



Recommended Intake Form with Inclusive Gender Field

Sample Intake Form: March 2021

Client Management Intake Form

User _____

Date (yyyy/mm/dd) _____ Time _____

Client No. _____

Name (Goes by) _____ DOB (yyyy/mm/dd) _____ Age _____

Personal Information

First name _____ *Last name* _____
(if name differs from legal name, complete below)

Legal first name _____ Legal last name _____

Pronoun <i>(select all that apply)</i>	He / Him / His	She / Her / Hers	They / Them / Theirs
	Xe / Xem / Xyr	Zie / Hir / Hirs	Ey / Em / Eirs
	Other: _____		

Gender <i>(select all that apply, up to the client to disclose)</i>	Woman	Man	Nonbinary
	Cisgender	Cisgender	AFAB
	Transgender	Transgender	AMAB
	Intersex	Intersex	Intersex
.....			
	Gender Fluid	Two Spirit	Undisclosed / Unknown
Other _____			

Preferred Shelter	Men's	Women's	Co-Ed	2SLGBTQ+
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Note: While it is stated that women's shelters are the safest for gender diverse people, regardless of gender, for AFAB nonbinary people and trans men this means that they are having to sacrifice their emotional safety (being exposed to a misgendering environment) for a better chance of physical safety, which is also not always guaranteed in women's shelters.



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Do you have any safety concerns regarding your gender/pronouns? Yes No

If yes, describe: _____

Alias: _____ Existing Client _____

Referred by

Referred by: Agency Courts Family Friends Hospital
Police Self Shelter
Other _____

Contact name _____ Contact number _____

Contact email _____

Other Information

Language _____

Deaf/Hard of hearing? Yes No

If yes, do you use: ASL Hearing aid Implant Lip reading
Other _____

Aboriginal: First Nation Inuit Metis Other _____

IPV/DV/SA Yes No Unknown

If Yes: Victim/Survivor Perpetrator Both Other _____

Current Sleeping arrangements:

Abandoned building	Children's Aid	Hospital	Long term care facility
Vehicle	ARC Respite	Bus Stop/Shelter	Bus/Airplane
Detox Treatment	Family	Friends	Housing
Jail	Motel/Hotel	Nathan Philips Square	Park
Refused to answer	Self-built/Encampment	Shelter	Sidewalk/Ground/Grate

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Have you ever stayed in a shelter before? Yes No

Reason for homelessness:

Health/Mental Health	Housing Adequacy	Housing Affordability	Nonresident
Relationship breakdown	Substance use	Abuse	
Decided to vacate housing		Discharged from Shelter/Institution	
Evicted by family/friends	Fire or other Disaster	Flood	Gas Leak
Refugee/Claimant	Relocating	Stranded visitor/tourist	Transient
Unsafe Premises	Evicted due to COVID19	Lost employment due to COVID19	
Other	_____		

Length of homelessness:

Not homeless	Less than a month	1–6 months	6 months to a year
1–5 years	5–10 years	over 10 years	

Reason for Service:

Discharged from Institution	Discharged from another shelter	Eviction due to rental arrears
Foreclosing due to mortgage payment arrears	Relocating	Sponsorship breakdown
Abuse	Decided to vacate housing	Evicted by family/friends
Evicted by landlord	Fire of other disaster	Flood
Gas leak	Stranded visitor/tourist	Transient
		Unsafe premises

Presenting Experiences

Disability	Neurodiversity (Autism/sensory processing)
Pregnant	Disclosed substance use
Disclosed mental health	Observed substance use
Observed mental health	Poor Hygiene
Disclosed alcohol use	Observed alcohol use

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Client Management Intake Form	
User: _____	
Date (yyyy/mm/dd): _____	Time: _____
Client No. _____	
Name: (Go by) _____	DOB (yyyy/mm/dd) _____ Age: _____
Personal Information	
First name _____	Last name _____
<i>(If name differs from legal name, complete below)</i>	
Legal first name _____	Legal last name _____
Pronoun (Select all that apply)	<input type="checkbox"/> He/ Him/ His <input type="checkbox"/> She/ Her/ Hers <input type="checkbox"/> They/ Them/ Theirs <input type="checkbox"/> Ze/ Xer/ Xyr <input type="checkbox"/> Ze/ Her/ His <input type="checkbox"/> Ey/ Em/ Eers <input type="checkbox"/> Other: _____
Gender (Select all that apply)	<input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Nonbinary <input type="checkbox"/> Cisgender <input type="checkbox"/> Cisgender <input type="checkbox"/> and <input type="checkbox"/> Transgender <input type="checkbox"/> Transgender <input type="checkbox"/> and/or <input type="checkbox"/> Gender Fluid <input type="checkbox"/> Two Spirit <input type="checkbox"/> Undisclosed/Unknown <input type="checkbox"/> Other: _____
Preferred Shelter	<input type="checkbox"/> Men's shelter <input type="checkbox"/> Women's shelter <input type="checkbox"/> Co-Ed Shelter <input type="checkbox"/> 2S/LGBT+
Do you have any safety concerns regarding your gender/pronoun? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____	
Alias: _____	Existing Client <input type="checkbox"/>
Referred By	
<input type="checkbox"/> Agency <input type="checkbox"/> Courts <input type="checkbox"/> Family <input type="checkbox"/> Friends <input type="checkbox"/> Hospital <input type="checkbox"/> Police <input type="checkbox"/> Self <input type="checkbox"/> Shelter <input type="checkbox"/> Other: _____	
Contact name _____	
Contact number _____	
Contact email _____	
Other Information	
Language _____	Youth <input type="checkbox"/> Yes <input type="checkbox"/> No
Deaf/ Hard of hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you use: <input type="checkbox"/> ASL <input type="checkbox"/> Hearing aid <input type="checkbox"/> Implant <input type="checkbox"/> Lip reading <input type="checkbox"/> Other: _____	
Aboriginal <input type="checkbox"/> First Nation <input type="checkbox"/> Inuit <input type="checkbox"/> Métis <input type="checkbox"/> Other _____	
IPV/DV/SA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes: <input type="checkbox"/> Victim/Survivor <input type="checkbox"/> Perpetrator <input type="checkbox"/> Both <input type="checkbox"/> Other _____	
Current Sleeping arrangements	<input type="checkbox"/> Abandoned building <input type="checkbox"/> Children's Aid <input type="checkbox"/> Hospital <input type="checkbox"/> Long term care facility <input type="checkbox"/> Vehicle <input type="checkbox"/> ARIC Respite <input type="checkbox"/> Bus Stop/Shelter <input type="checkbox"/> Bus/Airplane <input type="checkbox"/> Detox Treatment <input type="checkbox"/> Family <input type="checkbox"/> Friends <input type="checkbox"/> Housing <input type="checkbox"/> Jail <input type="checkbox"/> Motel/Hotel <input type="checkbox"/> Nathan Phillips Square <input type="checkbox"/> Park <input type="checkbox"/> Refused to answer <input type="checkbox"/> Self-out/Encampment <input type="checkbox"/> Shelter <input type="checkbox"/> Streetside/Outdoor/Grate
Have you ever stayed in a shelter before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for homelessness	<input type="checkbox"/> Health/Mental Health <input type="checkbox"/> Housing Adequacy <input type="checkbox"/> Housing Affordability <input type="checkbox"/> Homeless <input type="checkbox"/> Relationship breakdown <input type="checkbox"/> Substance use <input type="checkbox"/> Abuse <input type="checkbox"/> Decided to vacate housing <input type="checkbox"/> Discharged from Shelter/Institution <input type="checkbox"/> Excluded by family/friends <input type="checkbox"/> Fire or other disaster <input type="checkbox"/> Flood <input type="checkbox"/> Gas Leak <input type="checkbox"/> Refugee/Claimant <input type="checkbox"/> Relocating <input type="checkbox"/> Stranded Visitor/Tourist <input type="checkbox"/> Transient <input type="checkbox"/> Unsafe Premises <input type="checkbox"/> Evicted due to COVID-19 <input type="checkbox"/> Lost employment due to COVID-19 <input type="checkbox"/> Other: _____
Length of homelessness	<input type="checkbox"/> Not homeless <input type="checkbox"/> Less than a month <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6 months to a year <input type="checkbox"/> 1-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> over 10 years
Reason for Service	<input type="checkbox"/> Discharged from institution <input type="checkbox"/> Discharged from another shelter <input type="checkbox"/> Eviction due to rental arrears <input type="checkbox"/> Foreclosing due to mortgage payment arrears <input type="checkbox"/> Relocating <input type="checkbox"/> Consentless breakdown <input type="checkbox"/> Abuse <input type="checkbox"/> Decided to vacate housing <input type="checkbox"/> Evicted by family/friends <input type="checkbox"/> Evicted by landlord <input type="checkbox"/> Fire or other disaster <input type="checkbox"/> Flood <input type="checkbox"/> Gas leak <input type="checkbox"/> Stranded visitor/Tourist <input type="checkbox"/> Transient <input type="checkbox"/> Unsafe premises
Presenting Issues	
<input type="checkbox"/> Disability	<input type="checkbox"/> Neurodiversity (Autism/sensory processing)
<input type="checkbox"/> Pregnant	<input type="checkbox"/> Disclosed substance use
<input type="checkbox"/> Disclosed mental health	<input type="checkbox"/> Observed substance use
<input type="checkbox"/> Observed mental health	<input type="checkbox"/> Poor Hygiene
<input type="checkbox"/> Disclosed alcohol use	<input type="checkbox"/> Observed alcohol use

For more information, visit:
www.torontoshelternetwork.com

Proposed Changes (highlighted)

- **“First name”** field should be the client’s chosen name (rather than legal name). Legal name should not be referred to unless required for referrals, and even then in it should be in brackets, and only disclosed with expressed permission from the client.
- Removal of second field requesting **Date of Birth (DOB)**.
- **Changes to name field:** Specifies chosen name with option to provide legal name if it is different. This is an effort (to avoid accidental deadnaming of clients).
- **Changes to gender:** Default option “Undisclosed/Unknown” to avoid system assumptions around gender, and accommodate those who do not wish to disclose.
- **Changes to gender:** Addition of “nonbinary” field with optional checkboxes to disclose if they are “AMAB” or “AFAB” or just list their gender listed as “Nonbinary”. This is a matter of safety and privacy for nonbinary individuals.
- **Changes to gender:** “Man” and “Woman” gender fields now include optional checkboxes to disclose “Cis” and “Trans”, while providing the option to just list their gender as “Man” or “Woman”. This is a matter of privacy and safety for “stealth” binary trans individuals.
- **Changes to gender:** Option to select “Genderfluid”, “Two Spirit” and/or select more than one gender to accommodate genderfluid, multi-gender, and two spirit individuals.
- **Changes to gender:** Option to list your own gender to accommodate those who are questioning or have genders that fall outside of the listed options.
- **Addition of pronoun field:** Effort to reduce instances of assumption of gender/pronouns. Allows option to select more than one pronoun to accommodate genderfluid and multi-gender individuals.
- **Addition of concern field regarding gender/pronoun:** Many gender diverse folks may have safety concerns about being “out” as their gender, or may wish to be addressed differently in different spaces. This field option will flag the need for a conversation around safety.
- **Replace VAW (Violence against women) with IPV/DV/SA (intimate partner violence, Domestic Violence, Sexual Assault)** to accommodate the many other genders who experience intimate partner violence and gendered violence. This will also help capture the need for support of men (cis and trans) and masculine identified individuals who are often excluded from these accommodations

(despite nonbinary people and transgender men being at very high risk).

- **Addition of field for Deaf/Hard of Hearing.** More consideration needs to be had for this demographic and this field will flag the potential need for ASL interpretation or other accommodations.
- **Addition of Covid19** for reason for eviction and job loss under “reason for homelessness”.
- **Addition of Neurodiversity** (autism/sensory processing) under “Presenting issues”. This is intended to flag the potential for accessibility needs around sensory processing.

Rational

- **Lack of knowledge/confidence for intake workers** who might not know the difference between cisgender and transgender, or who may be resistant to not othering transgender people by adopting the term cisgender.
- **Genders are currently lumped together.** The three gender options offered by the City (Male/Female/Trans) are insufficient for the needs of gender diverse shelter using populations. For instance, nonbinary people are often erased and misgendered as their assigned gender. Transgender man or transgender woman being lumped together under “transgender” which structurally implies that they are less authentic in their genders than the cisgender shelter using populations.
- **Current structures ignore the vast nuances of transgender people,** including non-passing trans men being sent to men’s shelters/ or even passing trans men being sent to shelters with open concept showers.
- **Investment in improving gender diverse safety in men’s shelters is severely lacking.** It has been noted that they have largely been absent in this study and related activities. Given that transgender men and transmasculine people are at particular risk of “corrective” sexual assault, and suicide, this is deeply concerning.
- As a result of the current form, **transgender women and trans femmes report errors** with central intake that resulted in them, despite being out as transgender, to men’s shelters.
- **Intake form asks if abuse was a reason for being homeless but does not clarify whether the individual was the victim or perpetrator.** Need for integration of accountability structures and transformative justice supports for people who have caused harm. Need to operate from a gender inclusive lens where any gender can be the victim or perpetrator, and with recognition that some people have been both.