



DISTRICT OF TIMISKAMING

By-Name List Addition/Update Form

Instructions

How to add someone to the list:

1. Complete the consent form with the client (written or verbal)
2. Complete all the sections of this form
3. Email the completed paperwork to Timiskamingbnl@dtssab.com to be entered into the secure database
4. Submit and update on your client each month

Agency Information

Agency/Organization Completing this Form: _____

Staff Member: _____ Date of Completion: _____

Client Identifying Information

☐ Written Consent Completed

☐ Verbal Consent Completed

First Name: _____

Alias (Nickname/Preferred): _____

Last Name: _____

Date of Birth (YYYY-MM-DD): ____ ____ ____ Age: ____

Client Email: _____

Client Phone Number: _____

On a regular day, where is it easiest to find you and what time of day is the easiest to do so?

Place: _____ Time: ____: ____ or Morning/Afternoon/Evening/Night

Gender Identity		Veteran Status	
<input type="checkbox"/> Female	<input type="checkbox"/> non-Binary	<input type="checkbox"/> Veteran-Allies	
<input type="checkbox"/> Male	<input type="checkbox"/> Gender Queer	<input type="checkbox"/> Veteran-Canadian Armed Forces	
<input type="checkbox"/> Transgender Female	<input type="checkbox"/> Two Spirit	<input type="checkbox"/> Veteran-Civilian	
<input type="checkbox"/> Transgender Male	<input type="checkbox"/> Declined	<input type="checkbox"/> Not a Veteran	
		<input type="checkbox"/> Unknown	

Immigration Status		Indigenous Status	
<input type="checkbox"/> Canadian – Born in Canada	<input type="checkbox"/> Student Visa	<input type="checkbox"/> First Nations On Reserve	<input type="checkbox"/> Undeclared
<input type="checkbox"/> Canadian – Born Outside Canada	<input type="checkbox"/> Work Visa	<input type="checkbox"/> First Nations Off Reserve	<input type="checkbox"/> Unknown
<input type="checkbox"/> Permanent Resident/Immigrant	<input type="checkbox"/> Visitor Visa	<input type="checkbox"/> Inuit	
<input type="checkbox"/> Refugee	<input type="checkbox"/> Undeclared	<input type="checkbox"/> Métis	
<input type="checkbox"/> Refugee Claimant		<input type="checkbox"/> non-status	
		<input type="checkbox"/> non-indigenous	

Financial Info

Income Type	Amount	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Housing History

Where did the client sleep last night (include city/town)? _____

How long have they been staying there? _____

List everywhere the client has stayed in the last 12 months (be specific, don't say NFA or homeless):

Type:	Start Date:	End Date:	Address:	City/Town:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Housing Match Survey

Does the client have a spouse they wish to be housed with?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Declined/Unknown
Does the client have children under 18 that are not currently in their custody, but would be if they had housing? If so, how many?	_____		
Would the client be willing to be housed with roommates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Declined/Unknown
Does the client have a vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Declined/Unknown
Does the client have a pet that must move in with them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Declined/Unknown
Does the client have a diagnosed mental illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Declined/Unknown
Does the client drink alcohol regularly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Declined/Unknown
Does the client use substances (other than alcohol) regularly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Declined/Unknown
Does the client have a Notice of Assessment for the most recent tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Declined/Unknown
Does the client currently have social housing debts or arrears?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Declined/Unknown
Does the client require a wheelchair accessible unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Declined/Unknown
Would the client be comfortable living in a unit that requires the use of stairs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Declined/Unknown

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (Check one)

- ☐ Shelters
☐ Couch Surfing
☐ Outdoors
☐ Other (specify): _____
☐ Refused

2. How many cumulative days have you been homeless in the past 12 months? ____ Mths ☐ Refused

3. In the last year, how many times have you been homeless? ____ ☐ Refused

























B. Health & Wellness

1. For **FEMALE REPOSNDENTS ONLY**: Are you currently pregnant? ☐ Yes ☐ No ☐ Refused

2. Has drinking or drug use led you to be kicked out of an apartment or program where you were staying in the past? ☐ Yes ☐ No ☐ Refused

3. Do you have any mental health issues that would make it hard for you to live independently because you'd need help? ☐ Yes ☐ No ☐ Refused

Priority List for Individuals Experiencing Homelessness in Timiskaming

Clients will be organized and served in this order	Chronic Homelessness Priority	Indigenous Priority	Youth (16-24) Seniors 65 and over	Duration Of Homelessness	Mental Physical or substance use disorder	Sleeping Rough Or Unsafe Couch Surfing	Other
1 st served							
2 nd served							
3 rd served							
4 th served							
5 th served							

SCORING SUMMARY

PRIORITIZATION PROTOCOLS	TOTAL	RESULTS
Chronic Homelessness (+ 180 days in past year)	/1	Score: <div>/7</div>
Indigenous	/1	
Youth (16-24) – Senior (65 and over)	/1	
Duration of homelessness	/1	
Mental/Physical/Substance use	/1	
Sleeping Rough (Unsafe)	/1	
Other	/1	