

# 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:	

## GETTING TO KNOW YOU

In this section we are going to talk about how you've come to be applying for housing at Eva's Phoenix and what is going on in your life right now.

Have you lived in Canada for less than three years?  Yes  No

If yes, how long in Canada? \_\_\_\_\_, Ontario? \_\_\_\_\_ Toronto? \_\_\_\_\_

Where did you live before? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 reconnect assessment form)

### Criminal History

Are you currently on probation?  Yes  No

Until when? Offence? Conditions of probation?

Details: \_\_\_\_\_

Probation Officer and contact information (consent form required): \_\_\_\_\_

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

If yes, for what charges? \_\_\_\_\_

**Note: Reference Referral Form with Intake Assessment for any discrepancies**

# Eva's Phoenix Intake and Assessment Form

## Housing

Current Living Arrangement:

- Own Housing       With Parents       With friends       Other Family       Shelter/Hostel  
 Street       Group Home       Couch Hopping       Other: \_\_\_\_\_

How long have you been there? \_\_\_\_\_ How long can you stay there? \_\_\_\_\_

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? \_\_\_\_\_

What does successful independent living mean to you? \_\_\_\_\_

At Eva's Phoenix, you will be expected to live collaboratively within diverse populations. Do you have any concerns about 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? What can Eva's Phoenix offer you?

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: \_\_\_\_\_

Any other issues or concerns we should be aware of? \_\_\_\_\_

## SKILLS AND BARRIERS AFFECTING INDEPENDENCE

In this section, we are going to talk about the foundation goals that will support your employment and housing needs. We will look at your strengths, and areas you may need to do more work on, to identify the foundation, employment and housing goals you want to practice and build on while living at Phoenix.

### Communication, People and Community

Do you have problems paying attention to something or concentrating? Do people tell you you need to pay more attention (staff, work, workshops etc.)?

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Do you or do other people think you are hyperactive at present? What about as a child?

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Do you have problems being impulsive?  Yes  No

Does it take you a long time to make decisions?  Yes  No

In the house where you grew up, how were conflicts dealt with?

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How do you see yourself communicating and dealing with conflict?

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What successes or problems have you had because of how you communicate and deal with conflict?

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When you get mad at someone, do you later realize that you misunderstood, and it wasn't such a big deal?

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Are you often hurt by the people around you?  Yes  No

How do you work through conflict with friends? Do you keep the friendship afterwards, or does it usually end?

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Would you say you have supportive people in your life?  Yes  No

If yes, how do they support you? \_\_\_\_\_

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Can you say no to them?  Yes  No Can they say no to you?  Yes  No

What does community mean to you? \_\_\_\_\_

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**Given that relationships, communication and conflict resolution skills will affect your housing, employment and mental health, what are your goals around building on your strengths in these areas? (Boundaries, conflict resolution, communication skills etc)**

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# Eva's Phoenix Intake and Assessment Form

## General Stress, Coping and Problem Solving

How well do 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 \_\_\_\_\_

If you are feeling upset or overwhelmed, frustrated or angry, depressed or unmotivated, how do you react or handle how you feel?    Please check all that apply:

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, 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? \_\_\_\_\_

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? \_\_\_\_\_

# Eva's Phoenix Intake and Assessment Form

What kinds of problems do you think you will encounter while living at Phoenix? 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?

(If answers are inadequate/ provocative, use stress, coping and problem solving supplement)

## 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

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 Details: \_\_\_\_\_

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

Have you ever heard or saw stuff but when you talk to other people they don't see or hear it?  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

# Eva's Phoenix Intake and Assessment Form

What is 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 when you are angry so you don't get into trouble?     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

(If answers are inadequate/ provocative, use substance use supplements)

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

(If answers are inadequate/ provocative, use mental/ emotional health supplement)

**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?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Employment**

Are there specific issues you would like to address as part of the pre-employment life skills program?  
\_\_\_\_\_

# Eva's Phoenix Intake and Assessment Form

When a co-worker or supervisor criticizes your work, how do you typically deal with it?

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**Scenario #1:** Imagine you are working hard and you get yelled at because your boss is frustrated and angry over something that is not related to you at all. How would you deal with this situation?

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**What concerns in your life do you need to address before you will be ready to work?**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Motivation        | <input type="checkbox"/> Substance Use    | <input type="checkbox"/> Tools/ Equipment | <input type="checkbox"/> Interpersonal Skills |
| <input type="checkbox"/> Physical Health   | <input type="checkbox"/> Emotional Health | <input type="checkbox"/> Anger            | <input type="checkbox"/> Housing              |
| <input type="checkbox"/> Suitable Clothing | <input type="checkbox"/> Self-Esteem      | <input type="checkbox"/> Depression       | <input type="checkbox"/> Coping Skills        |
| <input type="checkbox"/> Trauma            | <input type="checkbox"/> Mental Health    | <input type="checkbox"/> Anxiety          | <input type="checkbox"/> Sleep Issues         |

## Employment Barriers

Please check off anything that has interfered with your employment

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Medical        | <input type="checkbox"/> Language         | <input type="checkbox"/> Attendance / Punctuality | <input type="checkbox"/> Appearance            |
| <input type="checkbox"/> Emotional      | <input type="checkbox"/> Legal            | <input type="checkbox"/> Employment record        | <input type="checkbox"/> Prob. with Authority  |
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Employment goals | <input type="checkbox"/> Literacy                 | <input type="checkbox"/> Problems with numbers |
| <input type="checkbox"/> Education      | <input type="checkbox"/> Skill Training   | <input type="checkbox"/> Day care                 | <input type="checkbox"/> Transportation        |
| <input type="checkbox"/> Other: _____   |   |   |  |

**What skills and strengths can you offer an employer?**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Reliability     | <input type="checkbox"/> Punctuality           | <input type="checkbox"/> Follow Instructions        | <input type="checkbox"/> Takes Initiative    |
| <input type="checkbox"/> Teamwork        | <input type="checkbox"/> Work Independently    | <input type="checkbox"/> Hard Working               | <input type="checkbox"/> Good with Numbers   |
| <input type="checkbox"/> Volunteer       | <input type="checkbox"/> Written Communication | <input type="checkbox"/> Creative                   | <input type="checkbox"/> Strong Literacy     |
| <input type="checkbox"/> Leadership      | <input type="checkbox"/> Problem Solving       | <input type="checkbox"/> Conflict resolution skills | <input type="checkbox"/> Organization Skills |
| <input type="checkbox"/> People Skills   | <input type="checkbox"/> Verbal Communication  | <input type="checkbox"/> Time Management            | <input type="checkbox"/> Languages:          |
| <input type="checkbox"/> Good with Hands | <input type="checkbox"/> Motivated             | <input type="checkbox"/> Skills: _____              | _____  |

**What are your goals around getting employment and improving your employment maintenance abilities?**  
(reference above checklists)

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# Eva's Phoenix Intake and Assessment Form

## 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 it's 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?

\_\_\_\_\_

\_\_\_\_\_

## GOALS/ACTION PLAN

### Housing Goals:

(Reference the housing section of the intake)

What would be some of the skills/ areas that you would like to work on over the next year that would help you to keep your job and your apartment? (Budgeting, cooking, bank account, job maintenance skills, ID, etc)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Eva's Phoenix Intake and Assessment Form

## **Counseling Goals:**

(Reference General Stress, Coping and Problem Solving, and the Health and Self Care sections)

Review goals with applicant to identify the expectations of their stay.

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## **Community Goals:**

(Reference the Communication, People and Community, and the Housing sections of the intake)

Review these goals with applicant to identify the expectations of their stay.

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## **Employment Goals:**

Review these goals with applicant to identify the expectations of their stay.

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# Eva's Phoenix Intake and Assessment Form

## Intake - Communication Supplement

If healthy relationships, communication, anger management, problem solving, or healthy boundaries are identified as barriers by youth:

Why do you think people act violently, or are unkind/ rude or disrespectful to others? \_\_\_\_\_

Do you think you ever act violently, or are unkind/ rude or disrespectful to others? How come? \_\_\_\_\_

How do you deal with problems that make you angry? \_\_\_\_\_

Do you think its okay to solve problems with violence?  Yes  No

If yes, could you agree not to do so during your stay at Phoenix?  Yes  No

If yes, would you agree to work with staff to learn other ways of problem solving? \_\_\_\_\_

How do you deal with problems that make you sad? \_\_\_\_\_

Have you had problems in relationships with friends, partner, family? (circle which one)  Yes  No

Details: \_\_\_\_\_

Have you ever been verbally or physically abusive/ abused? (circle which one)  Yes  No

Details: \_\_\_\_\_

Have you ever had school or work problems due to communication breakdown?  Yes  No

Details: \_\_\_\_\_

Have you ever had legal problems related to communication or problem solving?  Yes  No

Details: \_\_\_\_\_

# Eva's Phoenix Intake and Assessment Form

How would you define healthy communication in times of conflict?

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What would 'problem behavior' look like in a community setting like Phoenix?

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What do you think is a fair expectation of the youth here (yourself included) in terms of how they can work through relationship or communication problems?

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# Eva's Phoenix Intake and Assessment Form

## Intake - Mental/ Emotional Health Supplement #1

If formal mental/ emotional health experience identified:

What were your mental health experiences? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been given medication for this concern?  Yes  No

If yes, please provide name of medication, dosage, monitoring and frequency: \_\_\_\_\_  
\_\_\_\_\_

Last hospitalization: (where, how long etc.): \_\_\_\_\_  
\_\_\_\_\_

What was the outcome? (Diagnosis, follow-up support etc.): \_\_\_\_\_  
\_\_\_\_\_

What agency or worker are you accessing for this support? (sign consent form): \_\_\_\_\_  
\_\_\_\_\_

How has your mental health concern affected your housing, employment and/ or social life? \_\_\_\_\_  
\_\_\_\_\_

Are you managing with this diagnosis, or would you like to explore more options? \_\_\_\_\_  
\_\_\_\_\_

What supports would you like from us? \_\_\_\_\_  
\_\_\_\_\_

Is there anything we should look out for that would mean you need more support from us? What kind of support?  
\_\_\_\_\_  
\_\_\_\_\_

How do you want to build self- care/ knowledge about this area into the goals you work on while living at Phoenix?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Eva's Phoenix Intake and Assessment Form

## Intake- Mental/ Emotional Health Supplement #2

If formal mental/ emotional health experiences not identified but there are concerns about the effects of trauma, depression, anxiety or that something might be wrong in general, have youth answer the following:

Can you talk a bit more about your \_\_\_\_\_ (anxiety, depression, panic, flashbacks, seeing/ hearing stuff, feeling like you're going crazy)?

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What is your current relationship to this concern? Are you okay with it? Do you want to explore it more?

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How does this experience make you feel?

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How does this experience make you act (towards self and others)?

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What is your biggest fear with this issue? \_\_\_\_\_

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What supports would you like from us? \_\_\_\_\_

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Is there anything we should look out for that would mean you need more support from us? What kind of support?

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How do you want to build self-care/ knowledge about this area into the goals you work on while living at Phoenix?

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# Eva's Phoenix Intake and Assessment Form

## Intake- Substance Use Supplement #1

If working to reduce/ end substance use identified by youth:

What are your goals around your substance use; \_\_\_\_\_  
\_\_\_\_\_

Do you feel you need to have a handle on your substance use to be successful at Phoenix? Why, why not?  
\_\_\_\_\_  
\_\_\_\_\_

How can we support you around your substance use?  
\_\_\_\_\_  
\_\_\_\_\_

Given that we know 'slips' happen for some people, what can we agree is an allowable slip and what would require follow up and support? (with rejection of follow up and support possibly affecting your stay at Phoenix).  
\_\_\_\_\_  
\_\_\_\_\_

How would we know you might use soon? \_\_\_\_\_  
\_\_\_\_\_

If you stop remembering why you quit/ stop taking quitting so seriously, what do you need us to do/ say/ support you with to keep you on track?  
\_\_\_\_\_  
\_\_\_\_\_

At what point do slip ups equal a complete fall off the wagon? What does a serious relapse look like for you?  
\_\_\_\_\_

Should this mean your discharge until you have a handle on it again? \_\_\_\_\_  
\_\_\_\_\_

At what point should your substance use start affecting your housing and begin your exit plan?  
\_\_\_\_\_

# Eva's Phoenix Intake and Assessment Form

What support do you find helpful to stay on track with your substance use management goals?

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# Eva's Phoenix Intake and Assessment Form

## Intake- Substance Use Supplement #2

If reducing/ ending substance use not identified, based on frequency of use and substance use as self care ask youth to answer the following:

As a result of your substance use, in the last six months have you:

Had blackouts or memory problems, forgetting, confusion, difficulty thinking?  Yes  No

Details: \_\_\_\_\_

Had problems in relationships with friends, partner, family?  Yes  No

Details: \_\_\_\_\_

Been verbally or physically abusive when using?  Yes  No

Details: \_\_\_\_\_

Had school or work problems due to your substance use?  Yes  No

Details: \_\_\_\_\_

Had financial problems because you spent too much money on drugs/ alcohol?  Yes  No

Details: \_\_\_\_\_

Had legal problems related to substance use? (Did something dumb while under the influence or charged with possession etc)  Yes  No

Details: \_\_\_\_\_

How would you define problematic substance use? \_\_\_\_\_

How would you define your use? \_\_\_\_\_

Have you ever tried to stop using?  Yes  No

If yes, how did it go? \_\_\_\_\_

Based on the above answers: would you be willing to explore the possibility of finding a better balance with you substance use? Explain.

\_\_\_\_\_  
\_\_\_\_\_