

Point in Time Count and Registry Week Coordination Packet

The following guidelines enable communities participating in the 20,000 Homes campaign to conduct their registry week in coordination with their Point-in-Time (PiT) Count. They were developed by the Canadian Alliance to End Homelessness in consultation with the Homelessness Partnering Strategy to ensure that they meet the requirements of the 2016 HPS Coordinated PiT Count. The survey is conducted in phases, presenting the anonymous PiT survey first, followed by the survey for the Registry Week.

This packet will provide you with details on how to use this coordinated approach appropriately in your community.

Table of Contents:

- **Welcome Page (1)**
- **Introductory Script (2)**
- **PiT Survey (3-5)**
- **Guidelines for Second Script for VI-SPDAT (6)**
- **20,000 Homes Signed Consent Form (7)**
- **VI-SPDAT V2.0 (8-14)**
- **Tally Sheet (15)**
 - a. **This tally sheet will be used to record people who do not participate in the surveys**
 - b. **Please be sure to record WHICH survey an individual did not participate in (PiT Count, VI-SPDAT or both). You can note this in the “Observation” column.**

Introductory Script

Hello, my name is XXX, and I'm a volunteer for (insert community name). I'm here tonight to conduct two surveys about your housing needs and history of homelessness to provide better programs and services to people experiencing homelessness. The first survey is a Point in Time count and it is strictly anonymous. The second survey is called the VI-SPDAT, and it is not anonymous. You can participate in both surveys, or one and not the other. The first survey takes about 10 minutes to complete.

- Participation is voluntary and your name will not be recorded.
 - You can skip any questions or choose to stop the interview at any time.
 - Results will contribute to the understanding of homelessness across Canada, and will help with research to improve your services.
- A. Have you answered this survey with a person with this? (show identifier)
- a. YES: thank and tally (tally sheet on page 15 of this packet)
 - b. NO: go to B
- B. Are you willing to participate in the survey?
- a. YES: continue to survey questions (tally sheet on page 15 of this packet)
 - b. NO: thank and tally

If you are conducting the survey in a shelter, ask:

C. Do you have a permanent residence that you can return to tonight?

- a. YES b. NO c. DON'T KNOW d. DECLINE TO ANSWER

D. Where are you staying tonight? [DO NOT READ CATEGORIES]

- | | |
|---|---|
| f. EMERGENCY SHELTER, DOMESTIC VIOLENCE SHELTER | j. MAKESHIFT SHELTER, TENT OR SHACK |
| g. TRANSITIONAL HOUSING | k. ABANDONED/VACANT BUILDING |
| h. PUBLIC SPACE (E.G., SIDEWALKS, SQUARES, PARKS, FORESTS, BUS SHELTER) | l. OTHER UNSHELTERED LOCATION UNFIT FOR HUMAN HABITATION (SPECIFY)_____ |
| i. VEHICLE (CAR, VAN, RV, TRUCK) | m. RESPONDENT DOESN'T KNOW [LIKELY HOMELESS] |

If you are conducting the survey not in a shelter, ask:

C. Do you have a permanent residence that you can return to tonight?

- a. YES b. NO c. DON'T KNOW d. DECLINE TO ANSWER

D. Where are you staying tonight? [Do not read categories]

- | | |
|---|---|
| h. PUBLIC SPACE (E.G., SIDEWALKS, SQUARES, PARKS, FORESTS, BUS SHELTER) | k. ABANDONED/VACANT BUILDING |
| i. VEHICLE (CAR, VAN, RV, TRUCK) | l. OTHER UNSHELTERED LOCATION UNFIT FOR HUMAN HABITATION (SPECIFY)_____ |
| j. MAKESHIFT SHELTER, TENT OR SHACK | m. RESPONDENT DOESN'T KNOW [LIKELY HOMELESS] |

Complete survey (Page 3 of this packet) and then:

- Thank you for agreeing to participate. Please note that you will receive (item) for completing the survey.

POINT IN TIME COUNT SURVEY

Survey Number: _____

Location: _____

Time: _____ **AM/PM**

Interviewer: _____

Contact #: _____

NOTE ANSWERS FROM SCREENING QUESTIONS

If you are conducting the survey *in a shelter*, ask:

E. Do you have a permanent residence that you can return to tonight?

- a. YES b. NO c. DON'T KNOW d. DECLINE TO ANSWER

F. Where are you staying tonight? [DO NOT READ CATEGORIES]

- | | |
|---|---|
| n. EMERGENCY SHELTER, DOMESTIC VIOLENCE SHELTER o. TRANSITIONAL HOUSING p. PUBLIC SPACE (E.G., SIDEWALKS, SQUARES, PARKS, FORESTS, BUS SHELTER) q. VEHICLE (CAR, VAN, RV, TRUCK) | r. MAKESHIFT SHELTER, TENT OR SHACK s. ABANDONED/VACANT BUILDING t. OTHER UNSHELTERED LOCATION UNFIT FOR HUMAN HABITATION (SPECIFY) _____ u. RESPONDENT DOESN'T KNOW [LIKELY HOMELESS] |
|---|---|

If you are conducting the survey *not in a shelter*, ask:

E. Do you have a permanent residence that you can return to tonight?

- a. YES b. NO c. DON'T KNOW d. DECLINE TO ANSWER

F. Where are you staying tonight? [Do not read categories]

- | | |
|--|--|
| n. PUBLIC SPACE (E.G., SIDEWALKS, SQUARES, PARKS, FORESTS, BUS SHELTER) o. VEHICLE (CAR, VAN, RV, TRUCK) p. MAKESHIFT SHELTER, TENT OR SHACK | q. ABANDONED/VACANT BUILDING r. OTHER UNSHELTERED LOCATION UNFIT FOR HUMAN HABITATION (SPECIFY) _____ s. RESPONDENT DOESN'T KNOW [LIKELY HOMELESS] |
|--|--|

BEGIN SURVEY

1. What family members are with you today? [Indicate survey numbers for adults]

| | |
|--|--|
| <input type="radio"/> NONE <input type="radio"/> PARTNER - Survey #: _____ <input type="radio"/> CHILD(REN)/DEPENDENT(S) [INDICATE AGE FOR EACH MALE AND FEMALE CHILD] | <input type="radio"/> OTHER ADULT - Survey #: _____ <input type="radio"/> DECLINE TO ANSWER |
| | AGE AGE AGE AGE AGE AGE AGE AGE AGE AGE |
| MALE | |
| FEMALE | |

2. How old are you? [OR] What year were you born? [If unsure, ask for best estimate]

| | | |
|---|----------------------------------|---|
| <input type="radio"/> AGE (in years) _____ | <input type="radio"/> DON'T KNOW | <input type="radio"/> DECLINE TO ANSWER |
| <input type="radio"/> OR YEAR BORN _____ | | |

3. What gender do you identify with? [Do not read categories]

| | | |
|---|----------------------------------|---|
| <input type="radio"/> MALE | <input type="radio"/> DON'T KNOW | <input type="radio"/> DECLINE TO ANSWER |
| <input type="radio"/> FEMALE | | |
| <input type="radio"/> OTHER RESPONSE _____ | | |

4. Do you identify as Aboriginal or do you have Aboriginal ancestry? This includes First Nations, Métis, Inuit, with or without status. [May add additional local examples.]

| | |
|--|--|
| <input type="radio"/> YES -----> If | <input type="radio"/> FIRST NATIONS: OFF-RESERVE |
| YES: | <input type="radio"/> FIRST NATIONS: ON-RESERVE |
| <input type="radio"/> NO | <input type="radio"/> INUIT |
| <input type="radio"/> DON'T KNOW | <input type="radio"/> MÉTIS |
| <input type="radio"/> DECLINE TO ANSWER | <input type="radio"/> NON-STATUS OR HAVE ABORIGINAL ANCESTRY |
| | <input type="radio"/> UNKNOWN ABORIGINAL ANCESTRY |

5. Have you ever had any service in the Canadian Military or RCMP?

[Military includes Canadian Navy, Army, or Air Force]

| | | |
|-------------------------------------|----------------------------------|---|
| <input type="radio"/> YES, MILITARY | <input type="radio"/> DON'T KNOW | <input type="radio"/> DECLINE TO ANSWER |
| <input type="radio"/> YES, RCMP | | |
| <input type="radio"/> NO | | |

6. Did you move to [community name] in the past year?

| | | | |
|---------------------------|--------------------------|----------------------------------|---|
| <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> DON'T KNOW | <input type="radio"/> DECLINE TO ANSWER |
|---------------------------|--------------------------|----------------------------------|---|

7. Are you a recent immigrant or refugee in Canada within the past 5 years?

| | | | |
|---------------------------|--------------------------|----------------------------------|---|
| <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> DON'T KNOW | <input type="radio"/> DECLINE TO ANSWER |
|---------------------------|--------------------------|----------------------------------|---|

8. When did you become homeless most recently? [Current episode of homelessness. Best estimate.]

| | | |
|---|----------------------------------|---|
| <input type="radio"/> DATE _____ | <input type="radio"/> DON'T KNOW | <input type="radio"/> DECLINE TO ANSWER |
| <input type="radio"/> OR HOW LONG _____ | | |

9. How many times have you been homeless in the past 3 years? [In & out of homelessness. Best estimate.]

| | | |
|---|----------------------------------|---|
| <input type="radio"/> NUMBER OF TIMES _____ | <input type="radio"/> DON'T KNOW | <input type="radio"/> DECLINE TO ANSWER |
|---|----------------------------------|---|

10. Where do you get your money from? [May provide examples. Select all that apply]

- | | |
|---|---|
| <input type="checkbox"/> EMPLOYMENT | <input type="checkbox"/> SENIORS BENEFITS (E.G., CPP/OAS/GIS) |
| <input type="checkbox"/> INFORMAL/SELF-EMPLOYMENT (E.G., BOTTLE RETURNS, PANHANDLING) | <input type="checkbox"/> CHILD AND FAMILY TAX BENEFITS |
| <input type="checkbox"/> EMPLOYMENT INSURANCE | <input type="checkbox"/> MONEY FROM FAMILY/FRIENDS |
| <input type="checkbox"/> WELFARE/INCOME ASSISTANCE | <input type="checkbox"/> OTHER SOURCE _____ |
| <input type="checkbox"/> DISABILITY BENEFIT | <input type="checkbox"/> NO INCOME |
| | <input type="checkbox"/> DECLINE TO ANSWER |

11. Do you have a need for services related to... [Read categories. Select all that apply]

- | | |
|--|---|
| <input type="checkbox"/> CHRONIC/ACUTE MEDICAL CONDITION | <input type="checkbox"/> BRAIN INJURY |
| <input type="checkbox"/> PHYSICAL DISABILITY | <input type="checkbox"/> FETAL ALCOHOL SPECTRUM DISORDER (FASD) |
| <input type="checkbox"/> LEARNING DISABILITY | <input type="checkbox"/> PREGNANCY (IF RESPONDENT IS FEMALE) |
| <input type="checkbox"/> ADDICTION or SUBSTANCE USE | <input type="checkbox"/> NONE OF THE ABOVE |
| <input type="checkbox"/> MENTAL HEALTH | <input type="checkbox"/> DECLINE TO ANSWER |

12. Have you stayed in an emergency shelter in the past year?

- | | | | |
|---------------------------|--------------------------|----------------------------------|---|
| <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> DON'T KNOW | <input type="radio"/> DECLINE TO ANSWER |
|---------------------------|--------------------------|----------------------------------|---|

Introducing the VI-SPDAT:

Guidelines for the VI-SPDAT Script: Every assessor in your community completing the VI-SPDAT, regardless of what organization they are from or if they are a volunteer, should use the same introductory script. In that script, you should highlight the following information:

- The name of the assessor and their affiliation (organization that employs them, volunteer as part of Registry Week, etc.)
- The purpose of the VI-SPDAT being completed
- That it usually takes 7-10 minutes to complete the VI-SPDAT
- That only “yes,” “no,” or one-word answers are being sought
- That any question can be skipped or refused
- Where the information is going to be stored
- That if the participant does not understand a question, clarification can be provided
- The importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Second Script Example: Thank you for answering those questions. Now, I’m going to ask you to participate in the VI-SPDAT. If you would like to participate, you will need to sign a consent form because it asks about personal information.

- This survey takes about 7-10 minutes to complete
- The information being collected will be used by your community to better understand your history of homelessness and your health and housing needs
- We are looking for yes, no or one word answers to the questions I will ask you
- Any question can be skipped; you don’t have to answer any questions that you don’t want to
- You can choose to stop the survey at anytime
- If you don’t understand a question, let me know, and I can give you more information
- Being honest is really important so we can use this information to plan for use of housing and services
- You will be given a X\$ gift card to thank you for your participation in this survey
- Would you like to participate in the survey?

If a person would like to participate, please move to the consent form (Page 7 of this packet). Please read the consent form to the individual or have them read it and sign the consent. Once they have signed the consent form, please begin administering the VI-SPDAT V2.0 (Page 8 of this packet).

If a person does not want to participate, thank them for their time and mark this information on the Tally Sheet (Page 15 of this packet).

This document is a sample for your reference and will need to be modified according to your individual agency requirements.

CLIENT CONSENT | AGENCY NAME | 20,000 HOMES CAMPAIGN



AGENCY would like to collect your personal information for the following purposes:

- 1) prioritizing you for and referring you to affordable housing and/or related programs/services;
 - 2) providing you with affordable housing and/or related programs/services;
 - 3) evaluating and improving affordable housing; related programs/services and the 20,000 Homes Campaign; and
 - 4) research, advocacy, lobbying and education about homelessness in Canada.
- ✓ Your personal information will be securely stored and only personnel who need to know your information will have access to it. All of the individuals who will have access to your personal information will have signed confidentiality agreements to assist in the protection of your information.
 - ✓ Your personal information will be shared amongst personnel at agencies in the REGION area who are working together to prioritize and place homeless persons in affordable housing. You may request a listing of all agencies who have access to your information at any time.
 - ✓ Your personal information will be de-identified before it is shared with the 20,000 Homes Campaign which is operated by the Canadian Alliance to End Homelessness (CAEH). This means that any identifying information will be removed so that you will not be able to be identified or traced by the 20,000 Homes Campaign/CAEH.
 - ✓ The AGENCY will disclose your personal information if there is reason to believe you may hurt yourself or someone else. Otherwise, your personal information will not be shared with any other third parties or for any other purposes other than set out on this form without your prior, additional consent.
 - ✓ If you decide not to provide your consent, you will not be declined service by AGENCY, however for the purposes of prioritizing you for affordable housing, without your consent, AGENCY may not be able to represent your level of need for housing as effectively. You may decide to limit your consent by only answering the questions and providing information that you are comfortable with disclosing.
 - ✓ You can change your mind and withdraw your consent at a later date by letting us know at EMAIL ADDRESS. We'll make reasonable efforts not to use or disclose your information in any way following the time you withdraw your consent.
 - ✓ AGENCY will destroy or de-identify your personal information within three years of the last date you were served or assisted in any way by AGENCY.

I AGREE WITH THE ABOVE AND CONSENT TO MY PERSONAL INFORMATION BEING COLLECTED, USED, STORED, SHARED AND DESTROYED AS DESCRIBED IN THIS CONSENT FORM.

Your signature (or mark) below indicates that you have read (or been read) all of the information provided above and agree.

Date

Signature (or Mark) of Participant

Printed Name of Participant

If consent given by mark or verbally:

Date

Signature of Witness

Printed Name of Witness



**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Single Adults

20,000 HOMES CAMPAIGN - CANADIAN VERSION 2.0

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

Administration

| | | |
|---|-------------------------------------|----------------------------|
| Interviewer's Name | Agency | Team Staff Volunteer |
| Survey Date DD/MM/YYYY ___/___/ | Survey Time ___:___ AM/PM | Survey Location |

Basic Information

| | | | |
|--|-----------------|-------------------------------|------------------|
| First Name | Nickname | Last Name | |
| In what language do you feel best able to express yourself? | | | |
| Date of Birth | Age | Social Number | Insurance |
| DD/MM/YYYY ___/___/ | | | |
| | | Consent to participate | |
| | | Yes | No |

SCORE:

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

A. History of Housing and Homelessness

| | | |
|--|--|--|
| 1. Where do you sleep most frequently? (check one) | Shelters Couch Surfing Outdoors Other (specify): Refused | |
| 2. How long has it been since you lived in permanent stable housing? | Refused | |
| 3. In the last year, how many times have you been homeless? | Refused | |

SCORE:

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", THEN SCORE 1.

IF THE PERSON HAS EXPERIENCED 6 OR MORE CONSECUTIVE MONTHS OF HOMELESSNESS, AND/OR 3+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

| | | | | |
|---|---|---|---------|---------------------------------------|
| 4. In the past six months, how many times have you... | | | | |
| a. Received health care at an emergency department/room? | | | Refused | |
| b. Taken an ambulance to the hospital? | | | Refused | |
| c. Been hospitalized as an inpatient? | | | Refused | |
| d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? | | | Refused | |
| e. Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? | | | Refused | |
| f. Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? | | | Refused | |
| IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE. | | | | SCORE: <input type="text"/> |
| 5. Have you been attacked or beaten up since you've become homeless? | Y | N | Refused | |
| 6. Have you threatened to or tried to harm yourself or anyone else in the last year? | Y | N | Refused | |
| IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM. | | | | SCORE: <input type="text"/> |
| 7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? | Y | N | Refused | |
| IF "YES," THEN SCORE 1 FOR LEGAL ISSUES. | | | | SCORE: <input type="text"/> |
| 8. Does anybody force or trick you to do things that you do not want to do? | Y | N | Refused | |

| | | | | |
|--|---|---|---------|--|
| 9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? | Y | N | Refused | |
|--|---|---|---------|--|

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

C. Socialization & Daily Functioning

| | | | | |
|--|---|---|---------|--|
| 10. Is there any person, past landlord, business, bookie, dealer, or government group like the CRA that thinks you owe them money? | Y | N | Refused | |
|--|---|---|---------|--|

| | | | | |
|---|---|---|---------|--|
| 11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? | Y | N | Refused | |
|---|---|---|---------|--|

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

| | | | | |
|--|---|---|---------|--|
| 12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? | Y | N | Refused | |
|--|---|---|---------|--|

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

SCORE:

| | | | | |
|---|---|---|---------|--|
| 13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? | Y | N | Refused | |
|---|---|---|---------|--|

IF "NO," THEN SCORE 1 FOR SELF-CARE.

SCORE:

| | | | | |
|--|---|---|---------|--|
| 14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? | Y | N | Refused | |
|--|---|---|---------|--|

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

D. Wellness

| | | | | |
|---|---|---|----------------|--|
| 15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? | Y | N | Refused | |
| 16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? | Y | N | Refused | |
| 17. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? | Y | N | Refused | |
| 18. When you are sick or not feeling well, do you avoid getting help? | Y | N | Refused | |
| 19. <i>FOR FEMALE RESPONDENTS ONLY</i> : Are you currently pregnant? | Y | N | N/A or Refused | |

| | |
|--|---------------|
| IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH. | SCORE: |
| | |

| | | | | |
|--|---|---|---------|--|
| 20. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? | Y | N | Refused | |
| 21. Will drinking or drug use make it difficult for you to stay housed or afford your housing? | Y | N | Refused | |

| | |
|--|---------------|
| IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE. | SCORE: |
| | |

| | | | | |
|--|---|---|---------|--|
| 22. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of: | | | | |
| a. A mental health issue or concern? | Y | N | Refused | |
| b. A past head injury? | Y | N | Refused | |
| c. A learning disability, developmental disability, or other impairment? | Y | N | Refused | |
| 23. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? | Y | N | Refused | |

| | |
|--|---------------|
| IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH. | SCORE: |
| | |

| | |
|--|---------------|
| IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY. | SCORE: |
| | |

| | | | | |
|--|---|---|---------|---------------------------------------|
| 24. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? | Y | N | Refused | |
| 25. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? | Y | N | Refused | |
| IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS. | | | | SCORE: <input type="text"/> |
| 26. YES OR NO: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? | Y | N | Refused | |
| IF "YES", SCORE 1 FOR ABUSE AND TRAUMA. | | | | SCORE: <input type="text"/> |

Demographic Information

| | | |
|---|--|--|
| 27. What gender do you identify with? | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Response (Specify): <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer | |
| 28. Do you identify as Aboriginal or do you have Aboriginal ancestry? (This includes First Nations, Metis, Inuit, Indian, Native, with or without Status) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer | |
| 29. If yes, specify | <input type="checkbox"/> First Nations: off-reserve <input type="checkbox"/> First Nations: on-reserve <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> Non-Status or have Aboriginal Ancestry <input type="checkbox"/> Unknown Aboriginal Ancestry | |
| 30. Have you ever had any service in the Canadian military or RCMP? | <input type="checkbox"/> Yes, Military <input type="checkbox"/> Yes, RCMP <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer | |
| 31. Did you move to [the community] in the past year? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer | |
| 32. Are you a recent immigrant or refugee in Canada within the past 5 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer | |

| | | |
|---|--|--|
| 33. Have you ever been in foster care? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer | |
| 34. Have you been in jail and/or prison in the past 6 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer | |
| 35. Have you been homeless for 6 months or more in the past year? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer | |

Scoring Summary

| DOMAIN | SUBTOTAL | RESULTS | | | | | | | | |
|---|--|--|---------------|------------------------|------|-------------------------|------|------------------------------------|-----|--|
| PRE-SURVEY | /1 | | | | | | | | | |
| A. HISTORY OF HOUSING & HOMELESSNESS | /2 | <table border="1"> <tr> <td>Score:</td> <td>Recommendation:</td> </tr> <tr> <td>0-3:</td> <td>no housing intervention</td> </tr> <tr> <td>4-7:</td> <td>an assessment for Rapid Re-Housing</td> </tr> <tr> <td>8+:</td> <td>an assessment for Permanent Supportive Housing/Housing First</td> </tr> </table> | Score: | Recommendation: | 0-3: | no housing intervention | 4-7: | an assessment for Rapid Re-Housing | 8+: | an assessment for Permanent Supportive Housing/Housing First |
| Score: | Recommendation: | | | | | | | | | |
| 0-3: | no housing intervention | | | | | | | | | |
| 4-7: | an assessment for Rapid Re-Housing | | | | | | | | | |
| 8+: | an assessment for Permanent Supportive Housing/Housing First | | | | | | | | | |
| B. RISKS | /4 | | | | | | | | | |
| C. SOCIALIZATION & DAILY FUNCTIONS | /4 | | | | | | | | | |
| D. WELLNESS | /6 | | | | | | | | | |
| GRAND TOTAL: | /17 | | | | | | | | | |

Follow-Up Questions

| | | | |
|---|---|----|---------|
| On a regular day, where is it easiest to find you and what time of day is easiest to do so? | place: time: ___: ___ or Morning/Afternoon/Evening/Night | | |
| Is there a phone number and/or email where someone can safely get in touch with you or leave you a message? | phone: (____) _____ - email: | | |
| Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so? | Yes | No | Refused |

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- safety planning

TALLY SHEET

Area: _____ Time: _____ to _____
 Interviewer: _____ Contact phone #: _____

Instructions: For those who are **not surveyed**, please fill in the sheet below indicating the reason. For those who DECLINE or are OBSERVED only, but who are clearly homeless, please also indicate their gender, approximate age, and the reason you believe they are homeless (e.g., asleep outside with belongings).

| # | Location (e.g., building, park, nearest intersection) | Reason not Surveyed | | | | *Observed Homelessness | | | Indicators of Homelessness |
|----|--|---------------------|----------------------|-----------------|---|------------------------|-------------------------|-------------|----------------------------|
| | | Declined* | Already Responded | Screened Out | | Observed* | Observed Homeless/PT | Approx. Age | |
| | | | | C | D | | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
| 14 | | | | | | | | | |
| 15 | | | | | | | | | |
| 16 | | | | | | | | | |
| 17 | | | | | | | | | |
| 18 | | | | | | | | | |
| 19 | | | | | | | | | |
| 20 | | | | | | | | | |
| 21 | | | | | | | | | |
| 22 | | | | | | | | | |
| 23 | | | | | | | | | |
| 24 | | | | | | | | | |
| 25 | | | | | | | | | |
| 26 | | | | | | | | | |