The Salvation Army Emergency Shelter Toolkit

# Key Work Model

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Pillars

The Key Work Model for Emergency Shelters is intended to be a custom-build case management framework for Salvation Army Ministry Units. The model seeks to combine promising practices in Housing First with a holistic approach to emergency shelter provision. The Salvation Army supports the vision of rapid reconnection to housing, but takes seriously as well a person’s need for emotional and spiritual support during and after an experience of homelessness. The Key Work model has been designed collaboratively by staff, external consultants, and people with lived experience.

The Key Work Model is being built around the following foundational concepts:

#### Safe

It is intended that the model be trauma-informed, culturally competent, shaped by harm reduction principles, and executed only by people who understand the limits of the model and their own skills; which is to say that Emergency Shelter staff know what can and cannot be achieved using this framework and seek the necessary training and establish therapeutic partnerships in order to meet client needs and keep everyone safe.

#### Holistic

The model is person-centered, meaning that it is both specific to the individual and focused on the whole person. It seeks to take into consideration a person’s practical housing needs, as well as their strengths, talents, gifts, and needs for connection.

#### Dignity

The model recognizes the common humanity of both the key worker and the person experiencing homelessness. It seeks to preserve the simple worthiness and fundamental value of all people. The model aims to meet people where they are, and to foster trust and rapport between worker and client, as co-workers in the process.

#### Intentional

The model is intentional about connecting people to housing. Taking a team-based approach, it tracks progress and encourages accountability between the client and key worker, and among the team of key workers on staff at the Ministry Unit. The model seeks to be receptive to client feedback and will be continuously improved with new learning.



## Overview

Upon admission to the Emergency Shelter, the Residential Care Worker on duty will register the resident using the designated fields in HIFIS (Homeless Individuals and Families Information System), obtaining critical information required by the funder and The Salvation Army. The initial intake will also begin to assess the resident’s level of housing need (i.e. whether they show patterns of chronic or episodic homelessness). [See Identification Tool].

At the point of intake, residents will also be made aware of shelter rules, routines, their rights and responsibilities as residents, as well as any **emergency or evacuation procedures**. Residents will be given a lock so that personal items may be stored in lockers by their beds (once the dorms are opened in the evenings). Residents will be welcomed to partake in the next available **meal**. The resident will also be made aware of the **spiritual and religious care** options available at the shelter.

Within 3 days of intake, residents who were initially assessed as eligible for the Housing First Track (that is, chronically and episodically homeless) will **meet with a key worker**. At this point, the key worker and resident will confirm the resident’s level of housing need and identify any obvious barriers to accessing sustainable, stable housing. Slightly more in-depth questions will be asked at this point, using a trauma-informed and culturally sensitive approach to gaining personal information. These questions will be asked by the key worker assigned to that resident for the duration of their stay at [insert MU name]. [See Track Confirmation Tools].

Within 2 weeks of initial intake, HF Track residents and their key workers will complete a **planning process** and will begin their key work together. Having built some familiarity with the shelter and its staff, residents will now be asked more personal questions about their strengths, needs, choices, vulnerabilities, etc. [See Needs Assessment and Goal Planning Form].

In order to build comfort and familiarity for the resident, to maintain the continuity of the plan, and to use time efficiently, the resident’s primary interface will be with their assigned key worker. The help of the Housing Support Worker will be solicited by the Key Worker for securing housing options according to the resident’s stated needs. The resident will not be redirected to appointments with the Housing Worker, but will instead continue to connect primarily with their Key Worker who will access the specialized support of the Housing Worker as needed. The three will work collaboratively whenever possible.

During the Planning phase, key workers and residents will also define the resident’s accompaniment needs: what other service providers they may need to access during the key work period and to what extent residents will require accompaniment to various meetings and appointments. **Accompaniment** services offered to shelter residents will adhere to strict policies and procedures to reduce risk/liability and ensure client and worker safety. Staff and volunteers providing accompaniment services will be trained in the risks and liabilities associated with transporting residents off-site. Even where residents are able to meet with other service providers without accompaniment, key workers will arrange “warm transfers” wherever possible: introducing residents to people they know at the partner agency, for instance.

For residents on the Housing First track, key work will be done to help secure stable housing for residents and connect them to ongoing, community-based supports within the 6 month timeframe.

In anticipation of an organized departure from the emergency shelter to stable housing, residents and key workers will complete monthly assessments of progress [See Monthly Progress Form] as well as the organized departure checklist [See Organized Departure Checklist] prior to move-out.

Key work will be kept on-track by weekly **team** meetings which include all Key Workers, Housing Support Workers, a representative Residential Care Worker, the Chaplain and Program Supervisor.

### Tools

* A: Diversion Form
* B: Identification Form
* C: Track Confirmation – Hospitality
* D: Track Confirmation – Key Work
* E: Planning Framework
* F: Progress Tracking
* G: Organized Departure Checklist
* H: Housing Stability Check-in

### Discharge Criteria

Residents who continually occupy their bed and comply with shelter rules will not be discharged daily. They will maintain their residency until an organized departure can be arranged.

Discharge will be considered an “organized departure” if it is the resident’s choice and he/she is leaving for another type of housing that better suits their current needs. Ideally, this housing will be permanent housing, but in some cases residents will prefer to access an addictions treatment or transitional housing program first. Whatever the housing option being pursued, shelter staff will ensure that the following criteria for an organized departure are met:

* affordable (taking up less than 30% of a household’s income)
* adequate (not in need of major repairs)
* suitable (there are enough bedrooms to accommodate the household’s size and composition)
* safe (the person feels secure and comfortable)
* decent (good quality, with basic level of privacy and personal space)

### Follow Up Process

Every 1, 3, 6, 9, and 12 months after organized departure, a staff member or volunteer under the leadership of the shelter chaplain, will make a phone call to the former residents and ask a set of open ended questions. [See Housing Stability Check-in]

Diversion

Who:Residential Care Worker + Person seeking admission to shelter  
[NOTE: In municipalities with a centralized/coordinated access point, this may be done by that intake/assessment team rather than TSA emergency shelter staff directly].

When:At first contact (whether in person or by phone)

How:On the phone or in person. Information recorded after conversation/intervention complete.

Why:When someone seeks access to emergency shelter for the first time, an attempt is made to safely and appropriately re-direct the person to alternate housing arrangements, and/or connect them to other services and financial assistance, as needed and when feasible.

Related Principles:1. Person-Centred; 2. Target Population; 6. System Coordination

Outcomes Tracking: At-risk statistics. Able to show preventative efforts – delaying or preventing shelter stays. Successful coordination. Able to redirect to specialized attention. Focus on/prioritize our own specialization. Homelessness as a last resort.

Opening Script:Is it OK if I ask you a couple of questions, just to make sure that you’re coming to the right place? Or to see if there’s anything else we can do to help you right now, besides having to come to stay at the shelter. Is that OK?

|  |  |  |
| --- | --- | --- |
| **Date:** |  | |
| **Name(s)** [First name, Last name, nickname or any preferred name you go by]: |  | |
| Have you stayed in an emergency **shelter before**? | **Y N** | **If NO:** Is it OK if I ask you a couple of questions, just to make sure that we’re helping you in the best possible way? To see if you’re coming to the right place? Or to see if there’s anything else we can do to help you right now, besides having to come to stay at the shelter. Is that OK? |
| Are you safe/in a **safe** place? | **Y N** | **If NO:** Help individual plan for a way to get to a safe place and, if applicable, prepare a safety pack before leaving |
| Have you considered **anyone you can stay with** for the next 3-7 days if you had some support? (e.g. family, friend?) | **Y N** | **If YES:** Is there anything you need to help get in touch with them or help you get to where they live? Do you know how to get there/have a means of transportation to do so? |
| Why do you need to leave the place you’re staying now? Do you think any of the following other services might help?  [NOTE: Depending on a person’s answers, they may need to be directed to/helped to access Emergency Medical Services instead.] | ***Provide a list of possibilities available in your community/any referrals you are able to make:*** Rent Bank  Energy Assistance Program  Micro-loan (other)  Landlord Mediation  Conflict resolution with roommate  Travel Expenses Covered  Crisis Hotline/Safe Housing  Specialized program for specific population [e.g. WEV]  Medical intervention  Respite accommodation  Community legal clinic  Credit Counselling  Housing Search Support | |
| **Reason for Diversion:** | | |
| **Referrals made:** | | |

## FORM A [Diversion]

Identification

Who:Residential Care Worker + Person seeking admission to shelter

When:Upon admission

How:Information logged in computer as it’s being asked/received. Ideally, the person seeking admission would be able to see what was being written on the screen. (Note: ensure no other client information visible).

Why: Basic information for the purposes of registration/billing. Preliminary triage information based on previous stays in shelter and where client spent the previous night. Not too intrusive. Low-Barrier Access. But name, language, mobility issues and dietary restrictions are important from the outset in order to provide person-centred and holistic care. First step to meaningful engagement.

Related Principles:1. Person-Centred; 2. Target Population; 3. Harm Reduction

Outcomes Tracking:By name list. Demographics/Statistics. Causes of housing crisis/homelessness.

Opening Script:I need to ask you a few basic questions to get you checked-in and then give you some information about this place and how things work. The questions we’ll ask are only the things we need to know in order to help you as best we can. Is that OK? If at any time you don’t feel comfortable answering, just let me know. You have a right to privacy and don’t have to share anything you don’t want to.

|  |
| --- |
| # Assigned by software: \_\_\_\_\_\_\_  Assigned Bed/Room #: \_\_\_\_\_\_\_  Initial Track Assignment: **H K** |

## FORM B [Identification Form]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date:** |  | | | | |
| **Name(s)** [First name, Last name, nickname/ preferred name]: |  | | | | |
| **Birthdate** [MM/DD/YY]: |  | | | | |
| In what **language(s)** do you feel most comfortable? |  | | Do you need **interpretation services** | | Y N |
| **Contact Information:** | | | | | |
| Phone Number(s): |  | | OK if we leave a message at this #? | | Y N |
| Email: |  | | | | |
| **Emergency Contact:** | | | | | |
| Name: |  | | Relationship: | |  |
| Phone Number: |  | | Email: | |  |
| **Additional Questions**  [Say: I want to get a sense of where you’ve been staying lately. I don’t need addresses or anything, just an idea of the places you’ve been living. Only answer if you feel comfortable, OK?] | | | | | |
| **Where did you sleep last night?**  Another shelter/program  Outside  Own place  Institution (e.g. hospital, corrections facility, long-term care, halfway house, foster care, rehabilitation program)  Friends/Family  Other Temporary Lodging (e.g. hotel/motel)  Stayed Up  Not Answered | | **Have you ever stayed in a shelter before? If so, which one and when?** | | | |
| Any dietary restrictions or allergies we should know about? | | | |  | |
| Is there anything that makes it hard for you to get around? | | | |  | |
| Do you have a pet? A cart of other large belongings? | | | |  | |

|  |  |
| --- | --- |
| Have you received a copy of your rights and responsibilities as a resident here?  Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Do you understand them? Can you live with them while you’re here?  Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Track-Confirmation - Hospitality

Who:Chaplain/Residential Care Worker/Trained Volunteer + Resident assigned to Hospitality Track at admission

When:Within 3 days of admission.

How:Casually, in the common area/dining room/Drop-In area. Private insofar as others are not close by and listening in. Using the cover of activity and noise elsewhere in the space. Can ask if the person would be more comfortable moving to a private area/office, depending on where the conversation goes. Non-threatening; sitting adjacent.

Why:Clients assessed as not needing Key Work intervention will still receive basic support from shelter staff. This step seeks to confirm our initial track assessment with slightly more personal but still non-intrusive questions, including questions related to the person’s spiritual well-being (fulfilling the spiritual assessment accreditation standard). If new information comes to light during this conversation relative to the person’s housing history/barriers to housing, the key work team may reconsider the initial assessment and re-direct the person to the Key Work Track. Certain supports that can be offered by the chaplain or Residential Care Worker may follow from this conversation (e.g. referral to ID clinics, community services for specific populations, etc.)

Related Principles:1. Person-Centred/Holistic; 3. Harm Reduction; 6. System Coordination; 7. Outcomes.

Outcomes Tracking: Engagement. Demographics/Statistics. Causes of housing crisis. Barriers to housing.  
Opening Script:Hi I’m [name]. I’m [role] here. I do [such and such a job]. I’ve noticed you’ve been with us for a little while and it’s my job to greet you and make sure you’re settling in. Is it OK if I sit down and talk to you for a few minutes? Alright if we get to know each other a little bit? If now it not a good time, I can catch up with later…when might be good?

## FORM C [Track Confirmation – Hospitality]

|  |
| --- |
| Given Info/Carried Forward: |
| Name(s): Previous stays:  Contact Information: Belongings:  Preferred Language(s): Accessibility Considerations:  Last place of stay: Dietary restrictions:  Client #/Bed #/Track Assignment: **H K** |

Introduce yourself and engage in small talk. Ask client: *“Is it OK if we talk for a few minutes? If it is OK with you and you feel comfortable, there are a couple of questions…things we’d like to know about while you’re staying with us. You don’t have to answer some or any of these questions if you do not want to. If at any point in time you feel uncomfortable and want to stop or take a break from the conversation, please let me know and we will do so.”* [Try to avoid taking notes during the conversation. Write notes later from memory; this will become easier with practice].

**Ask first if the person has any questions for you…**

|  |  |
| --- | --- |
| How are you doing? How do you feel about coming here? Or having to come here | |
|  | |
| How are you **coping**? | |
|  | |
| What are your sources of **comfort**? [suggest example, if necessary] | |
|  | |
| Do you have a **community** of support? A faith community perhaps? Or, Is there a particular culture/group/heritage that you identify with? That’s important to you? | |
| Can I help put you in touch with anyone in that group? Y N | |
| **Specific Populations:** | |
| Are you of **indigenous descent**? | |
| Have you ever served in the **military**? Or just been through basic training? | |
| Are you **pregnant**? | |
| What is your **status** in Canada? | |
| Prefer not to say  Permanent Resident  Canadian Citizen  Landed Immigrant  Registered Indian  Refugee  Visa Holder  Unknown  Type of Visa: | |
| Do you have your **ID**? Need help getting it? | |
|  | |
| **Any information given/referrals to be done?** | |
| **Recommended Track Change: Y N**  Rationale for change:  Long term homelessness newly disclosed  Multiple expected barriers to housing | Special Population Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Track-Confirmation – Key Work

Who: Key Worker + Resident assigned to Key Work Track upon admission

When:Within 3 days of admission.

How:In a quiet, private space or office. Worker and Resident sitting side by side, where possible; sharing a view of the screen/paper. Whatever is written down is agreed to/visible by Resident. Emphasize choice; if information is not readily given, come back to question at a later time once rapport better established.

Why:Residents initially assessed as experiencing long term homelessness will be assigned to the Key Work Track. This step seeks to confirm our initial track assessment with slightly more personal but still relatively non-intrusive questions, including questions related to the person’s spiritual well-being (fulfilling the spiritual assessment accreditation standard). If new information comes to light during this conversation, relative to the person’s housing history or involvement with another agency for instance, the key work team may reconsider the initial assessment and re-assign the person to the Hospitality Track.

Related Principles: 1. Person-Centred/Holistic; 2. Target Population; 4. Accompaniment; 5. Organized Departure.

Outcomes Tracking: Engagement. Reason for Housing Crisis. Barriers to Housing. Housing Choice. Stability Indicators.

Opening Script:We’ve noticed that you seem to have been without stable housing for a long time. We’re trying to make helping those experiencing long-term homelessness a real priority in our work here. We’d like to offer you a specialized service while you’re staying with us – a series of supports, beyond just the basics, to help you move on from here to a place you can call home. Are you up for it? It’ll take some work, but we’ll be doing that work together. Before we get started we need to know a little bit more about each other – about what you’re up against and how we might be able to help you tackle those things. Please know that you can stop and ask for a break anytime. Also, feel free to say whether there are any questions you don’t feel comfortable answering.

## FORM D [Track Confirmation – Key Work]

|  |  |  |  |
| --- | --- | --- | --- |
| Given Info/Carried Forward: | | | |
| Name(s) Previous stays  Contact Information Belongings  Preferred Language(s) Accessibility Considerations  Last place of stay Dietary restrictions  Client #/Bed #/Track Assignment | | | |
| Do you have any other person(s)/agency(ies) you’re working with on housing? | | | |
| **If YES:**  Contact Information: |  | Would you be comfortable if I got in touch with them to talk about how we might all work together? | Y  N |
| Is there anyone that you’re supposed to check in with regularly? Do you need help getting in touch with them (e.g. reminders)? | | | |
|  | | | |
| How are you doing? How do you feel about coming here? Or having to come here? | | | |
|  | | | |
| How are you **coping**? | | | |
|  | | | |
| What are your sources of **comfort**? [suggest example, if necessary] | | | |
|  | | | |
| Do you have a **community** of support? A faith community perhaps? Or, Is there a particular culture/group/heritage that you identify with? That’s important to you? | | | |
| Can I help put you in touch with anyone in that group? Y N | | | |
| **Specific Populations:** | | | |
| Are you of **indigenous descent**? | | | |
| Have you ever served in the **military**? Or just been through basic training? | | | |
| Are you **pregnant**? | | | |
| What is your **status** in Canada? | | | |
| Prefer not to say  Permanent Resident  Canadian Citizen  Landed Immigrant  Registered Indian  Refugee  Visa Holder  Unknown  Type of Visa: | | | |
| **What are your sources of income?** (occupation, type of employment, typical day or activities) [Select all that apply] | | | |
| Full-time employment Guaranteed Income supplement  Part-time employment  Support Payments  Casual Work  Child Benefit  Social Assistance  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Disability Benefits  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Old Age Security | | | |
| When was the last time you filed your **taxes?** | | | |
| **Do you have your ID? Y N** | | | |
| **If YES, what kind(s):** | | | |
| Birth Certificate  Immigration Documents  Health Card  Driver’s License  Social Insurance Number  Social Assistance ID number  Do you want us to keep a photocopy of any of these in your file here? Y N (Copied ) | | | |
| **If NO,** do you need any help getting an ID? Which one(s)? | | | |
| Birth Certificate  Immigration Documents  Health Card  Driver’s License  Social Insurance Number  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Do you have any **children or other dependents**? Do you have a partner? Y N | | | |
| If have children/dependents, what is their age? [Important for family shelters] | | | |
|  | | | |

**⮚HOUSING HISTORY (see over page)**

|  |
| --- |
| **What is the best time and way to get in touch?** [Confirm you have correct information on file] |

**I’d like to book another meeting with you? Would \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ work for you?**

|  |  |
| --- | --- |
| **Next meeting:** |  |

**We have filled this out together and agree that the above is a fair representation of things at this time.**

|  |  |
| --- | --- |
| Resident Signature/Initials: | Key Worker Signature/Initials: |

|  |  |
| --- | --- |
| **Any information given/referrals to be done at this time?** | |
| **Recommended Track Change: Y N**  Rationale for change:  Resident is already being adequately supported to find stable housing by another agency/service-provider | Length of homelessness is not as considerable as previously assessed and/or not in highest percentile at this time.  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**HOUSING HISTORY**

So that we can focus our energy and help you as best we can, would you be willing to share with me your housing history? It would be good for me to understand where you’ve been living these past few years. Let’s try to go back to the last five years, if possible, or even the last five places you’ve lived. This is only if you feel comfortable doing so. Know that this information will only be used by the team here at \_\_\_\_\_\_\_. It will not be shared with others unless you give permission for that.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Location** | **Type of Housing** | **Length of Stay** | **Reason for Leaving** | **Factors affecting stability/enjoyment?**  **Things you liked/didn’t like about living there?** | **Could previous landlord serve as a future reference?** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Do you have any **rental arrears** that you know of? (also, which landlord? And approximately how much?) | | | | | |

Planning Framework

Who:Key Worker + Resident confirmed on Key Work Track

When:Within first 2 weeks of admission

How:In regular meeting place: quiet, private, comfortable. Worker and Resident sitting side by side where possible. Sharing view of screen/paper. Can decide who or share task of writing things. Both agree on goals and steps to be taken.

Why:To ascertain and ensure focus on key work items, manageable and necessary steps to move toward housing stability. The key work model will not necessarily address all the complex aspects associated with the Resident’s housing crisis/barriers; it will be focused on housing and holistic needs related to housing, and where needs cannot be met by shelter staff, the collaboration of others will be sought/established with and for the client.

Related Principles:1. Person-Centred/Holistic; 2. Target Population; 4. Accompaniment; 5. Organized Departure; 6. System-Coordination; 7. Outcomes

Outcomes Tracking: Barriers to Housing. Housing Choice. Indicators of Housing Stability.

Opening Script:In order to be able to work together towards finding a place for you to call home, we need to do some planning together. I have some questions that will help me better understand the type of housing you are looking for as well as any considerations we need to keep in mind going forward. This information will help us work together as best we can. Would it be okay with you if we sat down and did this together today?

## FORM E [Planning Framework Form]

|  |
| --- |
| Given Info/Carried Forward: |
| Name(s) Family/Community Support  Contact Information Housing History  Culture/Heritage/Special Population Involvement with other services  Income Sources Apparent barriers to housing stability |

|  |  |
| --- | --- |
| Date: |  |
| Length of stay so far: |  |
| Our planned target/We’re aiming for organized departure on or about: | (3 months from today) |

|  |
| --- |
| Finish this sentence: **“AT MY BEST, I…”** (Better yet,do it together! Key Worker can go first!) |
|  |

|  |
| --- |
| GOALS AND HOPES (a process that we can continually think about and reassess) |
| What are your hopes for the future? (Long-term goals) |
|  |
| What are some things you can/want to do to get there? (Short-term goals) |
|  |

|  |
| --- |
| **HOUSING CHOICE** |
| What’s **most important to you** as we look for your next home? What would your new housing have/be like? |
| 1.  2.  3. |
| **Preferred Locations** [neighbourhood/vicinities](Look at a local map together, as needed) |
| 1.  2.  3. |
| **HOUSING BARRIERS** |
| Let’s look at some **potential barriers to housing that we may need to tackle together**. Let’s go through this list and if you feel comfortable, perhaps you’d be willing to share with me if any/which of these might apply to you: |
| Involvement with police/justice/correction system(s)?  Immigration?  Do you regularly do things that may be considered risky?  Have you ever been diagnosed with a mental illness?    Do you ever think you might want help with your mental health?  Do you have any health issues or concerns? (heart, liver, chronic pain, high blood pressure, cancer diagnosis, diabetes, cholesterol, other…)  Have you been hospitalized recently? Been in an ambulance recently, or anything like that?  Do you have any mobility needs?  What is your highest level of education? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you prefer to live independently or perhaps want to seek out some more supportive options? |

|  |
| --- |
| **AFFORDABILITY** |
| Let’s do some brainstorming about money. What do you think you can reasonably afford in rent? Are you getting all the income you’re entitled to, for instance (disability, child benefits, tax credits, etc.)? How will we save for first/last month’s rent?  Have made a copy of Income Verification for our file? Y N |
| Given all that we’ve talked about, what sort of **housing options** will we pursue together? |
| Rooming House Supportive Housing Program (Congregate)  Subsidized Rental Unit  Supportive Housing Program (Scattered Site)  Market Rental Unit  Moving in with Partner/Family member/Roommate  Bachelor  Housing Co-op  \_\_\_ Bedroom  Home Ownership  Transitional Housing Program  Rehabilitation/Treatment Program |
| In order to secure the stable housing of your choosing, what are the **2-3 agreed upon GOALS** will we pursue together, in support of Housing Stability? Let’s list the top 3. |
| 1.  2.  3. |

**I’d like us to check in again in the next week or two. What would be good for you? Would \_\_\_\_\_ work?**

|  |  |
| --- | --- |
| **Next meeting:** |  |

|  |  |
| --- | --- |
| **Commitments for Next Meeting:** | |
| **Key Worker To Do:** |  |
| **Resident To Do:** |  |

**We have filled this out together and agree that the above is a fair representation of things at this time.   
AND we have made a second copy of this plan so that we both have a copy.**

|  |  |
| --- | --- |
| Resident Signature/Initials: | Key Worker Signature/Initials: |

|  |
| --- |
| **Any information given/referrals to be done at this time?** |
| **Any new Release of Information forms completed during this meeting?** |
| **Any ‘warm transfers’ to be set up before the next meeting?** |

Progress Tracking

Who:Key Worker + Key Work Track Resident + Housing Worker (as needed)

When:Every 2 weeks for 3- 5 months. Repeat as needed.   
(NOTE: there may be other meetings scheduled in the interim to accomplish specific tasks related to the plan)

How:In regular meeting place: quiet, private, comfortable. Worker and Resident sitting side by side where possible. Sharing view of screen/paper. Can decide who or share task of writing things. Each person assesses their own progress relative to goals/responsibilities/tasks.

Why:To track momentum/change/progress; maintain momentum relative to goals; adjust expectations and responsibilities as needed; address new barriers/challenges; assess need for additional supports.

Related Principles:1. Person-Centred/Holistic; 5. Organized Departure; 7. Outcomes

Outcomes Tracking: Barriers to Housing; Coordination; Community Integration; Housing Choice; Early Indicators of Housing Stability. Incremental steps/changes.

Opening Script: [Note: By now, worker and resident should have established a certain measure of rapport and feel more comfortable with each other and more familiar with the process of working together. Key Worker should rely on training to know how to handle the ups and downs of progress tracking during the 3-5 month Key Work phase]. Let’s catch up. I want us to check in about the To Do’s we set for ourselves last time – make sure that we’re both keeping up our ends. But I thought I’d also check in with you about some things we started talking about a while ago – about how you’re doing emotionally, too. Would that be OK? Remember, always, that it’s OK not to talk about things you’re not comfortable discussing with me. I won’t mind. It takes a lot of trust to talk about what’s going on inside and I definitely want to respect that. Shall we get started?

## FORM F [Progress Tracking Form]

|  |  |
| --- | --- |
| Date: |  |
| Length of stay so far: (include any service interruptions) |  |
| Our planned target/We’re aiming for organized departure on or about: | Still realistic? Y / N |

|  |
| --- |
| How do you feel, coming to see me today? About your progress so far? |
|  |
| Have there any setbacks or frustrations lately? If so, how are you coping with these? |
|  |
| Are your sources of **comfort** still working for you? Not working? Any new ones? |
|  |
| How are things with your **community** of support? |
|  |

|  |  |
| --- | --- |
| **PROGRESS ACCOUNTABILITY** | |
| **Progress on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Goal 1]:** | |
| Who:\_\_\_\_\_\_\_\_\_\_\_ | Who:\_\_\_\_\_\_\_ |
| **Progress on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Goal 2]:** | |
| Who:\_\_\_\_\_\_\_\_\_\_\_ | Who:\_\_\_\_\_\_\_ |
| **Progress on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Goal 3]:** | |
| Who:\_\_\_\_\_\_\_\_\_\_\_ | Who:\_\_\_\_\_\_\_ |
| **Any new goals/things to address? Do we need to make any adjustments to our goals?** | |
|  | |

**Let’s check in again over the next week or two. What would be good for you? Would \_\_\_\_\_ work?**

|  |  |
| --- | --- |
| **Next meeting:** |  |

|  |  |
| --- | --- |
| **Commitments for Next Meeting:** | |
| **Resident To Do:** |  |
| **Key Worker To Do:** |  |

**We have filled this out together and agree that the above is a fair representation of things at this time.   
AND we have made a second copy of this plan so that we both have a copy.**

|  |  |
| --- | --- |
| Resident Signature/Initials: | Key Worker Signature/Initials: |

|  |
| --- |
| **Any information given/referrals to be done at this time?** |
| **Any new release of information forms completed during this meeting?** |
| **Any ‘warm transfers’ to be set up before the next meeting?** |

Organized Departure Checklist

Who:Key Worker + Key Work Track Resident + Housing Worker (as needed)

When:During the month prior to planned departure. Process begins as soon as housing prospect is secured. Completion of the last part of the form should take place on move in day.

How:Key Worker and Resident together. Potentially involving trips to/around the neighbourhood. To be filled out as progress is made toward organized departure. The last part should take place at move-in, by the key worker and tenant together.

Why:To reduce likelihood of return to shelter by taking steps to enhance housing stability including ensuring client choice, housing adequacy, connection to community, access to essential services, safety planning, ongoing supports, etc.

Related Principles:1. Person-Centred/Holistic; 5. Organized Departure; 6. System Coordination; 7. Outcomes

Outcomes Tracking: Housing Choice; Community Integration; Coordination; Housing Stability Indicators.

Opening Script: It’s time to start planning for your move! We want to make sure we’ve done what we can to set you up in your new place. As usual, whenever you’ve had enough for today, we’ll stop and hold on ‘til another time. There’s lots to do and we want to make sure we’ve done it well.

## FORM G [Organized Departure Checklist]

|  |  |
| --- | --- |
| Date: |  |
| Length of stay: |  |
| Target Departure Date: |  |
| Actual Departure Date: |  |

|  |
| --- |
| How do you feel about leaving here? |
|  |
| What sources of comfort have we put in place in your new housing? What do you feel is missing that you would like to have? |
|  |
| What **community**/support connections are nearby? |
|  |
| What’s the **Safety Plan**? How will you **cope** in a crisis? Or just when things get hard**?** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Have we met our agreed upon goals?** | | | |
|  | **Resident Perspective** | **Key Worker Perspective** | **Notes** |
| **Goal 1** |  |  |  |
| **Goal 2** |  |  |  |
| **Goal 3** |  |  |  |

**What needs to be done in order to make this an Organized Departure?**

|  |  |  |
| --- | --- | --- |
|  | **Needed** | **All Set!  (completion date)** |
| **Referrals/Warm Transfers** (to local/long-term service providers) |  |  |
| **Community-Based Supports in Place** |  |  |
| **Connectivity Elements**  (phone, Wi-Fi, cable) |  |  |
| **Transportation & Accessibility Considerations** |  |  |
| **Furnishings**  (incl. Care Package/Housing Kit) |  |  |
| **Necessary Start-up Funds** (e.g. first & last) |  |  |

|  |
| --- |
| **Of the list of service below, which would you like to know where they are and how to get there? Are there any we need to practice getting to together?** [Select all that apply and mark with \* to indicate desire to practice getting there] |
| Doctor/Walk-in Clinic Church  Dentist  Other place of worship  Hospital  Friendship Centre  Pharmacy  AA/NA/CA Group  Grocery Store  Drop-In  Food Bank  Thrift Store  Bank  Harm Reduction Program  Laundromat  Legal Clinic ☐Social Assistance/Government Office Support Group  Public Library  Mental Health Services  Adult Learning Centre  Employment Resource Centre  Elementary/High Schools  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Community Recreation Centre  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Public Park |

**ON MOVE-IN DAY, assess together the quality of the housing unit [check criteria that are met]:**

Clean  All essential Services in working order

In good repair  Electricity

Walls  Heat

Doors  Cold Water

Locks  Hot Water

Windows

Floors

Appliances

Secure/safe

**We have filled this out together and agree that the above is a fair representation of things at this time.   
AND we have made a second copy of this checklist so that we both have a copy.**

|  |  |
| --- | --- |
| Resident Signature/Initials: | Key Worker Signature/Initials: |

**You’re all set. But you’re not done hearing from us! Someone is going to call and check up on you once in a while over the next few weeks and months. Would that be OK?**

|  |  |
| --- | --- |
| **Date of First Check-in:** |  |
| **Who will be calling?** |  |

|  |
| --- |
| **Any information given/referrals to be done at this time?** |
| **Any final release of information forms completed? To the Follow-Up worker/volunteer, for instance?** |
| **Was a ‘warm transfers’ arranged for the Follow-Up worker/volunteer?**  Y N |

Housing Stability Check-In

Who:Key Worker/Chaplain/Residential Care Worker/Trained Volunteer + Former Resident

When:At intervals – 1 month; 3 months; 6 months; 1 year; and 18 months following organized departure.

How:By phone or by appointment in the person’s new house or neighbourhood. Casual conversation. Notes taken upon completion. It may not be appropriate to ask each of the 4C’s each time; use judgment. Depending on process and release of information, Follow-up worker may not have access to resident’s file and previous responses to the 4C’s. Use as a guide.

Why:To assess outcomes/track housing stability qualitatively and over time; to assess need for additional supports to ensure ongoing stability; secure connection between client and The Salvation Army corps, where feasible.

Related Principles:1. Person-Centred/Holistic; 4. Follow-up; 7. Outcomes

Outcomes Tracking: Duration and quality of housing stability. Satisfaction with Housing Choice. Community Integration

Opening Script: Hi there, I’m \_\_\_\_\_\_\_\_ from The Salvation Army. I thought I’d call and see how you’re doing in your new home? We haven’t forgotten about you! Would it be OK if we talked for a few minutes? Do you have time?

## FORM H [Housing Stability Check-In Form]

|  |
| --- |
| Designated person for checking in: |
| Date: |
| Length of stay/Time since shelter move out: |

|  |
| --- |
| How are you doing? How do you feel about your living situation these days? |
|  |
| How are you filling your days? |
|  |
| Is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ still providing you **comfort**? Any new sources of comfort? Or discomfort? |
|  |

|  |
| --- |
| Have you had to use your **Safety Plan** lately? How did that go? |
|  |
| Have you been **hospitalized** or had to go to the emergency room lately? |
|  |
| Are you still in touch with\_\_\_\_\_\_\_\_\_\_? Any new members in your **community** of support? Any new groups or clubs or friendships? New faith community perhaps? |
|  |
| How are things working out with **your [community-based support team/worker]?** (as applicable) |
|  |

**Do you have any questions for me?**

**Would it be OK if I called you again in a few weeks?**

|  |  |
| --- | --- |
| **Date of Next Check-in:** |  |

|  |
| --- |
| **Any information/referrals given at this time?** |