

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 - Coordinated Access Consent (Share All)	<input type="checkbox"/> Last Name <input type="checkbox"/> First Name <input type="checkbox"/> Alias 1 (if Applicable) <input type="checkbox"/> Pronouns <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"/> Racial Identity
	<input type="checkbox"/> Previous consent on file <input type="checkbox"/> Attachments (upload Client Consent)		

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

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-Pick from List Below <input type="checkbox"/> Start date <input type="checkbox"/> End date (if applicable)	<input type="checkbox"/> Address Line 1 <input type="checkbox"/> Address Line 2 <input type="checkbox"/> Unit/apartment (if applicable)	<input type="checkbox"/> Province <input type="checkbox"/> City <input type="checkbox"/> Monthly Rent (Actual if known)

Housing Type List

Rental at Market Price	Halfway House	Recovery/Treatment Facility
Rental at Market Price w/Rent Subsidy	Home Ownership	Residential Care Facility
Abandoned Building	Hospital-Medical	Room in a House
Boat/Water Vessel	Hospital-Psychiatric	Rooming House
Co-op housing	Hostel	Domiciliary Hostel
Correctional Facility	Hotel/Motel	Sanctuary
Couch Surfing/Staying Temp. w/others	Housed in Family's	Secondary Suite
Detoxification Facility	House/Apartment	Singel Room Occupancy
Emergency Shelter	Housed on-Reserve	Social/Community Housing
Encampment/Campsite	Indigenous Housing Provider	Supportive Housing
Foster Care	Makeshift/Street	Transitional Housing
Group Home	Military Housing	Vehicle

If the **Housing History** section was not completed, please explain why:

Client Name: _____

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"/> Pay Frequency (monthly) <input type="checkbox"/> Verify Income	<input type="checkbox"/> Monthly Primary Income Amount (\$1.00) <input type="checkbox"/> Start Date (Date of Intake)
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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: _____

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 at intake, regardless of age.

<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 (regardless of age), please explain why: _____

Naming Convention for electronic Client Consent:

SmithJohn_Consent20250315 (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: _____