

Print Name: _____ Signature: _____



<input type="checkbox"/> Yes	Peer/Supervisor Review	Print Name:
<input type="checkbox"/> No	Date:	Signature:

If this was not reviewed by a peer or supervisor, please explain why: _____

<input type="checkbox"/> Yes	HIFIS Quality Check Internal Office Review	Print Name:
<input type="checkbox"/> No		Signature:

If this was not reviewed, please explain why: _____