Case History			
Intake Date:		Date of assessment:	

Confidentiality and the Limits of Confidentiality:

Eva's Initiatives staff respect your right to privacy. Your identity is protected and we will only disclose confidential information to other people (including family members) with your "informed consent" or when required by law or court. This is an ongoing obligation even when you are no longer a resident of Eva's.

The general expectation that a staff member will keep information confidential does not apply when the disclosure is necessary to prevent serious, foreseeable and imminent harm to a resident or others. In all instances, staff members disclose the least amount of confidential information necessary to achieve the desired purpose.

Staff have an obligation to report abuse or break confidentiality in these instances:

- They have reason to believe a child under the age of 16 is being harmed and in need of protection
- They have reason to believe that a resident intends to harm another person; and in this case they are obligated to inform both the person who may be at risk (if possible) as well as the police
- They have reason to believe that a resident intends to harm him/herself. Staff may, in this instance, take action to prevent self-harm without the informed consent of the client

By signing below staff acknowledges that they have explained Confidentiality and the Limits of Confidentiality to the Resident named below:
YSW Signature Required:

Expectations Regarding the Case Management Improvement Plan (CMIP)

- YSW must begin CMIP within 1 week of resident intake
- Resident and worker are required to meet at least once a week in order to further update and follow through with the CMIP
- Participation in the plan is a mandatory part of a resident's stay
- Information added to this document should be dated
- All CMIP related documents should be attached to SMIS case notes and should be forwarded to supervisor for review
- Sections that do not apply to the resident should have **N/A** written in them

Resident Name:	
YSW:	

CLIENT INFORMATION	
Name:	
Date of Birth:	(if the resident is 16-18 please refer to Family Reconnect Program)
Gender:	☐Male ☐female ☐Transgender ☐ other
How do you identify?	(He, She, They, Ze)
Primary Language Spoken: **Other Language(s) Spoken:**	
Contact Information	Phone: Email:
Emergency Contact	Name: Relationship: Phone: Email: Consent Signed : ☐ Y ☐ N

IDENTIFICATION	
	Status of ID (eg: copied in SMIS, appointments, etc)
SIN card ☐y ☐ n	Date Rec'd:
Birth Certificate ☐y ☐ n	Date Rec'd:
Health Card ☐y ☐ n	Date Rec'd:
Driver's License ☐y ☐ n	Date Rec'd:
Other ☐y ☐ n	Date Rec'd:
Permanent Resident Card ☐y ☐ n	Date Rec'd:
Citizenship Card ☐y ☐ n	Date Rec'd:
ID Clinic Referral: ☐Y☐ N	If no, have you met with our **Community Support Worker** to attend an ID clinic? ☐ Y ☐ N f yes when? If no , referral sent:

INCOME SUPPORT AND INFORMATION	
Are you currently receiving Ontario Works (OW) or Ontario Disability Support Fund (ODSP)? ☐ Y ☐ N Do you receive OSAP (Ontario Student Assistance Program)? ☐ Y ☐ N Do you receive funds from the Children's Aid Society (i.e. ECM)?☐ Y ☐ N	Please list office and worker information:

Do you have a bank account? ☐Y/ ☐N Referral Made: ☐ **Y** ☐ **N** Date:
Have you accessed your bank account in the last 6 months? ☐Y/ ☐N If no why:

Do you have any money in savings? ☐Y/ ☐N Approximately how much:

Do you have any debts? ☐Y/ ☐N Please List:

.Do you have a debt repayment plan? ☐Y/ ☐N Please Describe:

GOALS RELATED TO FINANCIAL LITERACY : (refer to budget template)

HOUSING
Which answer best describes your living situation prior to coming to Eva's:

☐On my own (independent or shared housing) ☐With my parent/ parents/ family member ☐With my adoptive family ☐With relatives ☐In a group home or residential facility ☐In a correctional facility (jail)	☐With a friend's family ☐At another shelter **(obtain SMIS consent)** ☐With my spouse, or partner, boyfriend or girlfriend ☐ Hospital ☐Other Please list:
How long did you live there?	☐Less than 1 month ☐1-3 months ☐3-6 months ☐6-9 months ☐9-12 months ☐More than 12 months

Why did you leave your last place of residence?

How long have you been homeless?

Additional Housing Information:

Do You have any existing housing applications? (list date applied and any #)

☐CASH Application #
☐CARS
☐Supportive Housing (please list)
☐ Housing Connections
☐ Eva's Phoenix
☐ Other (please list)

Community Support Worker Referral sent:

HOUSING GOALS: (steps to completion)

IMMIGRATION STATUS	
What is your immigration status?	☐Canadian Citizen ☐No Status ☐ Permanent Resident ☐Refugee ☐ Student Visa Expiry date: ☐ Work Visa Expiry Date:

Are there any concerns with your immigration status in Canada? ☐ Y ☐ N
If yes, please describe:

Are you connected to any immigration support services ? ☐ Y ☐ N
If yes , please list :

Consent signed? ☐ Y ☐ N Uploaded to SMIS? ☐ Y ☐ N

If NO. Referral to **community support worker** sent

Community Referral (please list name and contact info)

GOALS RELATED TO IMMIGRATION:

EDUCATION

Are you currently attending school? ☐ Y ☐ N Name of school:
Last school attended: Consent Signed ☐ Y ☐ N
Highest Level of education completed:
Number of courses/credits needed (if known) :
Are you currently attending a GED or Training Program? ☐ Y ☐ N
Name of Program:

Are you interested in attending school or GED program? ☐ Y ☐ N
Referral to :

GOALS RELATED TO EDUCATION:

EMPLOYMENT

Are you currently employed?	☐**Y** ☐**N** ☐**Part time** ☐**Full time** ☐ **Self- employed** ☐ **Casual**
Are you currently attending an employment program?	☐**Y** ☐**N** ☐ **Part time** ☐ **Full Time** ☐ **Self- employed** ☐ **Casual**

IF CURRENTLY EMPLOYED OR IN AN EMPLOYMENT PROGRAM

Name of employer / program :

Consent signed ? ☐ Y ☐ N Uploaded to SMIS? ☐ Y ☐ N

What is work schedule? (estimate if not consistent) If in program when is the end date?	

What is your income/hourly rate?	

IF NOT CURRENTLY EMPLOYED?

Please list any previous jobs or training programs (this can include panhandling, sex work, cash jobs, etc.) Ensure to gather additional info

Do you have a current resume? ☐ Y ☐ N Attached? ☐ Y ☐ N

Have you ever participated in an interview? ☐ Y ☐ N

On a scale of 1-4 how would you rate your interview skills?

NO SKILLS I KNOW MY STUFF

☐ 1 ☐ 2 ☐ 3 ☐ 4

What type of work are you interested in?

Do you have any training or skills that you would apply to employment? (smart serve, food handler certificate, fork lift license, etc)

Would you be interested in exploring an employment program or job seeking? ☐ Y ☐ N

IF YES - Referral completed to **Community Support Worker** or **External Employment Service**

Phoenix Print Shop ☐ **Y** ☐ **N** YET ☐ **Y** ☐ **N** YES ☐ **Y** ☐ **N** YSEP ☐ **Y** ☐ **N**

Property Management ☐ **Y** ☐ **N** Sales: ☐ **Y** ☐ **N**

GOALS RELATED TO EMPLOYMENT:

LEGAL

Present Status with the Justice System:	
☐ No Legal Involvement	☐ Stay of Proceedings ☐ Victim of Crime
☐ Charges withdrawn	☐ Court Diversion
☐ Peace Bond	☐ On Bail-Awaiting Trial
☐ Conditional Discharge	☐ Awaiting Sentence
☐ Time Served	☐ Warrant
☐ Conditional Sentence	☐ Unfit to Stand Trial
☐ Custodial Sentence	☐ Restraining Order
☐ Probation	☐ Community Treatment Order
☐ Ontario Review Board	☐ Other:

Name of Bail , Parole or Probation Officer:	Contact Info:	Consent Signed: ☐Y/ ☐N
Name of Court Diversion Worker Lawyer		Consent Signed: ☐Y/ ☐N ☐Y/ ☐N

Any future court dates?	Please list:
Appointments related to your charges?	Date of next appt:

GOALS RELATED TO LEGAL:

FAMILY and SOCIAL SUPPORTS

Significant adults in your life:
Please list names and relationship (parent, family member, friend teacher, mentor, etc**)**

When was the last time you had contact? Do you have any concerns about family or relationships *If family involvement , concerns about family, loss or abuse ,or just interested in talking about it please refer to Family Reconnect Program 416 441 3162 x 242* nabrams@evas.ca	Consent(s) signed: ☐Y / ☐N

CHILDREN'S AID SOCIETY

Have/Do you had any involvement with Children's Aid Society or child welfare? :☐Y / ☐N
Have you ever been a crown ward? :☐Y / ☐N
If yes, referral to Covenant House Youth in Transition program? :☐Y / ☐N
Past/current involvement with Children's Aid. Include details such as agency, worker name and contact info:
Consent(s) signed: ☐Y / ☐N

GOALS RELATED TO BUILDING FAMILY RELATIONSHIPS:

PHYSICAL, MENTAL HEALTH and SUBSTANCE USE

Do you have a family Doctor? ☐ Y ☐N	If yes please list:	PHIPA consent signed :☐ Y / ☐N (Consent for release of medical info. Specifically for Doctors and medical health professionals including Mental Health supports. Eg.CMHA, COTA, etc.)

If you do not have a family doctor would you like support in getting one? ☐Y ☐ N

When was the last time you saw a medical doctor or had a physical?

When was the last time you saw a dentist?

Do you have any upcoming medical appointments? ☐Y ☐ N (please list)

Do you have any chronic or recurring illness or condition that may require medical attention?
☐Y ☐ N (i.e. illnesses, physical disability, medical conditions requiring medication)
Please list:

Are you pregnant? ☐Y ☐ N How far along?

Have you ever had a pap test? ☐Y ☐ N If yes when was your last one?

Are you currently taking medication for any medical condition? ☐Y ☐ N Please list:

Should you be currently taking medication for any medical condition? ☐Y ☐ N Please list:

Have you ever been hospitalized for a serious medical issue: ☐Y ☐ N (please describe)

Do you have any dietary restrictions? (intolerances, etc.) ☐Y ☐ N (please list)

Do you have any Allergies? (intolerances, etc.) ☐Y ☐ N (please list)

EPI Pen Required?) ☐Y ☐N

Information forwarded to Chef ☐ Y ☐ N
Do you have any physical health concerns?: ☐Y ☐ N (please list)

Referral to Eva's Medical Clinic Required ☐Y ☐ N Date:

Referral to Dental Clinic ☐Y ☐ N Date:

MENTAL HEALTH

On a scale of 1 to 5 (1 being not stressed 5 being extremely stressed) how would you rate your stress level on a daily basis?

Do you have any trouble sleeping? (staying asleep, falling asleep, nightmares, sleep walking etc)
☐Y ☐ N
Please describe :

Have you ever received mental health treatment or counselling? ☐Y ☐ N

IF YES: Did you have a diagnosis or suspected diagnosis? Please list

Have you ever been hospitalized for mental health treatment? ☐Y ☐ N
IF yes please list date and which hospital:

Do you currently receive mental health treatment or counselling? ☐Y ☐ N
Provider contact info:

MENTAL HEALTH SCREENING		If no: Within the past 3 months?
Do feel very anxious, nervous, tense or panicked like something bad is going to happen most of the time?	☐Y ☐ N	☐Y ☐ N
Do you find yourself feeling, sad, depressed, blue or hopeless about the future?	☐Y ☐ N	☐Y ☐ N
Do you have any significant difficulties sleeping?	☐Y ☐ N	☐Y ☐ N
Have you engaged in self harming activities? (i.e. cutting, hair pulling, swallowing etc.)	☐Y ☐ N	☐Y ☐ N
Do you think or feel like people are following you or out to get you?	☐Y ☐ N	☐Y ☐ N
Do you often find yourself reliving traumatic experiences from the past? (flashbacks, memories where you feel like you are reliving them)	☐Y ☐ N	☐Y ☐ N
Do you think about ending your life or committing suicide?	☐Y ☐ N	☐Y ☐ N

Referral made to New Outlook worker or Clinical Case Manager: ☐Y ☐ N Date
Referral made for Eva's in-house psychiatric support? ☐Y ☐ N Date:

GOALS RELATED TO PHYSICALHEALTH:

GOALS RELATED TO MENTAL HEALTH:

SUBSTANCE USE:		If no: In the past 3 months?
Have/ Do you use alcohol or drugs weekly	☐Y ☐ N	☐Y ☐ N

Has someone in your life shared with you that they are concerned with your substance use?	☐Y ☐ N	☐Y ☐ N
Have people annoyed you by criticising your drinking or drug use?	☐Y ☐ N	☐Y ☐ N
Have you ever felt guilty about your drinking or drug use?	☐Y ☐ N	☐Y ☐ N
Do you need to have a drink or smoke to calm down or stop shaking?	☐Y ☐ N	☐Y ☐ N

If the youth reports that they actively use please ask the following questions:

What drugs do you currently use?	
How often?	
Do you ever inject drugs? *If yes, ask the questions below*	☐Y ☐ N
Do you have access to harm reduction supplies? (i.e. needles)	☐Y ☐ N
Do you ever share your needles or works (cotton, cooker, spoon, water) with someone else? *(if yes refer to medical clinic for HIV & Hep C testing)*	☐Y ☐ N
Have you ever had an overdose?	☐Y ☐ N
When was the last time you overdosed	
Have you ever been in a detox program?	☐Y ☐ N
Have you ever been in a residential facility for drug or alcohol use	☐Y ☐ N
Are you taking part in any ongoing drug treatment (methadone, counselling, NA, AA etc.)	☐Y ☐ N
Any stressors that may trigger you to use? Please List:	
Referral made to Harm Reduction Worker? ☐Y ☐ N Date: **YSAP** ☐Y ☐ N Date: **SPOT** ☐Y ☐ N Date:	
HR NOTES/ PLAN:	

.LIFE SKILLS	
Below are a series of questions to gain some information on your life skills and support you may need while residing at Eva's On a scale of 1-4 please choose how comfortable you are completing the various tasks. 1 – not comfortable at all 2- somewhat comfortable 3- comfortable 4 - very comfortable	
Food and Cooking	
Cooking a nutritional meal with fresh ingredients	☐1 ☐2 ☐3 ☐4
Using kitchen appliances (stove, microwave etc.)	☐1 ☐2 ☐3 ☐4
Following a recipe	☐1 ☐2 ☐3 ☐4
Understanding unit pricing and how to comparison shop	☐1 ☐2 ☐3 ☐4
How would you rate your understanding of food groups	☐1 ☐2 ☐3 ☐4
your understanding of a nutritional meal	☐1 ☐2 ☐3 ☐4
Health and Hygiene	
Properly loading a washing machine and a dryer to clean my clothing	☐1 ☐2 ☐3 ☐4
Showering daily/ regularly	☐1 ☐2 ☐3 ☐4
Reading and following the instructions on medication (prescription or non)	☐1 ☐2 ☐3 ☐4
Treating simple injuries like cuts, bites, stings, and splinters	☐1 ☐2 ☐3 ☐4
Determining when to go to an emergency room and when to make an appointment with the doctor or go to a clinic	☐1 ☐2 ☐3 ☐4
Knowing the tools to use to protect myself from sexually transmitted infections and unwanted pregnancy	☐1 ☐2 ☐3 ☐4
Transportation	
Taking the TTC to get to an appointment in Toronto even if I have never been there before	☐1 ☐2 ☐3 ☐4
Following direction to take a TTC route even it if involves several transfers	☐1 ☐2 ☐3 ☐4
Reading the subway and or bus map	☐1 ☐2 ☐3 ☐4
Time Management	

Attending appointments for medical, legal or housing needs on my own?	☐1 ☐2 ☐3 ☐4
Remembering to attend workshops, school or appointments?	☐1 ☐2 ☐3 ☐4
Scheduling and remembering important appointments when necessary?	☐1 ☐2 ☐3 ☐4
How would you rate your punctuality?	☐1 ☐2 ☐3 ☐4
Financial Literacy	
Following a budget. (i.e. food, transportation, basic needs)	☐1 ☐2 ☐3 ☐4
Creating a debt re-payment plan when necessary	☐1 ☐2 ☐3 ☐4
Saving for large purchases or for first and last month's rent	☐1 ☐2 ☐3 ☐4
Ability to pay bills?	☐1 ☐2 ☐3 ☐4
Ability to manage between wants and needs	☐1 ☐2 ☐3 ☐4
Interpersonal and Relationship skills	
Keeping calm and managing stress when in a conflict situation	☐1 ☐2 ☐3 ☐4
Communicating when things are difficult for me	☐1 ☐2 ☐3 ☐4
Receiving feedback or instructions/direction when I am angry	☐1 ☐2 ☐3 ☐4
Asking for help when necessary	☐1 ☐2 ☐3 ☐4
Addressing conflict with roommates or peers	☐1 ☐2 ☐3 ☐4
Taking accountability for your behaviours	☐1 ☐2 ☐3 ☐4

Have you participated in any Life Skills events? ☐Y ☐N
Please list the ones attended and provide any feedback below:

Have you participated in any Recreation events? ☐Y ☐N
Please list the ones attended and provide any feedback below:

AREAS OF INTEREST/ MEMBERSHIP
Do you have other areas of interest that you are already involved in or would like to be connected with? (i.e. religious organizations, arts programming, sports and recreation, cultural or ethnic organizations. Etc.) Is a referral to the mentorship program at Phoenix appropriate for employment or individual support? ☐Y ☐ N Date sent: Is there anything about yourself we have not asked or you would like to share with us? **ADDITIONAL Contacts :** **ADDITIONAL Information :**

The document on the next page is to be completed with the youth as a summary of the ongoing goals created in the case management process. A copy is to be provided to them.

Goal Areas	Youth Goal Summary	Date completed by:
Housing		
Financial (budgeting, debt repayment)		
Immigration		
Employment		
Education		
Legal		
Family and social support		
Physical Health		
Mental Health		
Substance Use		
Life Skills/ Recreation		