

FAMILY PRIORITIZATION SCREENING

IMPORTANT: the information related to the questions below must be entered into the identified location in HIFIS. *This form is intended as a guide, - you do not need to enter information directly on it.*

Entering information directly into HIFIS is critical as entering the information incorrectly may directly impact the client during the prioritization process. The prioritization report will only use the information from specified locations in HIFIS.

NAME HEAD OF HOUSEHOLD 1: _____

NAME OF PARTNER/SPOUSE: _____

WHAT DOCUMENTATION DO FAMILY MEMBERS HAVE?

HEAD OF HOUSEHOLD 1	<ul style="list-style-type: none"> <input type="radio"/> BIRTH CERTIFICATE <input type="radio"/> DRIVERS LICENSE <input type="radio"/> OHIP CARD <input type="radio"/> ONTARIO PHOTO CARD <input type="radio"/> PROOF OF INCOME ASSISTANCE OR EMPLOYMENT INCOME <input type="radio"/> PASSPORT <input type="radio"/> STATUS CARD
OTHER ADULT(S) WITH THE FAMILY ALL ADULTS AGED 18+ THAT WILL BE HOUSED TOGETHER MUST HAVE IDENTIFICATION	<ul style="list-style-type: none"> <input type="radio"/> BIRTH CERTIFICATE <input type="radio"/> DRIVERS LICENSE <input type="radio"/> OHIP CARD <input type="radio"/> ONTARIO PHOTO CARD <input type="radio"/> PROOF OF INCOME ASSISTANCE OR EMPLOYMENT INCOME <input type="radio"/> PASSPORT <input type="radio"/> STATUS CARD

WHAT IS THEIR SOURCE AND AMOUNT OF MONTHLY INCOME OF ALL HOUSEHOLD MEMBERS COMBINED:

SOURCE: _____

MONTHLY AMOUNT \$ _____

DOES THE FAMILY HAVE ANY ACTIVE INVOLVEMENT WITH ANY CHILDREN'S AID SERVICE, UP TO AND INCLUDING CHILDREN CURRENTLY IN CARE?

- YES
- NO
- N/A

