



First Name: _____ Last Name: _____

Name listed on Government issued ID (if different from above) _____

DOB (MM/DD/YYYY): _____ Gender Identity: _____ Pronoun: _____

Address: _____ City: _____ Postal Code: _____

Best Contact Phone Number: _____ Personal # Name of Organization: _____

APPOINTMENT TYPE: In Person Phone Virtual/Online Permission to leave a message? Yes No

LANGUAGE BARRIER: Yes No INTERPRETER PRESENT: Yes No N/A

ACCESSING SERVICES

How did the client hear about us? _____

What is the client's ability to access supports and services? What are their strengths? _____

What are the barriers or challenges the client has experienced in accessing supports and services? _____

Does the client feel connected to supports and services in the community? Yes No Does the client want to connect with cultural resources/supports? Yes No

What supports and services has the client connected with before? _____

Which professional supports is the client currently connected with? _____

What are the client's goals or priorities in accessing services? _____

AREAS OF NEED (client's current situation)

STATUS/LANGUAGE Canadian Citizen Indigenous Permanent Resident Visitor

Primary Language: _____ Foreign Worker Refugee/Refugee Claimant

Country of Origin: _____ **Notes:**

FAMILY STATUS Single Married/Common-Law Mixed + Multigenerational Separated Divorced Widowed
 Pregnant Dependent Children Adult Children Independent Youth

Notes:

CURRENT SUPPORTS Family/Friends/Natural Social/Community Professional Cultural Religious/Spiritual

No Supports Identified

Notes:

INCOME SOURCE(S) Unemployed/No Income Employed (FT/PT) \$ _____ Savings \$ _____

Gov. Assistance \$ _____ EI/WCB \$ _____

Short/Long term Disability \$ _____ Retired/Pensions \$ _____

CPP-D \$ _____ Other \$ _____ Taxes Done/NOA

Notes:

**EDUCATION/
EMPLOYMENT**

- Less than Grade 12 Graduated Grade 12/GED Graduated Post-Secondary Completed Trades Certification Currently Enrolled in an Education program Vocational Training Interested in looking for Work Looking for Education Other certificates

Notes:

**HOUSING/
FOOD**

- Rent \$ _____ Mortgage \$ _____ Roommates Eviction Notice*
 Utilities Arrears* \$ _____ Couch Surfing* Shelter* Living Rough* Food Security Concerns

Notes:

TRANSPORTATION

- Own a vehicle Public Transit Shuttles Taxi Cab or Uber Ride share Bicycle
 Walk Hitch hiking

Notes:

**PHYSICAL/
MENTAL
HEALTH**

- Physical Health concerns Mobility concerns Mental Health concerns Mental Illness*
 High Prescription Costs/No Coverage No Family Doctor Private Insurance/Benefits
 Medical professionals that they are connected to:

Notes:

**RISK/
SAFETY
CONCERNS

- | | | | | |
|-------------------------------------|--|-------------------------------------|-------------------------------------|---|
| <i>Self-Harm</i> | <i>Suicide Risk</i> | <i>Sexual Violence</i> | <i>Homelessness*</i> | <input type="checkbox"/> Connected with
Emergency Services
in the last 30 days
(police, fire, EMS) |
| <input type="checkbox"/> Current | <input type="checkbox"/> No Ideations | <input type="checkbox"/> Current | <input type="checkbox"/> Current | |
| <input type="checkbox"/> Historical | <input type="checkbox"/> Thoughts Only | <input type="checkbox"/> Historical | <input type="checkbox"/> Historical | |
| <input type="checkbox"/> None | <input type="checkbox"/> Thoughts + Action | <input type="checkbox"/> None | <input type="checkbox"/> None | |
| | <input type="checkbox"/> Attempted in Past | | | |
| <i>Addictions</i> | <i>Family Violence/Intimate
Partner Violence</i> | Notes: | | |
| <input type="checkbox"/> Current | <input type="checkbox"/> Current | | | |
| <input type="checkbox"/> Historical | <input type="checkbox"/> Historical | | | |
| <input type="checkbox"/> None | <input type="checkbox"/> None | | | |

LEGAL

- Fines/tickets Current Warrants Probation (Prov.) Parole (Federal) Court Dates: _____
 Legal Aid/Legal Guidance/Lawyer Maintenance Enforcement Program Child and Family Services
 Native Counselling Services of Alberta McMan Drug Court Treatment
- Guardianship/Trusteeship Advocacy Services (Victim Services, Child Advocate etc.)

Notes:

OTHER

*consider a referral to CART Table

**Follow your policies and procedures

RESOURCES PROVIDED (what did you provide them?)

Offer	Accepted	List the Resources Provided	Action Steps
Immigration <input type="checkbox"/>	<input type="checkbox"/>		
Relationship/ Family <input type="checkbox"/>	<input type="checkbox"/>		
Social Support/ Workshop/Group <input type="checkbox"/>	<input type="checkbox"/>		
Cultural Support <input type="checkbox"/>	<input type="checkbox"/>		
Financial <input type="checkbox"/>	<input type="checkbox"/>		
Employment/ Training/ Volunteer <input type="checkbox"/>	<input type="checkbox"/>		
Housing/Shelter <input type="checkbox"/>	<input type="checkbox"/>		
Food/Clothing/ Furniture <input type="checkbox"/>	<input type="checkbox"/>		
Transportation <input type="checkbox"/>	<input type="checkbox"/>		
Medication Coverage/Supplies <input type="checkbox"/>	<input type="checkbox"/>		
Mental Health Resources <input type="checkbox"/>	<input type="checkbox"/>		
Addictions Resources <input type="checkbox"/>	<input type="checkbox"/>		
Recreation/ Fitness/ Rehabilitation <input type="checkbox"/>	<input type="checkbox"/>		
General Safety/Violence <input type="checkbox"/>	<input type="checkbox"/>		
Legal/Justice <input type="checkbox"/>	<input type="checkbox"/>		
Other: <i>(please list)</i> <input type="checkbox"/>	<input type="checkbox"/>		

FOLLOW-UP PLAN

Next follow-up will be with:
 Date: _____ Time: _____
 In-Person By Phone Virtual/Online

Referred to Community LINKS or Population Support Navigator
 Who: _____
 Date: _____
 Warm Transfer: Yes No

Employee Signature _____

Date Completed: _____