

Eva's Phoenix Intake and Assessment Form

Date:	Completed By:	
Surname:	First Name:	Preferred Name:
SIN #:	HC#:	
Contact Phone #:	Email Address:	
Date of Birth:	Age:	

INTRODUCTION TO EVA'S PHOENIX

Before you begin the assessment talk about the housing program: Include our expectations about employment, completing chores, housemates, cooking for one, food room, community meetings and workshops

Are you eligible to work in Canada? Yes No

Have you ever shared housing before? Yes No Have you ever had your own housing? Yes No

If yes, how did you lose your housing? _____

Are you currently receiving Ontario Works? _____

What does successful independent living mean to you?

Where are you currently living? _____

How long can you stay at your current residence? _____

What kinds of events or circumstances have led you to apply for our program and services?

At Eva's Phoenix, you will be expected to live collaboratively within diverse populations. Do you have any issues around living with someone who:

Has a mental health concern? Yes No

Has a different ethnic background? Yes No

Has a physical / developmental disabilities? Yes No

Has a sexual orientation or gender identity that is different from your own? Yes No

Please comment: _____

Why do you want to live at Eva's Phoenix?

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If you were accepted to live at Phoenix, would you have a preference for?

Co-ed housing yes No same sex housing? Yes No doesn't matter Yes No

Do you know anyone at Phoenix that you would like to share housing with? Yes No Who: _____

Is there anyone at Phoenix that you can't/ don't want to live with? Yes No Who: _____

Are you currently on the Social Housing Waiting list? Yes No Application date: _____

Do you want to apply for Social Housing or Rent geared to income housing? Yes No

Does your family know where you are? Yes No Do you have contact with your family? Yes No

What circumstances led to your leaving home? _____

(Referral to Eva's Place Family Re-Connect Program)

Employment

Current Employment Status: Employed Unemployed

If employed: F/T 24 + P/T 24 - Seasonal Wage: _____

Company: _____ Job Title: _____ Start date: _____

(Describe CEP program to client)

Are there specific issues you would like to address as part of the Career and Employment Preparation Program?

(if not employed, set up a meeting with employment)

General Stress, Coping and Problem Solving

How well do you feel you deal with stress in your life?

When you are stressed, do you ignore it or try to figure out how to deal with it (circle one)? Ignore/ Deal

How do you express anger and/or frustration? Please explain

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If you are feeling upset or overwhelmed, frustrated or angry, depressed or unmotivated, how do you react or handle how you feel? Please answer yes, no or sometimes.

Avoid people/ stay in room/spend time alone?		Drink/ do drugs to calm down/ forget about it?	
Find other people frustrate you more easily?		Hit walls, objects or throw things?	
Yell and/or swear – at other people?		Re-play past mistakes?	
Yell and/or swear – in your room?		Vent frustration – with friend/ staff?	
Listen to music, watch TV, and hang with friends?		Avoid the issue, bottle it up/ keep it inside?	
Feel you have no control over fixing your problem or concern?		Get involved with other projects/ people/ activities to forget about your problem?	
Feel unable to make decisions or take action to change how you feel?		Feel that when things go wrong, it's usually somebody else's fault or outside of your control?	
Have trouble breathing, faster heart beat, chest pains?		Talk to friends/ staff about how to solve problem?	
Feel anxious and unable to stop worrying?		Have trouble sleeping?	
Write/ think about your problem and figure out ways of taking control of the situation?		Have a hard time focusing on other goals, responsibilities or needs?	

How would one know that you are not feeling okay? (Emotionally or physically)

What do you do to relieve stress?

How would you rate your motivation? _____

How much control do you feel you have over what happens to you, (living arrangement, employment, school, or relationships) Explain.

How good are you at solving problems that you encounter? _____

What kinds of problems do you think you will encounter while living at Phoenix and how would you solve them?

Given that stress, coping and problem solving effect every area of our lives, every day, what are your goals around building skills in these areas?

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Criminal History

Are you currently on probation? Yes No

Until when? Offence? Conditions of probation?

Details: _____

Probation Officer and contact information (consent form required):

(Cannot complete the reference check if the probation officer info is not provided)

Outstanding charges or bench warrants? Yes No Court Dates? Yes No

If yes, for what charges? _____

Health and Self Care

Your physical and mental health, along with your ability to cope with hard, scary or frustrating events will affect both your housing and employment. These areas also affect your stress level and how much fun you have while taking care of daily living and working responsibilities. So we're going to talk about how your health is now, how you cope and handle stress and what your goals are to build your strengths in these areas.

Do you have any physical health concerns? Yes No

Details/ support needed: _____

How would you describe your mental health? _____

Have you ever felt depressed or suicidal? Yes No

Details: _____

Have you ever harmed yourself or thought of harming yourself? Yes No
(How recent was this and what form does the self harming take)

Have you had any mental health experiences? Yes (sign Form 14), add MH supplement questions No

Do you think you've ever had a flashback? Yes No
(An intensely vivid memory of a traumatic experience that returns repeatedly usually triggered by something)

Details: _____

Do you worry a lot or feel panic a lot? Yes No Details: _____

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Have you ever seen or heard things but when you ask the people around you they have not seen or heard these things? Yes No

Details: _____

Do you ever worry you're "going crazy"? Yes No

Details: _____

Have you had any negative experiences that you find still effect you now? Yes No

Do you want help dealing with them? Yes No Details: _____

Do you have a history of drug / alcohol use? Yes No Occasionally

What is or was your drug of choice your drug of choice? Details/frequency:

Are you accessing any supports for substance use? Yes No Occasionally

What Agency and Worker are you accessing for this support? (Sign consent form) and use supplement questions

How comfortable are you with your substance use? _____

Can you tell me all the good and bad things about using alcohol and/ or drugs?

Do you use drugs or alcohol to relieve stress/ anxiety or to calm yourself down Yes No

Do you get into trouble when you're using substances? Yes No

Has anyone else, like a friend, relative or doctor ever been concerned about your substance use or suggested you cut down? Yes No

Is there anything else about your medical history that we need to be aware of? (Include meds, illnesses, and hospitalization):

We know that physical health, mental health and substance use play a large role in how successful people are in getting and maintaining housing and employment when they leave Phoenix. Given this, what are your goals around addressing/ improving your physical health, mental health and substance use while living at Phoenix?

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In terms of goal setting what, if any, goals do you have around improving and building on your skills in the following areas? : Relationships (boundaries, maintaining healthy relationships), communication and conflict resolution skills:

Housing

The opportunity to practice living independently at Phoenix means both lifeskills development around cooking, cleaning, budgeting, and getting up on time, as well as developing the more challenging skills of working through conflict and communication within the community of the building. Most people who've lived at Phoenix say that dealing with other people, both staff and residents, is the hardest and most frustrating part of living here. But its how you learn to deal with this frustration that will enhance your employment and housing opportunities once you leave Phoenix.

What skills do you feel you already have that will help you in your transition to independent living?

What do you expect to get out of the Phoenix community?

What do you expect to put into it?

Would you feel a responsibility for the well being of the community within Phoenix, or would you expect the staff or other residents to take responsibility?

What role would you take to create and maintain a safe and healthy environment free from violence, backstabbing, harassment, peer pressure or ganging up on other people?

Scenario #2: You've just received your first pay cheque, and filled your fridge with food. You get home from work to find that all your food is gone and you think you know who took it. How would you handle this situation?

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FINAL STATUS: ACCEPTED NOT ACCEPTED PENDING

Intake Counsellor: _____ Date: _____