

# CART Step 1 -Preliminary Diversion

**Submit to: CasePlacement@gmail.com**

CART acts as the central hub within Lethbridge’s Homeless-Serving System of Care. It is the entry point into all LHA/CBO funded housing programs and operates based on a triage model- prioritizing chronically homeless individuals with the highest needs, first.

It is designed to direct the most chronically homeless and high-needs individuals and families towards interventions that best suit their needs. Our objective is to ensure resources are targeted to address those with the **highest chronicity** and level of need **first** while utilizing only those resources necessary for those with greater independence.

**Diverting people from the homeless-serving system is an important part of CART.**

## Who is CART for?

CART is FOR individuals and families who are chronically homeless and/or have complex needs.

CART is FOR individuals and families who require long-term permanent case management supports.

CART is FOR individuals who require long-term supportive housing.

CART is FOR individuals actively working to improve their own health and wellness, living a self-directed life while striving to reach their full potential.

## What CART is NOT?

CART is NOT an open placement system for every Lethbridge resident who is at risk of or experiencing homelessness.

CART is NOT a catch-all for those who are being discharged into homelessness from hospitals or institutions.

CART is NOT simply for people who don’t have a home.

CART is NOT about saving money; it is about saving people.

## Key Concepts in Recovery and Homelessness Supports for CART participants:

Hope – Individuals need to feel they can recover.

Personal Responsibility – Individuals need to feel they can control their own lives and take responsibility for their own care.

Education – Individuals need information about their illness and treatment options.

Self-Advocacy – Individuals need support from others, including: family, peers, professionals, and the community.

## Before referring into CART, we require the following to be completed:

A. Date of first contact with this individual \_\_\_\_\_ (date) .

## B. Documentation Required: (if the process has been started but not complete- please note in section F)

- |  |  |
|--|--|
| <input type="checkbox"/> Identification (copy attached)            | ID clinic is available through AHS, 403-330-8150 |
| <input type="checkbox"/> Alberta Works/AISH Application Submitted  | Copies attached                                  |
| <input type="checkbox"/> Bank Account in place                     | Bank Statement/Information attached              |
| <input type="checkbox"/> Lethbridge Housing Application (if req’d) | Date of Application: _____                       |

## C. Addictions (This can affect what program options are available)

- Alcohol                       Substance Misuse                       Opioid Replacement                       N/A

## D. Service Applying For:

- |   |  |
|---|--|
| <input type="checkbox"/> Supportive Housing               | <input type="checkbox"/> Case Management- Seniors            |
| <input type="checkbox"/> Case Management- Rapid Rehousing | <input type="checkbox"/> Assistance with Detox and Treatment |
| <input type="checkbox"/> Case Management - Adaptive       | <input type="checkbox"/> Supportive Housing- Youth           |
| <input type="checkbox"/> Case Management- Intensive       | <input type="checkbox"/> Other: _____                        |



# COORDINATED ACCESS ROUND TABLE

## INTAKE, TRIAGE & ASSESSMENT PACKAGE

This package is for external agencies, programs, and departments to refer participants to Coordinated Access Round Table (CART). This package will take approximately 15-20 minutes to complete and includes the following sections:

### Section 1 – Referring Agency Information [Mandatory]

To collect information about the services and when they were delivered and the homelessness status of the participant.

### Section 2 – Initial Assessment: Is Participant Experiencing Homelessness [Mandatory]

At present, only participants currently experiencing homelessness and seeking support in LEHBRIDGE are to be referred to the Coordinated Access Round Table (CART).

### Section 3 – Consent to Share Package with CART [Mandatory]

To gather basic information so the ETO/CART Participant File can be created or updated.

### Section 4 & 5 – Collecting Participant Information & Contact Information [Mandatory]

To gather basic information so that the individual can be added to or updated in the LHA By-Name List.

### Section 5 – Common Triage & Assessment Tool [Mandatory]

To help determine depth of need, recommended programming, and next steps for assessment based on scoring and criteria, which you will add up at the end of this section.

### Section 6 – Next Steps for Participant Based on Assessment Score

To help guide next steps for the participant based on their level of assessed need.

### Section 7 – Submitting Package to CART

Instructions for submitting this package to Coordinated Access Round Table.

## SECTION 1 REFERRING AGENCY INFORMATION

### 1. Referring Agency Information

Referral Agency/Program Department: \_\_\_\_\_

Referral Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Referral Time: \_\_\_\_\_ AM   
YEAR MON DAY PM

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

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

## SECTION 2 INITIAL ASSESSMENT AND CART SUITABILITY

**2. Is the participant currently experiencing homelessness? Note: If the individual does not have access to a safe and/or permanent residence where they can stay for as long as they want, they are experiencing homelessness.**

Yes  No

**3. Are you looking for housing supports in Lethbridge?**

Yes  No

Yes to Both Complete Package  No Refer to Diversion/Homelessness Supports

**4. Is the participant willing to attend detox?**

Yes  No  N/A

**5. Is the participant in recovery?**

Yes  No

I'm looking for supports in: \_\_\_\_\_

City/Province

**SECTION 3 CONSENT TO SHARE PACKAGE WITH COORDINATED ACCESS ROUND TABLE**

I, \_\_\_\_\_ consent for my personal information, as it relates to my housing needs, to be shared with Lethbridge Housing Authority, the Coordinated Access Round Table Lead Agency. As the Coordinated Access Round Table Lead Agency, Lethbridge Housing Authority AND Canadian Mental Health Association coordinates referrals for individuals experiencing homelessness who are seeking housing and support services in Lethbridge.

With this consent, I understand that the information collected from me in this package will be used by Coordinated Access Round Table administrators and agencies acting upon its behalf to contact me and connect me with housing services that meet my needs.

I understand that **I am an active participant in obtaining and/or retaining housing**. I will contact my referral worker daily or as requested by my referral worker. If I am referred to case management, I will work with my case manager and ensure I am following their recommendations and contact schedule.

I understand that I can withdraw my consent for services at anytime. I also understand that I may be removed from Coordinated Access Round Table programming due to my lack of effort to obtain and retain housing, lack of contact or misrepresentation of my circumstances at anytime.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Referral Staff Name: \_\_\_\_\_ Referral Agency: \_\_\_\_\_  
Referral Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Additional consents will need to be collected by Coordinated Access Round Table*

**Case Management Services**

6. Case Management Services been explained to me, and I understand my responsibilities:

Yes, they have been explained  No

7. Do you have a guardian or trustee?

No  Yes Type: \_\_\_\_\_

8. Are they in agreement to the referral?

Yes (signed consent attached)  No

9. Are you connected to other professional supports or agencies?

<input type="checkbox"/> Yes (please detail below)	<input type="checkbox"/> None
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

## SECTION 4 COLLECTING PARTICIPANT INFORMATION

### General Questions

10. What is your full legal name? Do you have any nicknames you like to go by?

Last: \_\_\_\_\_ First: \_\_\_\_\_

Middle: \_\_\_\_\_ Nickname: \_\_\_\_\_

11. What is your date of birth? (or estimated age if participant is unsure/declines to answer)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Approximate Age: \_\_\_\_\_  
YEAR MONTH DAY

12. What is your Gender (or Identity):

Female  Male  Other/Undeclared: \_\_\_\_\_

13. Do you have any needs related to physical mobility?

Yes  No Describe: \_\_\_\_\_

### Previous Military Status

14. Are you a veteran?

- Yes (Identify below)  No  Undeclared
- Veteran- Allies  Former RCMP/ Canadian Armed Forces  
 Veteran- Civilian  Municipal -Fire/Police/EMS

### Citizenship and Immigration

15. How do you self-identify your citizenship or immigration status?

- Canadian Citizen born in Canada  Student Visa  
 Canadian Citizen not born in Canada  Visitor Visa  
 Permanent Resident/Immigrant  Work Visa  
 Refugee Claimant  Undeclared

If born outside Canada, where were you born: \_\_\_\_\_

### Preferred Language

16. What Language do you prefer to use with service providers?

\_\_\_\_\_

### Indigenous Status

17. Are you Indigenous?

- Yes (Identify below)  No  Undeclared
- First Nations: Status on Reserve  Inuit  
 First Nations: Status off Reserve  Métis: Registered  
 First Nations: Non-Status on Reserve  Métis: Unregistered  
 First Nations: Non-Status off Reserve  Other: \_\_\_\_\_

### How can we reach you?

18. Method	Number/Email/Shelter Contact Name

## SECTION 5 COMMON TRIAGE AND ASSESSMENT TOOL

THIS PORTION OF THE INTAKE BEGINS TO ASK MORE PERSONAL QUESTIONS ABOUT THE PARTICIPANT. THIS SECTION CAN BE COMPLETED BY PARTICIPATING COORDINATED ACCESS ROUND TABLE AGENCIES. IT IS HELPFUL FOR PARTICIPATING AGENCIES TO LEVERAGE THEIR EXISTING RELATIONSHIP WITH THE PARTICIPANT TO COMPLETE THIS PORTION OF THE INTAKE AND ASSESSMENT. THE TRIAGE AND ASSESSMENT IS SHORT, AND MOST OF THE QUESTIONS REQUIRE YES/NO RESPONSES.

COORDINATED ACCESS ROUND TABLE ASKS THESE QUESTIONS SO THAT WE HAVE A BETTER UNDERSTANDING OF HOW WE CAN SUPPORT PARTICIPANTS IN FINDING AND KEEPING HOUSING.

IT IS IMPORTANT THAT PARTICIPANTS GIVE THE MOST HONEST ANSWERS POSSIBLE, AS DOING SO WILL ALLOW COORDINATED ACCESS ROUND TABLE AND PARTNER PROGRAMS TO PROPERLY CASE PLAN FOR PARTICIPANT. ANSWERS WILL NOT ACT AS A BARRIER TO HOUSING AND SUPPORTS. IN FACT, THIS INFORMATION HELPS PARTICIPATING AGENCIES ADVOCATE ON BEHALF OF THEIR PARTICIPANTS.

THE FOLLOWING TRIAGE & ASSESSMENT TOOL COVERS 7 MAIN AREAS AS IT RELATES TO PARTICIPANTS BEING ABLE TO FIND AND MAINTAIN HOUSING. THEY ARE AS FOLLOWS:

- SOURCES OF INCOME
- FAMILY AND DEPENDENTS
- HISTORY OF HOUSING AND HOMELESSNESS
- ADDICTIONS & SUBSTANCE USE ISSUES
- MENTAL AND EMOTIONAL HEALTH ISSUES
- PHYSICAL HEALTH ISSUES
- LEGAL ISSUES

EACH QUESTION INCLUDES CRITERIA FOR TALLYING SCORES.

I WILL NOW START ASKING MORE PERSONAL QUESTIONS.

## Income

Do you have a financial trustee?  Yes (Name: \_\_\_\_\_)  No

19. SOURCE OF INCOME	MONTHLY AMOUNT
Alberta Seniors Benefit	\$
Alberta Works Income Support Start Date: _____ End Date: _____	
Assured Income for the Severely Handicapped (AISH) Start Date: _____ End Date: _____	\$
Canada Child Benefit (CCB) – Formerly Child Tax Benefit (CTB)	\$
Canada Pension Plan (CPP)	\$
Child Support	\$
Disability Benefit	\$
Employment	\$
Employment Insurance (EI)	\$
Investment Income (RRIF/RRSP/TFSA/LIRA)	\$
Old Age Security (OAS)/Guaranteed Income Supplement (GIS)	\$
Partner/Spousal Support	\$
Self-Employment Income	\$
Workers Compensation Board	\$
Resettlement Assistance Program (for Government Assisted Refugees)	\$
Student Loans/Grants	\$
Support from Family	\$
Panhandling	\$
Other	\$

Income – Answer Tally	
If participant answered that they have NO source of income, including if they are on Income Assistance but not currently receiving benefits, <b>score 1.</b>	/1
<b>TOTAL</b>	<b>/1</b>

## Family and Dependents

### Family Members

20. Are there any family members OVER the age of 16 seeking services with you?

(NOTE: Consent must be collected from participants 16 and over.)

Yes (Fill out table below)  No (Skip to question #21)

Last Name	First Name	Relationship to Participant	Gender	Age

### Minors

21. Are any of your dependents UNDER the age of 16 seeking services with you?

Yes (Fill out table below)  No (Skip to question #22)

Last Name	First Name	Relationship to Participant	Gender	Age

**Prenatal**

23. Are you or anyone in your household currently expecting (pregnant)?

- Yes (Identify below)                       No                       Undeclared

Name: \_\_\_\_\_ Expected Due Date: \_\_\_\_\_

Dependents – Answer Tally	
If participant answered that they have ANY dependents or IS expecting, <b>score 1.</b>	/1
<b>TOTAL</b>	<b>/1</b>

**History of Housing and Homelessness**

Prompting questions to determine participant's housing history for the last year:

- Where did you sleep last night and how long have you been sleeping there?
- What was your living situation just before this [the situation described above]?
- Where were you before that if you can remember? How long did you stay there?
- Have you had a stable living situation in the last year? When was that?

If participant cannot give housing history for the past year: In the past 12 months, approximately how much time have you spent homeless?

24. Housing Type	Location (City/Province)	Duration (Start/End Date)

**Types of Housing (use to answer questions above)**

- |                                |  |
|--------------------------------|--|
| Makeshift/Street               | Group Home                               |
| Vehicle                        | Indigenous Housing Provider              |
| Abandoned Building             | Rental at Market Price with Rent Subsidy |
| Encampment/Campsite            | Secondary Suite                          |
| Emergency Shelter              | Supportive Housing                       |
| Hostel                         | Correctional Facility                    |
| Hotel/Motel                    | Hospital- Medical                        |
| Couch Surfing (Family/Friends) | Hospital- Psychiatric                    |
| Foster Care                    | Residential Care Facility                |
| Family House/Apartment         | Detoxification Facility                  |
| Home Ownership                 | Transitional Housing                     |
| Military Housing               | Crisis Bed CMHA                          |
| Room Rental- House             | Recovery/Treatment Facility              |
| Social/Community Housing       | Halfway House                            |
| Rental at Market Rate          | Lethbridge Housing Authority             |
| Other: _____                   | Other: _____                             |



Housing – Answer Tally	
If participant has been homeless for 6 months or more, score 1	/1
If participant is currently sleeping rough (street/vehicle/encampment), score 1	/1
If participant has been homeless for 6 months AND is sleeping rough, score 1	/1
<b>TOTAL</b>	<b>/3</b>

## Case Management Placement

### Case Management Preferences

25. Gender of case workers I would prefer to work with:

- Female
  Male  
 Other: \_\_\_\_\_
  No preference

26. Agencies I would PREFER to work with?

- Yes (please detail below)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

25. Agencies I would NOT work with?

- None  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Addictions, Health and Mental/Emotional Health Background

### Safety Factors

27. I have had issues with:

- Self Harm
  Harming Others  
 Aggression
  Aggression from Others  
 Suicide Attempts
  Assault Charges  
 Arson/fires
  Falls  
 Burns
  Other: \_\_\_\_\_  
 Other: \_\_\_\_\_

### Safety Factors – Answer Tally

If participant answered that they has ANY history of safety concerns or assaults: <b>score 1.</b>	/1
<b>TOTAL</b>	<b>/1</b>

### Mental Health

28. Does your mental or emotional health impact your day-to-day life or has it impacted your ability to find/keep housing recently?

- Yes (note if diagnosed or undiagnosed)
  No
  Undeclared  
 Details: \_\_\_\_\_

### Mental/Emotional Health – Answer Tally

If participant answered answers YES to any mental or emotional health issues affecting housing, <b>score 1.</b>	/1
<b>TOTAL</b>	<b>/1</b>

### Addictions

29. Does an addiction of any kind impact your day-to-day life or has it impacted your ability to find/keep housing recently?

- Yes (Identify: \_\_\_\_\_)
  No
  Undeclared  
 Details: \_\_\_\_\_

**Addictions – Answer Tally**

If participant answered answers YES to any kind of addictions affecting housing, <b>score 1.</b>	/1
--	----

<b>TOTAL</b>	<b>/1</b>
--------------	-----------

**Physical Health**

29. Do you have and physical health or mobility challenges of any kind that impact your day-to-day life or impacted your ability to find/keep housing recently? (i.e. are stairs a barrier?)

Yes (Identify below)       No       Undeclared

Details: \_\_\_\_\_

**Physical Health – Answer Tally**

If participant answered answers YES to any kind of physical barriers affecting housing, <b>score 1.</b>	/1
---	----

<b>TOTAL</b>	<b>/1</b>
--------------	-----------

**Tri-Morbidity**

Tri-Morbidity (Mental/Emotional Health/Addictions/Physical Health) – Answer Tally

If participant answered answers YES to ALL THREE factors, <b>score 1.</b>	/1
---	----

<b>TOTAL</b>	<b>/1</b>
--------------	-----------

**Legal Issues**

30. Do legal issues of any kind impact your day-to-day life or impacted your ability to find/keep housing recently?

Yes (Identify below)       No       Undeclared

**Legal Issues – Answer Tally**

If participant answered answers YES to any kind of legal issues affecting housing, <b>score 1.</b>	/1
--	----

<b>TOTAL</b>	<b>/1</b>
--------------	-----------

**Triage and Assessment Score Tally**

**Staff Instructions:** For the triage and assessment questions from this section (SECTION 5), tally the scores in the table below.

No source of Income	/1
Has dependent children or is expecting	/1
**Safety Concerns for participant or others	/1
Homeless 6+ months of the past year (Chronically homeless)	/1
Sleeping unsheltered	/1
Is chronically homeless AND sleeping unsheltered	/1
Mental & Emotional Health Issues	/1
Addictions Issues	/1
Physical health issues	/1
Tri-Morbidity (has all three of addictions, mental and emotional health, & physical health issues).	/1
Legal issues	/1
<b>Total</b>	<b>/11</b>

SECTION 6 NEXT STEPS BASED ON ASSESSMENT SCORE

Assessment Details	Next Steps for Coordinated Access	Recommended Programming
Scoring Range: 0-2 OR is <b>homeless for the first time and less than 14 days<sup>1</sup></b>	<p>Coordinated Access Round Table members will add participant to LHA By-Name List.</p> <p>Coordinated Access Round Table will refer to community partners to work with participant to self-resolve their homelessness and help solve immediate needs.</p>	<p>None/Light Homeless Serving Sector Intervention (case management)                      Diversion, connect to income assistance, landlord mediation</p>
Scoring Range: 3-5 OR If participant <b>IS NOT</b> chronically homeless and <b>DID NOT</b> answer yes to having potential tri-morbidity that impacts their day-to-day life or their ability to find and keep housing recently.	<p>Coordinated Access Round Table members will add participant to LHA By-Name List and refer participant to case management for recommended program type.</p>	<p>Rapid Rehousing</p>
<p><b>Scoring Range:</b> 6-11 OR If participant <b>IS</b> chronically homeless and/or <b>ANSWERED YES</b> to having potential tri-morbidity that impacts their day-to-day life or their ability to find and keep housing recently.</p>	<p>Coordinated Access Round Table members will add participant to LHA By-Name List and refer participant to case management or Supportive Housing for recommended program type.</p> <p>If participant scored within this range or meets other listed criteria on the Triage and Assessment tool, they are to have a SPDAT administered by Coordinated Access Round Table appointed agency.</p> <p>After SPDAT, Coordinated Access Round Table will then add participant to the waitlist for vacancy in appropriate programming.</p> <p><b>*The waitlist for housing &amp; supports within this scoring range is long due to limited programming options in the community.*</b></p>	<p>Approximate SPDAT Scoring Range – <b>20- 35 Adaptive Case Management</b></p> <p>Approximate SPDAT Scoring Range – <b>35- 49: Intensive Case Management</b></p> <p>Approximate SPDAT Scoring Range – <b>50-60: Supportive Housing</b></p>

**\*\*Special Note: Question 27**

Consideration needs to be placed on Question 26- Safety Factors, as to suitability to programming and safety of others and self or if additional/immediate hospitalization needs to be considered.

## SECTION 7: Contact Information for Coordinated Access Round Table

The following tables outline how to contact Coordinated Access Round Table. All referrals must be sent to:

**CasePlacement@gmail.com**

General Organizational Information	
<b>Coordinated Access Round Table Facilitator</b>	Lethbridge Housing Association
<b>Main Office Location/Address</b>	314 3 <sup>rd</sup> Street South, Lethbridge
<b>Office Hours</b>	8:30 am - 4:30 pm
<b>CART Phone # (landline)</b>	1-403-329-0556 ext 140
<b>General CART Email</b>	<a href="mailto:CasePlacement@gmail.com">CasePlacement@gmail.com</a>

Administrative Contact Information: CART Facilitator	
<b>Name</b>	Tina Young
<b>Phone/Text</b>	1-403-360-5923
<b>Email</b>	<a href="mailto:tina.y@lethbridgehousing.ca">tina.y@lethbridgehousing.ca</a>

Intake Information: Community Links Coordinator	
<b>Name</b>	Richard
<b>Phone</b>	
<b>Email</b>	<a href="mailto:richardhb@cmhalethbridge.ca">richardhb@cmhalethbridge.ca</a>

Administrative Contact Information: LHA By Name List Coordinator	
<b>Name</b>	Kayla Podrasky
<b>Phone</b>	403-329-0556 ext 144
<b>Email</b>	<a href="mailto:kayla.p@lethbridgehousing.ca">kayla.p@lethbridgehousing.ca</a>

### DISCLAIMER FOR PARTICIPATING AGENCIES:

To ensure protection of participant data, please store the completed Intake & Assessment Triage package in accordance with your agency's policies.

***FOIP Release of Information (ROI) Form  
Authorization to Share Personal Information at the  
Coordinated Access Round Table***

The use of the Lethbridge Housing Authority (LHA) Coordinated Access Round Table to share participant information is subject to the protection of personal information provisions of the Freedom of Information and Protection of Privacy (FOIP) Act. A copy of the LHA Privacy Policy and further reading describing the LHA privacy practices is available upon participant request.

---

**Participant Name (Print)**

**Date of Birth**

Dependent children, if any (first and last names and dates of birth) who are receiving services and for whom the parent is providing consent:

---

**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 organizations to work together on my behalf.
- I have been asked to disclose my individually identifying program information and have been informed of the risks or benefits of consenting, or 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 may ask for my record to be inactivated at any time whereby it will no longer be visible to participating agencies.
- I have a right to see a current list of Participating Agencies. I understand that additional agencies may join the LHA Coordinated Access Round Table at any time, but these agencies will not have access to my information unless I agree to disclose information to them.
- This consent to share information will end in 3 years.

I DO consent to the use and disclosure of my personal information for the participation in the LHA

Coordinated Access Round Table. Dated and effective as of \_\_\_\_\_

(Day/Month/Year)

---

Signature of Participant

---

Print Participant's Full Name

---

Signature of Witness

---

Print Witness's Full Name

I hereby authorize:

---

Insert your agency/program name (print or type)

to use and disclose my individually identifying personal information from my participant file to and between the service providers below:

- |   |  |
|---|--|
| <input type="checkbox"/> By Names List                                  | <input type="checkbox"/> Family Ties                   |
| <input type="checkbox"/> Canadian Mental Health Association (CMHA)      | <input type="checkbox"/> Alberta Health Services (AHS) |
| <input type="checkbox"/> Southern Alberta Self Help Association (SASHA) | <input type="checkbox"/> _____                         |
| <input type="checkbox"/> Young Women's Christian Association (YWCA)     | <input type="checkbox"/> _____                         |
| <input type="checkbox"/> Streets Alive                                  | <input type="checkbox"/> _____                         |

**Check the information you wish to share:**

- Share everything with Agency(s) listed above
- Participant Record (Name, Alias) *[if not shared, other items cannot be shared]*
- Participant Demographics (Date of Birth, Gender, Ethnicity)
- Universal Data Elements (Postal Code, Neighborhood, Immigration/Citizenship, Primary Residence Prior to Program Entry, Disabling Condition)
- Program entry/exit dates
- Case Manager Details
- Case Plans: Notes, Goals, Action Steps
- Program Assessments

**FOIP DISCLAIMER:**

This personal information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy ACT (the 'FOIP') and/or in accordance with any applicable agreements in place. All personal information collected during the registration process, during the course of the participant's stay, and for participation in any programs will be used to provide services and ensure a safe and secure environment for all our participants. It will be treated in accordance with the privacy provision of Part 2 of the FOIP. Limited information may also be provided to the Minister of Human Services for the purpose of carrying out programs, activities or policies under his administration (e.g. research, statistical analysis) or for receiving provincial and/or federal funding. If you have any additional questions or concerns, please contact the Agency Administrator.

**Statement of Use:**

LHA Coordinated Access Round Table is both an in person and a web based, electronic participant management information system providing a standardized assessment of participant needs, individualized service plans and service records. The LHA CART community utilizes the system to understand the nature of homelessness, develop policies and initiatives to address homelessness, and coordinate case management services. The LHA CART is managed by Lethbridge Housing Authority (LHA).

Personal information that is collected will be used only for the purpose of providing counseling and intervention services. Services will be delivered primarily by the service providers. Where services need to be delivered by extended service providers, information will only be disclosed to them with consent. Information will not be used for any other purpose, unless required by law, and will only be disclosed to external parties with the consent of the individual to whom it pertains.

**Authority:**

FOIP s.33(c), the personal information is being collected on behalf of Alberta Housing and Urban Affairs or another FOIP public body, and it is necessary for the operation of homeless programs being delivered on behalf of those public bodies. This consent to share information will expire 3 years from the date of signing.



**5. Case Consultation Notes**

A. Case Management Services been explained to the participant and I have also explained that their primary contact is to be the referred agency case worker from this \_\_\_\_\_ (date) forward.

Yes this has been explained  No

B. Do they have a guardian or trustee?

Yes  No

C. Are they in agreement to the referral and their signed consent is also attached?

Yes  No

D. What services have been completed with other professional supports or agencies? I.e AISH (check if completed)

Service/Application Name	Completion Date (Or expected completion date)
_____	<input type="checkbox"/> _____
_____	<input type="checkbox"/> _____
_____	<input type="checkbox"/> _____
_____	<input type="checkbox"/> _____
_____	<input type="checkbox"/> _____
_____	<input type="checkbox"/> _____
_____	<input type="checkbox"/> _____
_____	<input type="checkbox"/> _____

Additional Notes:

---

---

---

---

---

---

---

---

---

---

Referred Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

Referred Staff Signature: \_\_\_\_\_ Referred Agency: \_\_\_\_\_

Referring Staff Name: \_\_\_\_\_ Referring Agency: \_\_\_\_\_

Referring Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_