**The Salvation Army Community Services**

**SERVICES GUIDELINES**

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| **TITLE:** | **Intake Assessment** | | |
| **APPLICABLE TO:**  **DATE APPROVED:**  **APPROVED BY:** | **Community-based services**  January 18, 2008  Program Manager | **GUIDELINES NUMBER:**  **LAST REVIEW/ REVISION: Jan. 31, 2015**  **No. Pages: 2**  **EFFECTIVE DATE:**  **Feb.25, 2013** | CM02 |

**PURPOSE**

To outline the rationale and process of intake assessments

**GUIDELINES**

An assessment is completed for all individuals/families accessing services and resources to assist with determining interventions. A “situational” assessment is the primary assessment to determine client need. A secondary assessment or “financial” assessment is completed that includes income and expenses for services provided through a partner agency. Sometimes the Low Income Cut-Off (LICO) guidelines are the standard tool used by some agencies. The worker/client relationship and decision making is respected in the case of unique/personal circumstances.

**DEFINITIONS**

**Situational assessment:** involves listening to the client’s story and what is currently happening in their life that has brought them in for services. This may include any type of emergency or crisis that is preventing the client from having their basic needs met

**Financial assessment:** involves assessing for income and expenses and determining whether they meet partner criteria.

**Household/family income:** includes all income within the household whether it is derived from wages, income support, Child Tax Benefit, AISH, Employment Insurance, pensions, Worker’s Compensation, self-employment

**Household expenses:** include the basic recurring expenses for rent/mortgage, utilities, food, transportation, child care, medical expenses

**PROCEDURE AND RESPONSIBILITY**

1. When booking an appointment clients are instructed to bring identification for every household member and appropriate documentation depending on the service requested. A minimum of identification is required for walk-ins
   1. Alberta Health Care number is preferred for privacy consideration; however, what client can present is accepted
   2. Partner agencies may require proof of income and expenses for the services they provide. (check stubs, income statements/stubs, utility bills, expense receipts, bank statement if preferred by client, that shows this information);
   3. The Statistics Canada’s latest (LICO) 2014 is used as a guideline to assess eligibility for certain community partner referral resources to determine low-income status.

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| Household/family | Before Tax |
| 1 person | $23,647 or $1971 per month |
| 2 persons | $29,440 or $2453 per month |
| 3 persons | $36,193 or $3016 per month |
| 4 persons | $43,942 or $3662 per month |
| 5 persons | $49,839 or $4153 per month |
| 6 persons | $56,209 or $4684 per month |
| 7 or more persons | $62,581 or $5215 per month |

For more than 7 persons, add $6362

1. Worker completes client profile in Client Management System (CMS) as soon after the appointment as possible (use data forms and shred within stated time frame)
2. If client is already in the CMS, with each appointment worker will verify that household information is current or update profile as required;
3. Relevant objective notes are entered into the CMS; describing their need and the situation that is causing them to request assistance or brought them to the office along with the service(s) provided.
4. If client is eligible for the requested service, worker will provide the service (instrumental needs, referral, advocacy, complete forms, etc) and enter the service data into the CMS.
5. Whenever possible, an educational component is offered to the client. This could be in the form of booklets, brochures, referrals to additional resources, or verbal instruction/direction (eg. budgeting). This also needs to be included in the CMS notes.

**PERFORMANCE MEASURE**

All data is entered in the Client Management System

**CROSS-REFFERENCE POLICIES (if applicable)**