

GUEST PERSONAL INFORMATION

First name	Last name
Date of birth YYYY/MM/DD	Gender identity
Contact information (phone, email, mailing address, or other way for staff to reach you)	
Emergency contact info (name and contact information of someone staff can reach in case of an emergency)	

HEALTH INFORMATION

Do you have any urgent health-related conditions staff should know about? (i.e.: seizure disorder, head trauma, communicable diseases, etc.) Describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to answer
Are you currently taking any medications? Describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to answer
Do you have any allergies? Describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to answer

DESCRIBE YOUR CURRENT SITUATION

Is any service provider currently helping you find permanent housing? Yes No

If yes, name and agency of service provider: _____

In the **past 90 days**, where have you normally slept? _____

In the **past 12 months** have you:

Experienced homelessness for 6 months or longer? Yes No Do not wish to answer

Experienced 3 or more periods of homelessness? Yes No Do not wish to answer

How long will you need to stay at the Whitehorse Emergency Shelter? (e.g.: 1 night, 1 month, unknown)

OFFICE USE ONLY

Date of intake	Intake completed by
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Personal information is collected under Yukon's *Health Information Privacy and Management Act*. This information will be used by Health and Social Services for the purposes of case management and support planning. All information is collected, used, and disclosed only as permitted by law. More information about Health and Social Services information practices can be found at www.hss.gov.yk.ca/healthprivacy.php or by contacting the department's privacy officer at healthprivacy@gov.yk.ca.



WHITEHORSE EMERGENCY SHELTER
CONSENT TO RELEASE INFORMATION

- I understand that my information may be shared between Health and Social Services' Whitehorse Emergency Shelter (WES), other program areas within the Department of Health and Social Services, or other support providers to ensure I am receiving services that will best meet my needs.
- My personal information is collected under Yukon's *Health Information Privacy and Management Act*. My personal information will be used by Health and Social Services for the purposes of case management and support planning. All information is collected, used, and disclosed only as permitted by law.
- This consent remains effective from the date of signing for a period of one year.
- I acknowledge that additional assessments or information may need to be collected to ensure I am matched with the most appropriate services and supports.

Are you receiving services or supports from anyone else in the community?
(This can include health care professionals, social workers, community supports, etc.) Yes No

List all service providers or other community supports you give your consent to share information with the Whitehorse Emergency Shelter:

Withdrawing consent

I understand at any time, I may withdraw or limit my consent to any or all collections, uses, and/or disclosures (sharing) of my information from the date of the request onward. If you wish to withdraw or limit your consent, please speak to a member of the WES team as it may affect our ability to provide you with services. More information about Health and Social Services information practices can be found at www.hss.gov.yk.ca/healthprivacy.php or by contacting the department's privacy officer at healthprivacy@gov.yk.ca.

Print name

Signature

Date