



Kawartha Lakes and County of Haliburton
2021 Registry Week Report





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Kawartha Lakes is committed to complying with the Accessibility for Ontarians with Disabilities Act (AODA) in order to create a barrier-free Ontario. We are committed to the four core principles of dignity, independence, integration and equal opportunity. We support the full inclusion of persons as set out in the Canadian Charter of Rights and Freedoms and the AODA. If this document is required in an alternate format, please contact accessibility@kawarthalakes.ca.



Introduction

In March 2021, the Province of Ontario mandated Service Managers to conduct a homeless enumeration and create a By Name List (BNL) of people experiencing homelessness. As a progressive community with a well developed coordinated access system, Kawartha Lakes and County of Haliburton (KL-H) has met the BNL mandate since 2018. We took this opportunity to assess the effectiveness of our coordinated access system in reaching households experiencing homelessness. We chose to complete a combined Point in Time Count and Registry Week to get a snapshot of homelessness in the community and connect those who we identified to the homelessness system. During the week of September 13th – September 17th 2021, trained volunteers and agency staff were stationed throughout the community to complete short housing and health surveys with individuals and families in KL-H. Two magnet events were held to encourage connection to people we might not normally reach. We completed 82 surveys during Registry Week bringing the total of those we know to be homeless to 184 households. This total includes those that were already connected to the homelessness system and those that surveyed during Registry Week. This report will provide a summary of what we learned from the week and what we know about homelessness in KL-H.

Homelessness Response System

Since the last Homelessness Registry Week in 2018, KL-H has developed a coordinated access system to address homelessness. Coordinated access involves identifying people experiencing homelessness through access points in the community, using a common set of questions to determine what the household's needs are, adding them to the BNL, and prioritizing them for housing and support based on their level of vulnerability. The coordinated access system includes an inventory of 88 supportive housing units across the City and County. Many community partners and housing providers are involved in the delivery of the supportive housing programs. As units become available, households from the BNL are triaged and housed according to their needs. For more information about the coordinated access system please visit: www.kawarthalakes.ca/en/living-here/housing.aspx

Definitions

KL-H has adopted the Canadian Definition of Homelessness and Definition of Indigenous Homelessness in Canada. Homelessness includes people who are:

Unsheltered:

- Living outside (sidewalks, parks, forests, etc)
- Living in places not intended for permanent human habitation (cars, garages, out buildings, shacks, tents)

Emergency Sheltered:

- Emergency overnight shelters for people who are homeless
- Shelters for individuals / families affected by family violence

Provisionally Accommodated:

- Interim housing for people who are homeless
- Temporary living with other people (couch surfing, staying with family etc.)
- Short term rental accommodation without security of tenancy
- People in institutional care with no guarantee of permanent housing upon release (hospital, corrections facilities, treatment facilities etc.)

By Name List:

- The By Name List is a real time list of individuals and families experiencing homelessness in KL-H. The list is used to triage households for housing and support, to track system performance, and advocate for resources.

Methods

Planning

A working group of community partners was convened in June 2021. Working group members are experts in homelessness service delivery. The working group identified survey locations, provided input on the survey questions, communicated with their staff and clients about the week, and provided staff time to conduct surveys.

Survey Tool

The 2021 Registry Week Survey Tool (see Appendix C) was comprised of:

- Provincially Mandated Enumeration Questions
- Additional local context questions
- The By Name List Addition and Consent Package including the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)

The provincially mandated enumeration questions are decided by government staff in an effort to collect demographic information and patterns of homelessness across the Province. The working group incorporated some additional questions to better understand homelessness in our community and improve service delivery. The final component of the survey was the consent and addition package that collects the information necessary to add an individual or household to the By Name List of people experiencing homelessness. This package includes the VI SPDAT which is a triage tool that indicates what type of support a household might need to successfully obtain and maintain housing. Some survey participants chose not to complete the BNL Addition and Consent Package.

Limitations

Lived experience input

The working group was unsuccessful in engaging those with lived experience in the planning process. Those with lived experience of homelessness provide invaluable insight into the delivery of effective and respectful services and will be key to ending homelessness in KL-H. The involvement of those with lived experience likely would have improved the reach of the survey and the design of the survey questions. To address this gap, survey participants were asked if they would be willing to participate in a focus group to review the results of Registry Week and inform improvements to the homelessness system. We collected contact information for 37 people that are willing to provide input on the homelessness system and we look forward to connecting with them.

Access to services limited by the COVID-19 pandemic

Many service providers have limited in-person supports, are closed to the public, and are experiencing staffing shortages as a result of the pandemic. This resulted in fewer volunteers than in previous years and a difficulty reaching those that would normally be accessing services in person. Surveyors mentioned that participants communicated their distrust in the system with many declining to participate as a result.

Institutions

Efforts were made to collect administrative data from institutions such as hospitals and correctional facilities. The existing coordinated access system functions to receive referrals from those provisionally accommodated at Ross Memorial Hospital and a connection to out-patient mental health services was made to ensure their clients were referred to a survey location. Community partners are engaged in making referrals to the By Name List for those that are currently incarcerated however access to Central East Correctional Centre (CECC) has been inconsistent during the pandemic.

Count & Survey

By the end of Registry Week, we had identified 184 households experiencing homelessness in KL-H. We connected with 82 households to complete surveys the week of September 13th – 17th including:

- 39 new households who were added to the BNL
- 6 households who had previously been on the BNL but we had lost touch
- 17 households who were already active on the BNL
- 20 households who chose not to complete the BNL addition and consent part of the survey

Table 1: Registry Week demographics in Kawartha Lakes and Haliburton County 2016, 2018 and 2021

Registry Week Demographics	2016		2018		2021	
	Kawartha Lakes	Haliburton County	Kawartha Lakes	Haliburton County	Kawartha Lakes	Haliburton County
16-24 years old	21 (24%)	6 (24%)	8 (17%)	10 (34%)	9 (14%)	1 (9%)
25-59 years old	46 (53%)	15 (60%)	34 (74%)	17 (59%)	49 (74%)	9 (82%)
60+ years old	19 (22%)	4 (16%)	4 (9%)	2 (7%)	8 (12%)	1 (9%)

(*) 77 individuals total who have provided an age and a location in Kawartha Lakes and Haliburton.

Table 2: 2021 Registry Week demographics versus demographics of 2016 Census

Demographics	2021 Registry Week	2016 Census
16-24 years old	13%	10%
25-59 years old	75%	48%
60+ years old	12%	42%
Indigenous Identity or Ancestry	14%	3%

People under 60 years of age and those who identify as Indigenous are over represented when comparing the population found to be homeless during Registry Week and the 2016 census population for those groups.



What We Learned During Registry Week

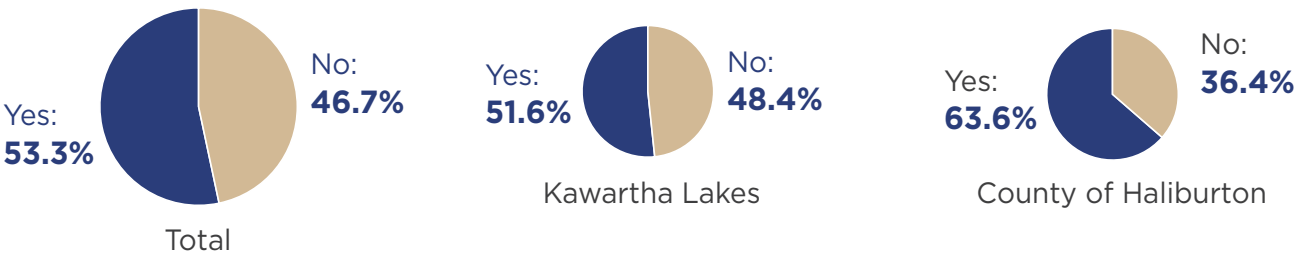
Registry Week provided the opportunity to ask questions about the experience of homelessness that aren't a standard part of the questions we ask when adding someone to the BNL. The 82 households that completed the survey provided valuable insight into health challenges, causes of homelessness, and barriers to housing.

Health challenges

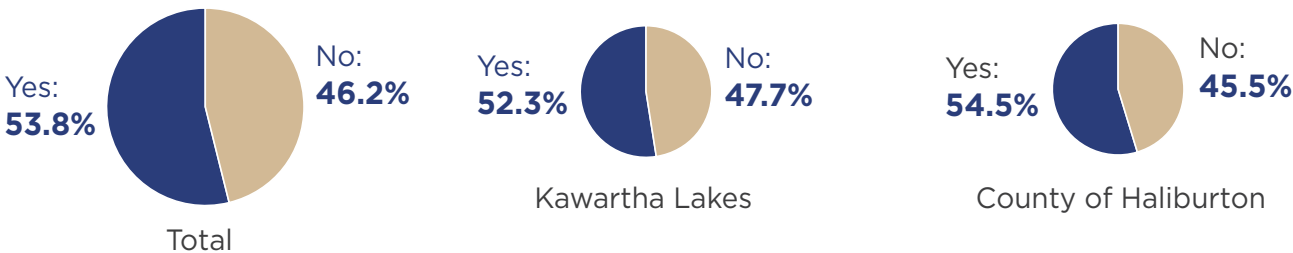
A significant number of survey participants indicated that they experience health challenges. Of those surveyed, 53.8% identified having a physical limitation, 74.7% identified as having a mental health issue, and 67.9% identified as having a substance use issue. Our approach to service is underpinned by the Housing First philosophy. We understand that housing is a human right and is a precondition for recovery. Housing First involves immediate access to permanent housing with no housing readiness requirements and provides the support necessary for the individual or family to achieve well-being.

Do you identify as having any of the following health challenges at this time?

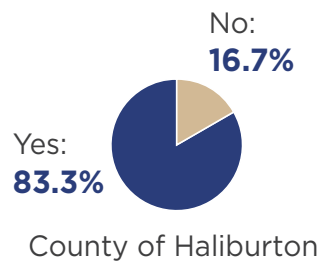
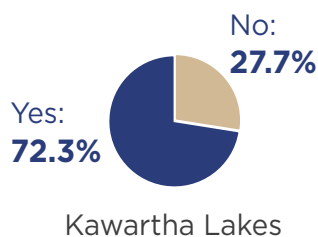
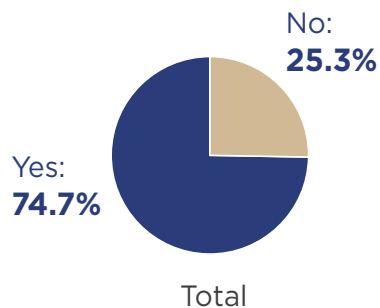
Illness or Medical Condition



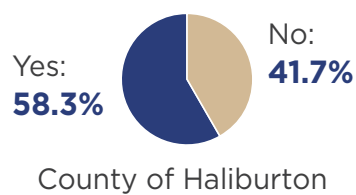
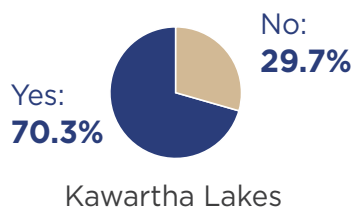
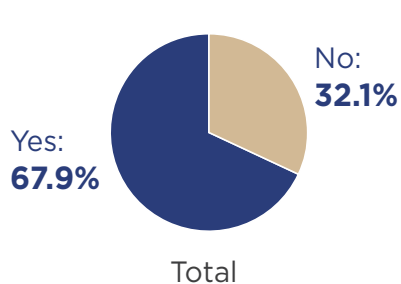
Physical Limitation



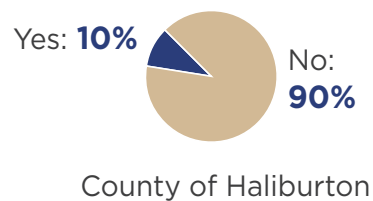
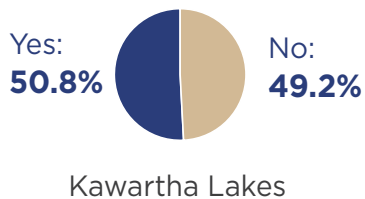
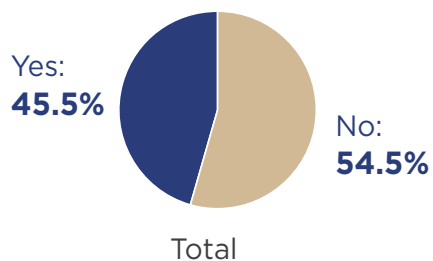
Mental Health Issue



Substance Abuse Issue



Learning or Cognitive Limitations

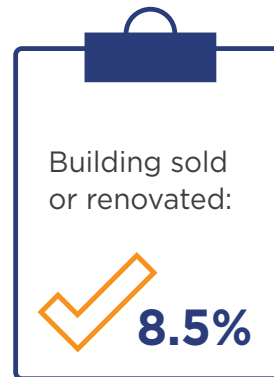
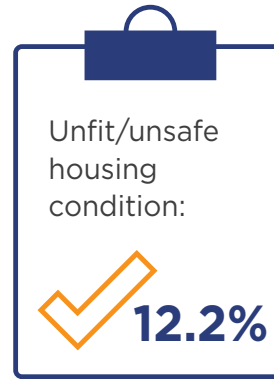
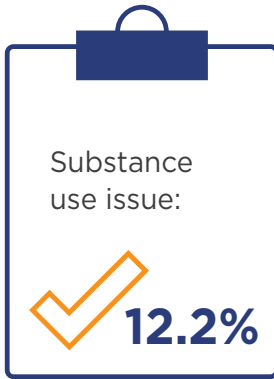


Reason for housing loss and barriers to housing

We asked survey participants about the causes of their homelessness and the barriers they experience when trying to find housing. A number of participants stated conflict was the reason for their housing loss. Abuse perpetrated by a spouse or partner, by parent or guardian, or by other party was cited by 13.4%, 1.2%, and 6.1% of participants respectively.

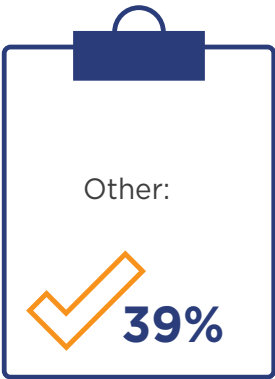
What happened that caused you to lose your housing most recently?





Housing affordability was a largely cited issue with 57.3% of participants stating low income created a barrier and 68.3% stated that rents are too high.

What challenges have you experienced when trying to find housing?





CoH (15.4%)
KL (16.4%)



CoH (0%)
KL (19.4%)



CoH (7.7%)
KL (14.9%)



CoH (13.4%)
KL (13.4%)



What We Know About Homelessness in KL-H

The following sections provide an overview of everyone known to be experiencing homelessness as of September 17th, across KL-H. This includes those who were surveyed during registry and those who were already known to our system, separate from our registry week exercise. The information below does not include the 20 individuals surveyed during registry week who did not provide consent to be added to the BNL.

Demographics by location

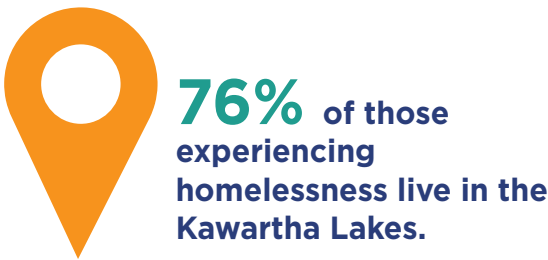
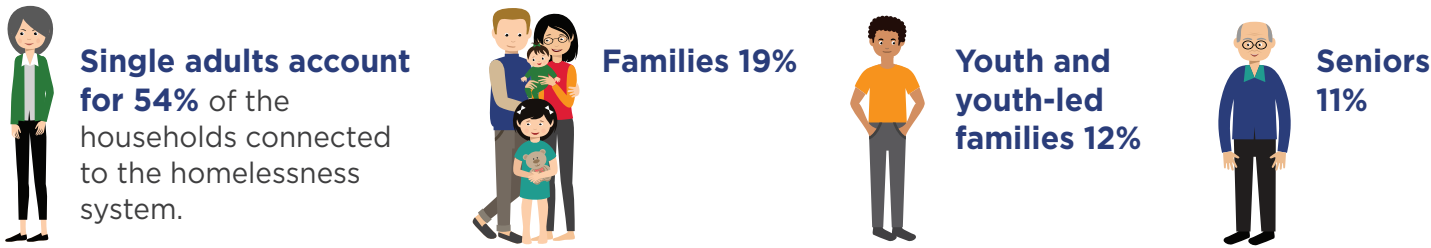


Table 3: Registry Week demographics in Kawartha Lakes versus County of Haliburton

Area	Adult	Family	Youth (16-24)	Youth-led Family	Senior (60+)	Total
Kawartha Lakes	74	19	14	6	11	124
County of Haliburton	15	12	6	0	7	40
Total	89	31	20	6	18	164

Acuity by location

The VI SPDAT V3 is used to identify the type of supports a household might need to exit homelessness. The producers of the tool, Orgcode, have withdrawn their support for the tool starting in 2022. KL-H will be working to develop a new way of identifying needs and triaging for support accordingly. Those that score low (1-3) on the VI SPDAT likely need little to no supports to resolve their homelessness. Those that score moderately (4-7) likely need time-limited case management and financial supports to exit homelessness, those that score high or very high (8+) likely need permanent supportive housing. In CoH, 28 or 70% of households are in need of permanent supportive housing. In KL, 88 or 71% of households are in need of permanent supportive housing. In 2018, the number of individuals who scored 8+ accounted for 67% of total Registry Week Respondents.

Table 4: Level of Acuity in Kawartha Lakes

Kawartha Lakes Level of Acuity	Youth (16-24)	Youth-led Family	Adult	Family	Senior (60+)	Total	%
Low (0-3)	1	1	0	2	3	7	6%
Moderate (4-7)	3	0	17	4	5	29	23%
High (8-11)	6	1	34	5	2	48	39%
Very High (12+)	4	4	23	8	1	40	32%
Total	14	6	74	19	11	124	100%

Table 5: Level of Acuity in Haliburton County

County of Haliburton Level of Acuity	Youth (16-24)	Youth-led Family	Adult	Family	Senior (60+)	Total	%
Low (0-3)	0	0	0	0	1	1	3%
Moderate (4-7)	0	0	7	2	2	11	28%
High (8-11)	3	0	6	5	4	18	45%
Very High (12+)	3	0	2	5	0	10	25%
Total	6	0	15	12	7	40	100%

Current housing status by location

A growing number of households are completely unsheltered. During the 2018 Registry week, no one was found sleeping outside. This year, 27 households or 21% were sleeping outside. The percentage of households that couch surf without permanent tenancy has stayed consistent since 2018 Registry week at 47%.

Table 6: Registry Week sleeping locations in Kawartha Lakes and County of Haliburton

	Sleeping Location	Kawartha Lakes	County of Haliburton	Total
	Couch Surfing	47	19	66
	Motel	35	6	41
	Outside	21	6	27
	Seasonal Trailer	4	4	8
	Emergency Shelter	5	1	6
	Vehicle	6	0	6
	Incarceration	3	1	4
	Hospital	3	0	3
	Other	0	3	3
	Total	124	40	164

Homelessness, Colonization, & Indigenous Peoples

As a result of both historical and ongoing practices of colonization and land dispossession, as well as systemic racism that exists in public institutions, Indigenous peoples are disproportionately affected by homelessness. Most recent census data found that in KL-H 3% of people identify as having an Indigenous Identity. Of the 164 households now connected to the homelessness system, 24, or 15% identify as Indigenous or having Indigenous ancestry. As Métis-Cree scholar Jesse Thistle writes, 'Indigenous homelessness is not defined as lacking a structure of habitation; rather, it is more fully described through a composite lens of Indigenous worldviews. These include: individuals, families and communities isolated from their relationships to land, water, place, family, kin, each other, animals, cultures, languages and identities.' In our community, this isolation is a direct result of settler occupation of Mississauga Anishinaabe territory. The resilience of the Mississauga people should be honoured and our relationships with all Indigenous peoples should be situated in the knowledge of how we came to live and work in this territory.

Table 7: Homelessness Indigenous Identity

Indigenous Identity	Total
Youth	2
Single Adults	16
Families	5
Seniors	1
Total	24

We learned that 79% of those that identify as Indigenous are experiencing chronic homelessness. 20 households, or 83% scored 8 or higher on the VI SPDAT which suggests that they likely need permanent supportive housing to recover from homelessness. KL-H has been working to develop partnerships with Indigenous organizations in the region to better support Indigenous people experiencing homelessness. In 2021, we offered Indigenous Cultural Competency training to homelessness system staff and have welcomed a staff member from Nogojiwanong Friendship Centre to the Homelessness Response Steering Committee. As a community we have a lot of work to address the harms caused by ongoing colonization (including homelessness) and we are looking forward to continuing to build mutually beneficial relationships with Indigenous organizations.

Table 8: Indigenous Identified Acuity

Indigenous Identity Acuity	Total
Low	0
Moderate	4
High	11
Very High	9
Total	24

Table 9: Where Indigenous identified homeless slept





	Indigenous Identity Sleeping Location	Total
	Motel	8
	Couch Surfing	7
	Outside	6
	Vehicle	3
	Total	24

Table 10: Length of time Indigenous identified were homeless

Indigenous Identity	Length of Homelessness	Total
	Chronic	19
	Not Chronic	5
	Total	24

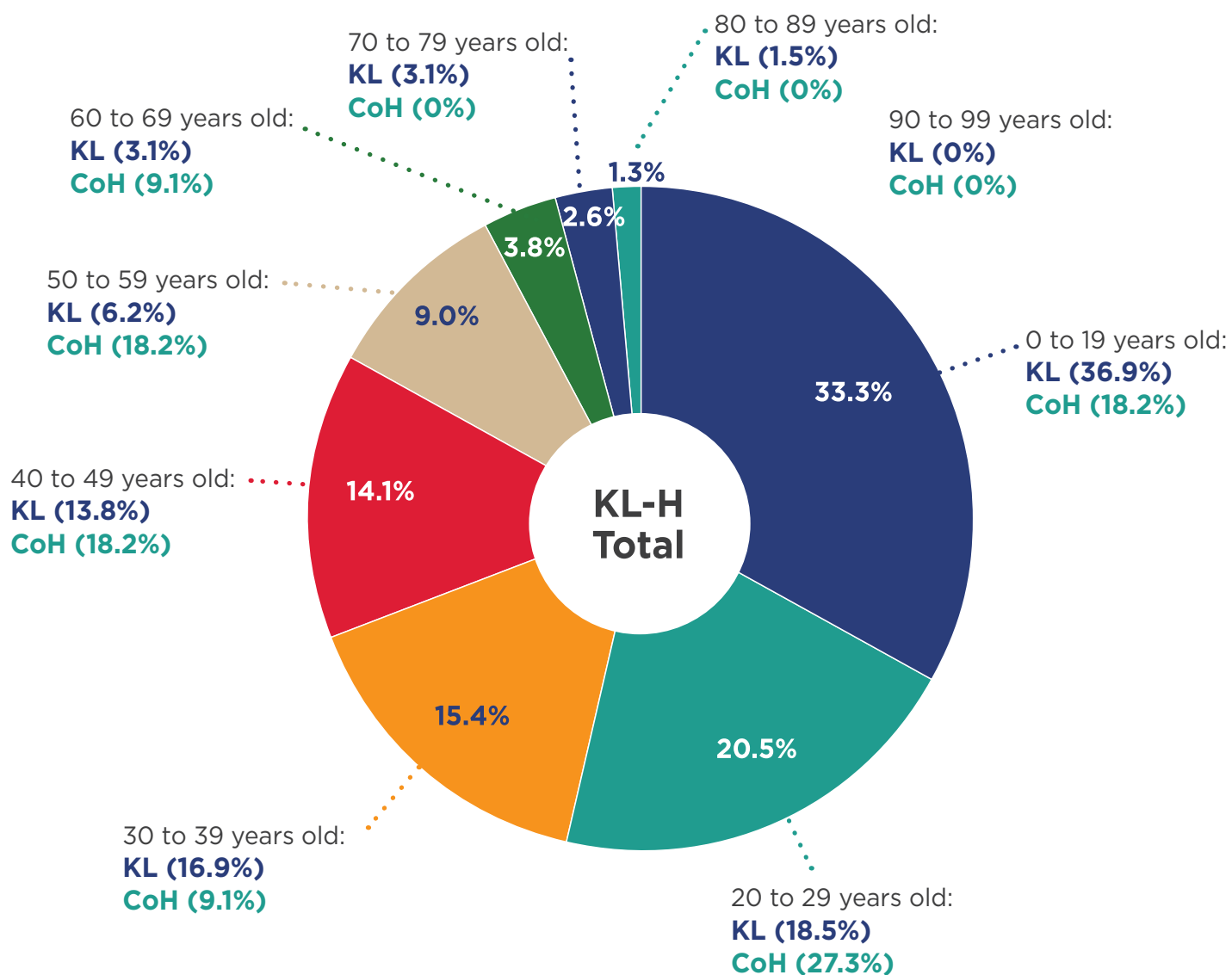


Youth Experiences of Homelessness

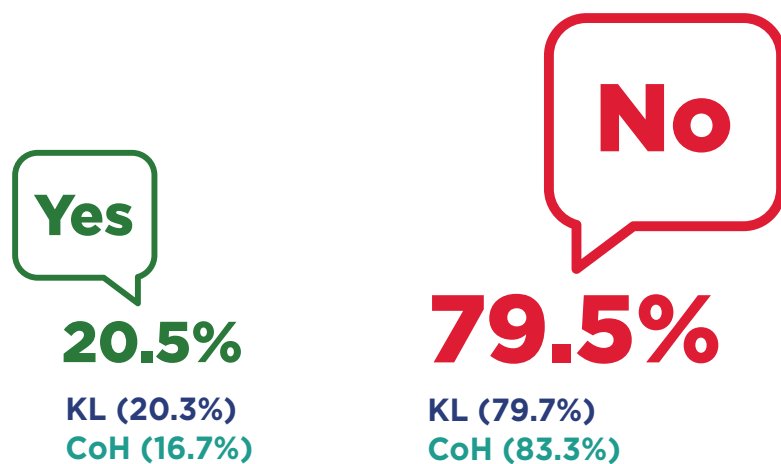
To connect with youth during Registry Week, we partnered with BGC Kawarthas to hold a magnet event and the Haliburton Youth Wellness Hub to engage youth attending their drop in. Unfortunately, these strategies were only successful in connecting with a handful of youth. It will be important for KL-H to continue working with youth-serving organizations to ensure that youth are being equitably served by the coordinated access system. Of those surveyed during Registry Week, 37 or 45% experienced homelessness for the first time before they turned 25. 33% experienced homelessness for the first time before the age of 20. This suggests that the prevention of youth homelessness will contribute to the prevention and reduction of all homelessness. Of those that experienced homelessness for the first time as a young person, 16 had been in foster care or a group home. Overall, 20% of survey participants had experience with the child welfare system. Youth make up 16% of the overall population of people experiencing homelessness.

The causes of and solutions to youth homelessness are unique and require specific strategies and interventions. Of the youth we identified across KL-H, 15 or 57% scored 8 or higher on the VI SPDAT. In the County, six youth were identified all of whom need intensive supports to successfully transition out of homelessness. In KL, 10 youth and five youth-led families were identified as needing these intensive supports. This suggests that a Housing First for Youth program is needed to address the housing and support needs of youth in our community.

How old were you the first time you experienced homelessness?



As a child or youth, were you ever in foster care or in a youth group home?





Progress on Ending Chronic Homelessness

Since Registry Week 2018, 265 people have exited chronic homelessness and 234 remain housed as of September 30th 2021. This is an incredible accomplishment and speaks to the resilience, dedication, and hard work of both clients and staff.

Recent investments and in-kind contributions

Homelessness response programs and services are coordinated and overseen by the Consolidated Municipal Service Manager, which through the Housing Services Act is the City of Kawartha Lakes. This legislative Service Manager region also includes the County of Haliburton.

Since the 2018 Registry Week, various initiatives and investments have been made to support those experiencing homelessness in our communities, such as:

- Opening of a 24 unit building, dedicated to those experiencing chronic homelessness
- KLH Housing Corp's purchase and occupancy of an eight-unit building dedicated to those experiencing homelessness
- The collaborative partnership between Ontario Health, FourCAST, KLH Housing Corp., KL and CoH to support the creation of an intensive case management team in the CoH, focused to supporting and housing those experiencing chronic homelessness
- Emergency Shelter Overflow Winter Response with A Place Called Home
- Implementation of a Rapid Re-Housing Program
- Contribution of on-site primary care health supports from Community Care Kawartha Lakes – Community Health Centre
- The realignment of City-funded transitional housing units to be additional inventory to the By-Name List, housing those experiencing homelessness
- Collaboration with the Canadian Mental Health Association-HKPR Justice Supportive Housing program and KLH Housing Corporation, which has housed and supported those experiencing homelessness
- Prioritization of those experiencing chronic homelessness with the Canada-Ontario Housing Benefit
- Various COVID-19 pandemic homelessness response supports

These programs, services and initiatives were made possible through funding from various levels of government:

- The County of Haliburton
- The City of Kawartha Lakes
- Province of Ontario's Community Homelessness Prevention Initiative
- Province of Ontario's Social Service Relief Funding
- Province of Ontario's Home for Good Program
- Ontario Health East
- Reaching Home – Canada's Homelessness Strategy

What we've accomplished since Registry Week 2021

In the month following the enumeration the homelessness system continues to respond to the needs of those who are experiencing homelessness.

- 17 households have been housed permanently
- 2 households been connected to intensive supports
- 40 have been assigned to a Rapid Re-housing worker
- 14 have been connected to the Canada-Ontario Housing Benefit

Appendix A • Survey Locations

- Human Services Phone Line for City and County

County of Haliburton:

- Walking Routes
- Haliburton Highlands Mental Health Services
- John Howard Society Minden Office
- Haliburton Youth Wellness Hub
- Haliburton Highlands Pharmacy
- Haliburton Hospital
- Highlands East Food Hub
- Our Lady of Lourdes Catholic Church
- Cardiff Library
- Gooderham Library
- Highland Grove Library
- YWCA
- Motels

Kawartha Lakes:

- Walking Routes
- Tim Horton's Lindsay St
- Tim Horton's Kent St
- John Howard Society Lindsay Office
- CMHA
- Vickie's Values
- Women's Resources
- A Place Called Home
- Victoria Park
- Lindsay Library
- Lindsay Salvation Army
- BGC Kawarthas
- Coboconk Library
- Fenelon Falls Library
- Bobcaygeon Library
- Motels

Appendix B • Acknowledgements

Many community members, volunteers and partner agencies contributed to the planning and implementation of Registry Week 2021. Thank you to all volunteers who attended training, participated in planning magnet events, and working group meetings. Thank you to the survey participants who offered their time and insights.

Kawartha Lakes and County of Haliburton Registry Week Working Group

Amber Rose • Housing Case Coordinator, Nogojiwanong Friendship Centre
Dave Tilley • Executive Director, A Place Called Home
Jessica Little • Rapid Rehousing Worker, Kawartha Lakes
Jessica Cearn • Community Support Worker, Women's Resources of Kawartha Lakes
Karen Smith • Housing Clerk, Kawartha Lakes
Madeline Porter • Homelessness System Coordinator, Kawartha Lakes
Michelle Corley • Manager, Housing and Homelessness, Kawartha Lakes
Mary Sisson • Manager, Haliburton Youth Wellness Hub
Natasha James • Harm Reduction & Crisis Coordinator, John Howard Society of Kawartha Lakes & Haliburton
Nicole Bryant • Manager, A Place Called Home
Nycole Duncan • Women's Centre Manager, YWCA Peterborough Haliburton
Sergeant Deb Haggarty • Kawartha Lakes Police Service
Victoria Goodman • Support Worker Enhanced & Youth Services, BGC Kawarthas

Appendix C • Survey Tool Questions

For accessible versions of the survey tool please contact Kawartha Lakes Housing Services at 705-324-9870.

INTRODUCTORY SCRIPT

Hello, my name is _____ and I'm a volunteer for the **Kawartha Lakes and County of Haliburton Registry Week**. This week we are meeting with people who don't have a permanent place to live, are couch surfing, or experiencing absolute homelessness. We want to better understand housing needs in the City of Kawartha Lakes and County of Haliburton.

- Do you have time to answer a few questions with me?
 - If NO: Thank and tally
 - If YES: Thank and tally
- Have you answered a survey this week with a person with a button or nametag like this?
 - If YES: Thank and tally
 - If NO: Go to screening

SCREENING

A. Where are you staying or where did you stay on the night of Monday September 13th?

a. <input type="checkbox"/> DECLINE TO ANSWER	c. <input type="checkbox"/> SOMEONE ELSE'S PLACE d. <input type="checkbox"/> MOTEL/HOTEL (SELF-FUNDED) e. <input type="checkbox"/> HOSPITAL f. <input type="checkbox"/> TREATMENT CENTRE g. <input type="checkbox"/> JAIL, PRISON, REMAND CENTRE	h. <input type="checkbox"/> HOMELESS SHELTER [EMERGENCY, FAMILY, DOMESTIC VIOLENCE SHELTER] i. <input type="checkbox"/> HOTEL/MOTEL (FUNDED BY CITY OR HOMELESS PROGRAM) j. <input type="checkbox"/> TRANSITIONAL SHELTER/HOUSING k. <input type="checkbox"/> UNSHELTERED IN A PUBLIC SPACE (E.G. STREET, PARK, BUS SHELTER, FOREST OR ABANDONED BUILDING) l. <input type="checkbox"/> ENCAMPMENT (E.G. GROUP OF TENTS, MAKESHIFT SHELTERS OR OTHER LONG-TERM OUTDOOR SETTLEMENT) m. <input type="checkbox"/> VEHICLE (CAR, VAN, RV, TRUCK, BOAT) n. <input type="checkbox"/> UNSURE: INDICATE PROBABLE LOCATION _____ (b. - M.)
[THANK & END SURVEY, TALLY] NOTE C RESPONSE	[FOLLOW-UP QUESTION C1]	[GO TO D TO COMPLETE CONSENT & NOTE RESPONSE TO C QUESTIONS]

C1: Do you have access to a permanent residence where you can safely stay as long as you want?

a. <input type="checkbox"/> YES [THANK & TALLY AND NOTE C RESPONSE]
b. <input type="checkbox"/> NO (not permanent and/or not safe) [GO TO SURVEY OR D]
c. <input type="checkbox"/> DON'T KNOW [GO TO SURVEY OR D]
d. <input type="checkbox"/> DECLINE TO ANSWER [THANK & END & TALLY - NOTE C RESPONSE]

SEE REVERSE PAGE

D. If they screen in to complete the PIT Survey/BNL Questions:

The full survey is totally voluntary, takes about 15-20 minutes and we will provide you with a \$10 gift card for your time. The survey will help us to know more about housing issues in our community and better understand what some of your unique needs are. This information will help connect people to any available opportunities to find and keep permanent housing.

A few things you will want to know about the survey:

- We are only looking for 'yes', 'no', or one word answers
- Any question can be skipped or refused
- If you do not understand a question, let me know, and I will do my best to explain.
- Your information collected in the survey will be stored by the City of Kawartha Lakes.
- All personal information you provide is confidential. What I learn today will not stop you from being able to access other supports or services.
- The results from the surveys will be shared in a final report to the City and County. Results from the survey will contribute to the understanding of homelessness across Ontario and will help with research to improve services. Information will also be used to help us understand your housing needs and the housing needs of people in our community experiencing homelessness.
- All of your personal information (name, date of birth and contact information) will be removed when sharing information in these reports.

E. Survey Package Selection:

1. Do you have any children or dependents living with you or do you anticipate having your children live with you once you are housed?
 - ☐ YES – Use GREEN packet labelled FAMILY, have the individual(s) sign consent form in packet, begin survey)
 - ☐ NO – Proceed to 2
2. Are you 24 years old or younger?
 - ☐ YES - Use YELLOW packet labeled YOUTH, have the individual sign consent in packet, and begin survey
 - ☐ NO – Use WHITE packet labeled ADULT, have the individual sign consent in packet, and begin survey

Coordinated Access System By-Name List Addition and Consent Form

What is the City of Kawartha Lakes-Haliburton (CKL-H) By-Name-List (BNL)?

- The BNL is an up-to-date list of all individuals and families experiencing homelessness in the KL-H area. The BNL is located on a secure database hosted by the City of Kawartha Lakes that allows information to be shared by agencies working together to help you find and maintain a place to live. People identified as being at the greatest risk are offered available housing services and supports first. The BNL does not guarantee access to housing so it is important that you continue to work with the agencies supporting you to look for housing solutions.

What personal information is collected?

- With your consent, the following information will be collected and added to the BNL: Name, Date of Birth, information gathered during the survey, and your contact information.
- When necessary, Personal Health Information and information about any legal issues that might impact your housing needs will be collected.

Why are we collecting your personal information and how will it be used?

- The goal of the BNL is to match homeless individuals and families to available and appropriate housing and support services based on their unique needs.
- Your information will be used to connect you to available housing and support services
- Non-identifiable data will be used to evaluate programs and services.

How will your information be shared?

- Your information may be shared using electronic communication platforms such as email and video teleconference
- We are taking the precautions necessary to ensure that your information and privacy is protected, but there is an additional risk that information can be disclosed when it is shared electronically

What if you change your mind about your personal information being shared?

- Giving consent for your information to be shared with the agencies that have access to the BNL is voluntary. Refusing to give consent will not limit your access to emergency shelter but it may limit the re-housing options available to you.
- You can remove or your consent at any time by calling the City of Kawartha Lakes Human Services (1-877-324-9870) but your cancellation will not be retroactive. If you remove consent, any information collected to the time of cancellation will be hidden in the data base and removed from the By Name List. If your consent expires (after 12 months) only your name will be visible to community partners. We will attempt to keep in touch with you to make sure your consent and housing situation is up to date.

What if there is some information you don't want to share?

- If you feel that sharing some of your personal information could impact your safety, please let staff know so a plan can be made to support you safely.

Are there times when information may be shared without your consent?

- Agency staff are required to share personal information if:
 - A child has experienced or may be at risk of abuse or harm
 - A person is a threat to themselves or another person; or
 - A court order requires information to be shared

Consent for the Collection and Sharing of Personal Information

- By signing below, I give permission to the City of Kawartha Lakes – Human Services to add

my personal information, including any relevant Personal Health Information and Legal information that may impact my housing needs, to the City of Kawartha Lakes and County of Haliburton By-Name List.

- I understand that the following agencies will have access to my information on the By Name List:
- City of Kawartha Lakes- Human Services Division
Four Counties Addiction Services Team (Fourcast)
Canadian Mental Health Association-HKPR,
A Place Called Home
Women's Resources
Kawartha Lakes Haliburton Housing Corporation
Kawartha Participation Projects
Haliburton Highlands Health Services
Nogojiwanong Friendship Centre
- BGC Kawartha Lakes
Point in Time Centre for Children, Youth and Families
Ross Memorial Hospital
John Howard Society-Kawartha Lakes Haliburton
Kawartha Lakes Police Services
YWCA Peterborough Haliburton
Ontario Disability Support Program (ODSP)
- I understand that these agencies will only share information about me that is necessary for them to plan, provide and evaluate the services that I have requested and/or received. They will neither request from each other, nor provide to each other, information that is not directly related to assessing or removing barriers to resolving my housing needs.
- I understand that for the purposes of matching me to available supports, my information may be shared between agencies in the following formats: in person meetings, teleconferencing, video teleconferencing
- I understand and accept the risks and limitations to privacy of electronic communications
- I understand that this consent is valid for 12 months and will be reviewed annually. I can contact Housing Services if I would like my name to be removed from the By-Name List. If I have questions about this consent form I can contact: bnlcoordinator@kawarthalakes.ca or 1-877-324-9870 Ext 3123
- This information is collected under the authority of the Housing Services Act 2011 sections 12, 13.1 and 19.1, for the purpose of enumeration, and delivering and evaluating homelessness and services.
- **If consent was provided verbally:**
 - I _____ (staff name) attest that informed verbal consent was obtained from the person listed below for the collection and sharing of personal information by partners in the City of Kawartha Lakes Haliburton's Housing and Homelessness System. The person listed below understands what personal information is being collected and how it will be used (as outlined above) and has provided meaningful consent.
- I have read or had read to me the information contained on this form and understand it.

First and last name: (please print)	Date of Birth: (DD/MM/YYYY)
Signature:	Date:
First and last name of witness: (please print)	
Signature:	Date:

PIT SURVEY

SURVEY

Survey Number: 0000

Location: _____

Time: _____ AM/PM

Interviewer: _____ Contact #: _____

C. Where are you staying tonight? / Where did you stay on the night of September 13th? (COPY FROM SCREENER)

a. DECLINE TO ANSWER b. OWN APARTMENT / HOUSE	}	[THANK & END SURVEY]
c. SOMEONE ELSE'S PLACE d. MOTEL/HOTEL (SELF-FUNDED) e. HOSPITAL f. TREATMENT CENTRE g. JAIL, PRISON, REMAND CENTRE	}	C1. Do you have access to a permanent residence where you can safely stay as long as you want? a. Yes [THANK & END] b. No (not permanent AND/OR not safe) [BEGIN SURVEY] c. Don't Know [BEGIN SURVEY] d. Decline to answer [THANK & END]
h. HOMELESS SHELTER (EMERGENCY, FAMILY OR DOMESTIC VIOLENCE SHELTER) i. HOTEL/MOTEL (FUNDED BY CITY OR HOMELESS PROGRAM) j. TRANSITIONAL SHELTER/HOUSING k. UNSHELTERED IN A PUBLIC SPACE (E.G. STREET, PARK, BUS SHELTER, FOREST OR ABANDONED BUILDING) l. ENCAMPMENT (E.G. GROUP OF TENTS, MAKESHIFT SHELTERS OR OTHER LONG-TERM OUTDOOR SETTLEMENT) m. VEHICLE (CAR, VAN, RV, TRUCK, BOAT) n. UNSURE: INDICATE PROBABLE LOCATION _____ (b. - m.)	}	[BEGIN SURVEY]

BEGIN SURVEY

1. Do you have family members or anyone else who is staying with you tonight? / Did you have any family members or anyone else who stayed with you last night? [Indicate survey number for partners. Check all that apply]

<input type="checkbox"/> NONE	<input type="checkbox"/> OTHER ADULT(S) (Can include other family or friends)
<input type="checkbox"/> PARTNER - Survey #: _____	<input type="checkbox"/> DECLINE TO ANSWER
<input type="checkbox"/> CHILD(REN)/DEPENDENT(S)	
[indicate gender and age for each] GENDER AGE	
	1 2 3 4 5 6 7 8

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

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

➔ For this survey, "homelessness" means any time when you have been without a permanent and secure place to live, including sleeping in shelters, on the streets, or living temporarily with others without having your own permanent housing (e.g. couch surfing).

3. How old were you the first time you experienced homelessness?

<input type="radio"/> AGE _____	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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4. In total, for how much time have you experienced homelessness over the PAST YEAR? (the last 12 months) [Does not need to be exact. Best estimate.]

<input type="radio"/> LENGTH _____ DAYS WEEKS MONTHS	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
----------------------------------------------------------	----------------------------------	-----------------------------------------

4b. In total, how many different times have you experienced homelessness over the PAST YEAR? (the last 12 months) [Best estimate.]

<input type="radio"/> NUMBER OF TIMES _____ [Includes this time]	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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5. How long have you been in (*community name*)?

<input type="radio"/> LENGTH _____ DAYS / WEEKS / MONTHS / YEARS	<input type="radio"/> ALWAYS BEEN HERE <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER
7b Where did you live before you came here?	
<input type="radio"/> CITY: _____	<input type="radio"/> PROVINCE/TERRITORY/COUNTRY: _____
<input type="radio"/> DECLINE TO ANSWER	

7c → What is the main reason you came to (community name)? [Do not read categories; select one]

<input type="radio"/> TO ACCESS EMERGENCY SHELTER(S)	<input type="radio"/> EMPLOYMENT (SEEKING)	<input type="radio"/> FAMILY CONFLICT
<input type="radio"/> TO ACCESS SERVICES AND SUPPORTS	<input type="radio"/> EMPLOYMENT (SECURED)	<input type="radio"/> RECREATION/SHOPPING
<input type="radio"/> FAMILY MOVED HERE	<input type="radio"/> TO ATTEND SCHOOL	<input type="radio"/> OTHER: _____
<input type="radio"/> TO VISIT FRIENDS/FAMILY	<input type="radio"/> FEAR FOR SAFETY	<input type="radio"/> DON'T KNOW
<input type="radio"/> TO FIND HOUSING	<input type="radio"/> INTIMATE PARTNER VIOLENCE	<input type="radio"/> DECLINE TO ASNWER

8a. Do you identify as First Nations (with or without status), Métis, or Inuit, or do you have North American Indigenous ancestry? [If yes, please specify]

<input type="radio"/> YES, FIRST NATIONS	<input type="radio"/> YES, MÉTIS	<input type="radio"/> NO	<input type="radio"/> DECLINE TO ANSWER
<input type="radio"/> YES, INUIT	<input type="radio"/> YES, INDIGENOUS ANCESTRY	<input type="radio"/> DON'T KNOW	

8b. In addition to your response in the question above, do you identify with any of the racial identities listed below? [Show or Read list. Select all that apply]

<input type="checkbox"/> ARAB (e.g., Syrian, Egyptian, Yemeni)	<input type="checkbox"/> BLACK-AFRO-CARIBBEAN OR AFRO-LATINX (e.g., Jamaican, Haitian, Afro-Brazilian)
<input type="checkbox"/> ASIAN-EAST (e.g., Chinese, Korean, Japanese)	<input type="checkbox"/> LATIN AMERICAN (e.g., Brazilian, Mexican, Chilean, Cuban)
<input type="checkbox"/> ASIAN- SOUTH-EAST (e.g., Filipino, Vietnamese, Cambodian, Malaysian, Laotian)	<input type="checkbox"/> WHITE (e.g. European, French, Ukrainian, Euro-Latinx)
<input type="checkbox"/> ASIAN-SOUTH OR INDO-CARIBBEAN (e.g., Indian, Pakistani, Sri Lankan, Indo-Guyanese, Indo-Trinidadian)	<input type="checkbox"/> NOT LISTED (PLEASE SPECIFY): _____
<input type="checkbox"/> ASIAN-WEST (e.g., Iranian, Afghan)	<input type="checkbox"/> IDENTIFY AS INDIGENOUS ONLY
<input type="checkbox"/> BLACK-CANADIAN/AMERICAN	<input type="checkbox"/> DON'T KNOW
<input type="checkbox"/> BLACK-AFRICAN (e.g., Ghanaian, Ethiopian, Nigerian)	<input type="checkbox"/> DECLINE TO ANSWER

8c → Which Indigenous community are you from?

<input type="radio"/> COMMUNITY /RESERVE NAME _____	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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9. Have you ever served in the Canadian Military or RCMP?

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

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

10. As a child or youth, were you ever in foster care or in a youth group home [Note: This question applies specifically to child welfare programs.]

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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10b → Approximately how long after leaving foster care/group home did you become homeless?

<input type="radio"/> LENGTH _____ DAYS / WEEKS / MONTHS / YEARS	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
------------------------------------------------------------------	----------------------------------	-----------------------------------------

11. Do you identify as having any of the following health challenges at this time:

ILLNESS OR MEDICAL CONDITION [e.g. diabetes, arthritis, TB, HIV]	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
PHYSICAL LIMITATION [e.g. challenges with mobility, physical abilities or dexterity]	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
LEARNING OR COGNITIVE LIMITATIONS [e.g. dyslexia, autism spectrum disorder, or as a result of ADHD or an acquired brain injury]	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER

MENTAL HEALTH ISSUE (diagnosed/undiagnosed) [e.g. depression, Post-traumatic stress disorder (PTSD), bipolar disorder]	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
SUBSTANCE USE ISSUE [e.g. tobacco, alcohol, opiates]	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER

12. Do you identify as having an acquired brain injury that happened after birth? (e.g. from injury related to an accident, violence, overdose, a stroke or brain tumor)

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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13. What gender do you identify with? [Show list or read list.]

<input type="radio"/> MAN	<input type="radio"/> TRANS WOMAN	<input type="radio"/> NOT LISTED: _____
<input type="radio"/> WOMAN	<input type="radio"/> TRANS MAN	<input type="radio"/> DON'T KNOW
<input type="radio"/> TWO-SPIRIT	<input type="radio"/> NON-BINARY (GENDERQUEER)	<input type="radio"/> DECLINE TO ANSWER

14. How do you describe your sexual orientation, for example straight, gay, lesbian? [Show list or read list.]

<input type="radio"/> STRAIGHT/HETEROSEXUAL	<input type="radio"/> BISEXUAL	<input type="radio"/> ASEXUAL	<input type="radio"/> NOT LISTED: _____
<input type="radio"/> GAY	<input type="radio"/> TWO-SPIRIT	<input type="radio"/> QUESTIONING	<input type="radio"/> DON'T KNOW
<input type="radio"/> LESBIAN	<input type="radio"/> PANSEXUAL	<input type="radio"/> QUEER	<input type="radio"/> DECLINE TO ANSWER

14a. What happened that caused you to lose your housing most recently? [Do not read the options. Check all that apply. "Housing" does not include temporary arrangements (e.g., couch surfing) or shelter stays. Follow up for the reason if the respondent says "eviction" or that they "chose to leave".]

A: HOUSING AND FINANCIAL ISSUES	B: INTERPERSONAL AND FAMILY ISSUES	C: HEALTH OR CORRECTIONS
<input type="checkbox"/> NOT ENOUGH INCOME FOR HOUSING (E.G. LOST BENEFIT, INCOME, OR JOB)	<input type="checkbox"/> CONFLICT WITH: SPOUSE / PARTNER	<input type="checkbox"/> PHYSICAL HEALTH ISSUE
<input type="checkbox"/> UNFIT/UNSAFE HOUSING CONDITION	<input type="checkbox"/> CONFLICT WITH: PARENT / GUARDIAN	<input type="checkbox"/> MENTAL HEALTH ISSUE
<input type="checkbox"/> BUILDING SOLD OR RENNOVATED	<input type="checkbox"/> CONFLICT WITH: OTHER (_____)	<input type="checkbox"/> SUBSTANCE USE ISSUE
<input type="checkbox"/> OWNER MOVED IN	<input type="checkbox"/> EXPERIENCED ABUSE BY: SPOUSE / PARTNER	<input type="checkbox"/> HOSPITALIZATION OR TREATMENT PROGRAM
<input type="checkbox"/> LANDLORD/TENANT CONFLICT	<input type="checkbox"/> EXPERIENCED ABUSE BY: PARENT / GUARDIAN	<input type="checkbox"/> INCARCERATION (JAIL OR PRISON)
<input type="checkbox"/> COMPLAINT (E.G. PETS/NOISE/DAMAGE)	<input type="checkbox"/> EXPERIENCED ABUSE BY: OTHER (_____)	
<input type="checkbox"/> LEFT THE COMMUNITY/RELOCATED	<input type="checkbox"/> DEPARTURE OF FAMILY MEMBER	
<input type="checkbox"/> EXPERIENCED DISCRIMINATION		
<input type="checkbox"/> OTHER REASON: _____	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER

14b. Was your most recent housing loss related to the COVID-19 pandemic?

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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14c. How long ago did that happen (that you lost your housing most recently)? (Best estimate)

<input type="radio"/> LENGTH _____ DAYS WEEKS MONTHS YEARS	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
------------------------------------------------------------------	----------------------------------	-----------------------------------------

15. What are your sources of income? [Read list and check all that apply]

<input type="checkbox"/> FULL TIME EMPLOYMENT	<input type="checkbox"/> EMPLOYMENT INSURANCE	<input type="checkbox"/> CHILD AND FAMILY TAX BENEFITS
<input type="checkbox"/> PART TIME EMPLOYMENT	<input type="checkbox"/> DISABILITY BENEFIT [Name of PROV. DISABILITY BENEFIT]	<input type="checkbox"/> GST/HST REFUND
<input type="checkbox"/> CASUAL EMPLOYMENT (E.G. CONTRACT WORK)	<input type="checkbox"/> SENIORS BENEFITS (E.G. CPP/OAS/GIS)	<input type="checkbox"/> OTHER MONEY FROM A SERVICE AGENCY
<input type="checkbox"/> INFORMAL INCOME SOURCES (E.G. BOTTLE RETURNS, PANHANDLING)	<input type="checkbox"/> WELFARE/SOCIAL ASSISTANCE [Prov. Benefit]	<input type="checkbox"/> OTHER SOURCE: _____
<input type="checkbox"/> MONEY FROM FAMILY/FRIENDS	<input type="checkbox"/> VETERAN/VAC BENEFITS	<input type="checkbox"/> NO INCOME
	<input type="checkbox"/> CANADA RECOVERY BENEFIT	<input type="checkbox"/> DON'T KNOW
		<input type="checkbox"/> DECLINE TO ANSWER

16. Have you filed your income taxes this year? (several provincial benefits rely on the households submitting their income taxes)

- ☐ YES
 ☐ NO
 ☐ DON'T KNOW
 ☐ DECLINE TO ANSWER

If no, why not?

17. What is the highest level of education you completed?

- | | | |
|------------------------------------------------|--------------------------------------------------------------|-------------------------------------------|
| <input type="radio"/> PRIMARY SCHOOL | <input type="radio"/> SOME POST SECONDARY | <input type="radio"/> NO FORMAL EDUCATION |
| <input type="radio"/> SOME HIGH SCHOOL | <input type="radio"/> POST SECONDARY GRADUATE | <input type="radio"/> DON'T KNOW |
| <input type="radio"/> HIGH SCHOOL GRADUATE/GED | <input type="radio"/> GRADUATE DEGREE (E.G., MASTERS, Ph.D.) | <input type="radio"/> DECLINE TO ANSWER |

18. Do you want to get into permanent housing?

- ☐ YES
 ☐ NO
 ☐ DON'T KNOW
 ☐ DECLINE TO ANSWER

If no, why not?

19. What challenges or problems have you experienced when trying to find housing? [Select all that apply]

- | | | |
|---------------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> LOW INCOME | <input type="checkbox"/> MENTAL HEALTH ISSUES | <input type="checkbox"/> DISCRIMINATION |
| <input type="checkbox"/> NO INCOME ASSISTANCE | <input type="checkbox"/> ADDICTION | <input type="checkbox"/> DON'T WANT HOUSING |
| <input type="checkbox"/> RENTS TOO HIGH | <input type="checkbox"/> FAMILY BREAKDOWN/CONFLICT | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> POOR HOUSING CONDITIONS | <input type="checkbox"/> CRIMINAL HISTORY | <input type="checkbox"/> NO BARRIERS TO HOUSING |
| <input type="checkbox"/> DOMESTIC VIOLENCE | <input type="checkbox"/> PETS | <input type="checkbox"/> DECLINE TO ANSWER |
| <input type="checkbox"/> HEALTH/DISABILITY ISSUES | <input type="checkbox"/> CHILDREN | |

20. Would you be interested in participating in a focus group to review the results of this survey and talk about how to improve homelessness and housing services in our community? If so, what is the best way to contact you?

Second Part of the Survey (Registry for By-Name List)

Once completed the PiT questions

1. Follow-up with the second part of the survey.

- The second part of the survey asks some questions so we can follow-up with you to assist you to find housing or let you know of any housing options that become available.*

Consent, Privacy and Agency Information

Does the client want to be anonymous?

☐ Yes

☐ No

*If they want to be anonymous, please note that human services staff will have access to their name and information.

Referring Agency:

Referring staff member or volunteer:

Basic Client Information

Citizenship status:

Household Type:

☐ Single Adult ☐ Family ☐ Youth (16-24) ☐ Senior (60+) ☐ Couple ☐ Youth Head of Household

Primary Community:

☐ Lindsay ☐ Fenelon Falls ☐ Bobcaygeon ☐ Minden ☐ Haliburton ☐ Other: _____

What community is the client willing to live in? Please check all that apply.

☐ Lindsay ☐ Fenelon Falls ☐ Bobcaygeon ☐ Minden ☐ Haliburton ☐ Omemee
☐ Any community in CKL ☐ Any community in COH ☐ Any community in CKL and COH
☐ Other: _____

Housing Search Information

Does the client require an accessible or modified unit?

☐ Yes

☐ No

bedrooms required?

Client's monthly income:

Name of OW/ODSP Worker:

Does the client have any of the following valid government issued ID?

☐ Birth Certificate ☐ Social Insurance Number ☐ Driver's License ☐ Health Card
☐ Passport ☐ Status Card ☐ PR Card ☐ Armed Forces ID

Is there any other information that can be useful when matching the client to housing?

Assessment- VI-SPDAT

<insert the three different VI-SPDAT assessments>

ADMINISTRATION

First Name:	Last Name:		
Date:	Date of Birth:		
Start Time:	Gender Identity- Male, Female, Transgender, Other (specify):		
End Time:	Identifies as LGBTQ2S+?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey Location - Shelter, Outreach, Drop In, or Other (specify):	Race/Ethnicity:		
	Indigenous:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous VI-SPDAT completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever served in the military or the RCMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, VI-SPDAT Score:	Pet(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OPENING SPEAKING POINTS

Cover the following in the opening explanation of the TAY-VI-SPDAT each time:

- The purpose of doing the triage for youth aged 24 years of age or younger
- Approximately how long it will take
- How to answer the questions (yes, no or simple one-word answers)
- That they can get clarification if they do not understand a question
- That they can skip or refuse to answer any question, **without penalty**
- Where the information is stored
- The importance of being as honest as they feel comfortable being
- That some answers provided may need further verification from other sources (like whether or not they meet the definition of chronic homelessness)
- Consent to participate in the process

Disclaimer:

OrgCode Consulting, Inc. (OrgCode) cannot control the way in which the VI-SPDAT and SPDAT products will be used, applied or integrated by communities, agencies or frontline staff. OrgCode assumes no legal responsibility or liability for the decisions that are made or services that are received in conjunction with the tools.



SECTION ONE: PRESENTING NEEDS

1. Most days can you:

- | | | | |
|----------------------------------------------------------------|----------------------------|----------------------------|--------------------------------------------------------|
| a. Find a safe place to sleep | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| b. Access a bathroom when you need it | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| c. Access a shower when you need it | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| d. Get food | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| e. Get water or other non-alcoholic beverages to stay hydrated | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| f. Get clothing or access laundry when you need it | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| g. Safely store your stuff | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R <input type="checkbox"/> NA |

Score 1 if NO to Question 1 a, b, c, d, e, f or g.

SECTION TWO: HOUSING HISTORY

2. How long has it been since you lived in stable, permanent housing?

3. In the last three years, how many times have you been homeless?

4. IF THE ANSWER TO QUESTION 3 IS 2 OR MORE:

Thinking about those last three years and the different times you were homeless... if you add up all the months you were homeless, what is the total length of time you have experienced homelessness?

_____ months

Score 1 if any of the following conditions are met:

- If the youth experienced:
 - 6 or more consecutive months of homelessness over the past year, **and/or**
 - 2+ episodes of homelessness over the past 3 years with a cumulative duration of at least 18 months.

5. Have you ever lived in a home that you own or an apartment in your name?

☐ Y ☐ N ☐ R

6. Have you and/or your family spent a lot of time without stable housing?
Did you all move around a lot?

☐ Y ☐ N ☐ R

7. Were you in an out-of-home placement (*foster care, group home, etc.*) as a minor?

☐ Y ☐ N ☐ R

Score 1 if any of the following conditions are met:

- NO to Question 5;
- YES to Question 6;
- YES to Question 7.



SECTION THREE: VULNERABILITIES AND HOUSING SUPPORT NEEDS

8. In the last 6 months, how many times have you: # of times
- a. Gone to the emergency room/department _____
 - b. Taken an ambulance _____
 - c. Been hospitalized as an inpatient _____
 - d. Used a crisis service or hotline like suicide prevention, mental health crisis or teen/youth crisis counsellor at school or a drop-in _____
 - e. Talked to police because you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or because they asked you to move along because of loitering, sleeping in a public place or anything like that _____
 - f. Stayed one or more nights in jail, a holding cell, youth corrections or prison _____

If the total number of interactions equals 4 or more, score 1.

☐

9. Since you have been homeless:

- a. Have you been beaten up or assaulted ☐ Y ☐ N ☐ R
- b. Have you threatened to beat up or assault someone else ☐ Y ☐ N ☐ R
- c. Have you threatened to harm yourself or harmed yourself ☐ Y ☐ N ☐ R
- d. Has anyone threatened you with violence or made you feel unsafe ☐ Y ☐ N ☐ R
- e. Has anyone tried to control you through violence or threats of violence whether that be a stranger, friend, partner, relative or parent ☐ Y ☐ N ☐ R

If YES to any of Question 9, score 1.

☐

10. Do you have any legal stuff going on right now that may result in any of the following:

- a. Being locked up ☐ Y ☐ N ☐ R
- b. Having to pay fines or fees that you cannot afford ☐ Y ☐ N ☐ R
- c. Impact your ability to get housing ☐ Y ☐ N ☐ R
- d. Impact where you could live in your housing ☐ Y ☐ N ☐ R

11. Have you ever been convicted of a crime that makes it difficult to access or maintain housing? ☐ Y ☐ N ☐ R

12. Did you spend time in Youth Corrections or Detention prior to age 18? ☐ Y ☐ N ☐ R

Score 1 if any of the following conditions are met:

- YES to Question 10 a, b, c or d;
- YES to Question 11;
- YES to Question 12.

☐


13. Does anyone trick, manipulate, exploit or force you to do things you do not want to do? ☐ Y ☐ N ☐ R

14. Where do you sleep most frequently? (*select one response*)

- ☐ Shelters ☐ Transitional Housing ☐ Couch Surfing/Hopping
☐ Outdoors ☐ Car ☐ Other _____

15. Do you ever do things that may be considered risky or harmful like run drugs, share a needle, do sex work or survival sex, or anything like that? ☐ Y ☐ N ☐ R

Score 1 if any of the following conditions are met:

- YES to Question 13;
- If the person stays any place other than Shelters or Transitional Housing in Question 14;
- YES to Question 15.

16. Is there anybody that thinks you owe them money like a family member, friend, past landlord, business, bookie, dealer, bank, credit card company, utility company or anyone like that? ☐ Y ☐ N ☐ R

17. Do you get any money from the government, a job, working under the table, day labour, an inheritance or a pension, or anything like that? ☐ Y ☐ N ☐ R

18. Do you ever gamble with money you cannot afford to lose or have debts associated with gambling? ☐ Y ☐ N ☐ R

Score 1 if any of the following conditions are met:

- YES to Question 16
- NO to Question 17;
- YES to Question 18.

19. Do you have planned activities, other than activities for survival, at least four days per week that make you feel happy and fulfilled? ☐ Y ☐ N ☐ R

If NO to Question 19, score 1.

20. Do you have a collection of belongings that gets in the way with your ability to access services or housing? ☐ Y ☐ N ☐ R ☐ NA

If YES to Question 20, score 1.

21. Would you say that your current homelessness was caused by any of the following:

- a. You went on the run from a family home, group home, or foster home ☐ Y ☐ N ☐ R
- b. There was violence at the home between family members ☐ Y ☐ N ☐ R
- c. There were differences in religious beliefs between your parents/guardian/caregivers ☐ Y ☐ N ☐ R
- d. There were conflicts about gender identity or sexual orientation ☐ Y ☐ N ☐ R



22. Do most of your family and friends have stable housing? ☐ Y ☐ N ☐ R

If YES to any of Question 21, and/or NO to Question 22, score 1.

23. Are you 17 years of age or younger? ☐ Y ☐ N ☐ R

24. Do you have any physical health issues that might require assistance to access or keep housing? ☐ Y ☐ N ☐ R

25. Are you currently pregnant (if applicable)? ☐ Y ☐ N ☐ R

26. Were you pregnant or did you get someone else pregnant as a minor? ☐ Y ☐ N ☐ R

If YES to Question 23, Question 24, Question 25 and/or Question 26, score 1.

27. Do you have any mental health issues or cognitive issues including a brain injury that might require assistance to access or keep housing? ☐ Y ☐ N ☐ R

If YES to Question 27, score 1.

28. Do you use alcohol or drugs in a way that it:

a. Impacts your life in a negative way most days ☐ Y ☐ N ☐ R

b. Makes it hard to access housing ☐ Y ☐ N ☐ R

c. Might require assistance to maintain housing ☐ Y ☐ N ☐ R

29. Did you try marijuana at or under the age of 12 years old? ☐ Y ☐ N ☐ R

If YES to any of Question 28 and/or Question 29, score 1.

30. Are there any medications that, for whatever reason:

a. A doctor said you should be taking but you are not ☐ Y ☐ N ☐ R

b. You sell instead of taking ☐ Y ☐ N ☐ R

c. You use in a way other than how it is prescribed ☐ Y ☐ N ☐ R

d. You can't get to because you don't feel safe ☐ Y ☐ N ☐ R

e. You find impossible to take or you forget to take ☐ Y ☐ N ☐ R

If YES to any of Question 30, score 1.

31. Has your homelessness been caused by any recent or past trauma or abuse? ☐ Y ☐ N ☐ R

If YES to Question 31, score 1.



32. High Risk of Long Term Homelessness

Score 1 if all of the following conditions are met:

- YES to Question 12
- YES to Question 21 (a, b c or d);
- YES to Question 26;
- YES to Question 29.

TOTAL SCORE

0

SCORING RANGE	RECOMMENDED COURSE OF ACTION
0-3	Assess for least intensive service supports
4-7	Assess for moderate and often time-limited supports
8+	Assess for high intensity supports lasting for a longer duration of time and perhaps even permanently

CONTACT INFORMATION

On a typical day, what is the best way to reach you?

If that is unsuccessful, what is the next best way to reach you?



ADMINISTRATION

First Name:	Last Name:		
Date:	Date of Birth:		
Start Time:	Gender Identity- Male, Female, Transgender, Other (specify):		
End Time:	Identifies as LGBTQ2S+?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey Location - Shelter, Outreach, Drop In, or Other (specify):	Race/Ethnicity:		
	Indigenous:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous VI-SPDAT completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever served in the military or the RCMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, VI-SPDAT Score:	Pet(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OPENING SPEAKING POINTS

Cover the following in the opening explanation of the VI-SPDAT each time:

- The purpose of doing the triage
- Approximately how long it will take
- How to answer the questions (yes, no or simple one-word answers)
- That they can get clarification if they do not understand a question
- That they can skip or refuse to answer any question
- Where the information is stored
- The importance of being as honest as they feel comfortable being
- That some answers provided may need further verification from other sources (like whether or not they meet the definition of chronic homelessness)
- Consent to participate in the process

Disclaimer:

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SECTION ONE: PRESENTING NEEDS

1. Most days can you:

- | | | | |
|----------------------------------------------------------------|----------------------------|----------------------------|--------------------------------------------------------|
| a. Find a safe place to sleep | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| b. Access a bathroom when you need it | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| c. Access a shower when you need it | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| d. Get food | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| e. Get water or other non-alcoholic beverages to stay hydrated | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| f. Get clothing or access laundry when you need it | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| g. Safely store your stuff | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R <input type="checkbox"/> NA |

Score 1 if NO to Question 1 a, b, c, d, e, f or g

☐

SECTION TWO: HOUSING HISTORY

2. Over the past 12 months, what is the total length of time you have been homeless?

3. In the last three years, how many times have you been homeless?

4. IF THE ANSWER TO QUESTION 3 IS 2 OR MORE:

Thinking about those last three years and the different times you were homeless... if you add up all the months you were homeless, what is the total length of time you have experienced homelessness?

_____ months

Score 1 if any of the following conditions are met:

- If the person experienced:
 - 6 or more months homelessness in the last 12 months; **OR**
 - 2 or more episodes of homelessness in the last three years which total 18 or more months.

5. Have you ever lived in a home that you own or an apartment in your name?

☐ Y ☐ N ☐ R

6. Have you ever been evicted?

☐ Y ☐ N ☐ R

Score 1 if NO to Question 5 and/or YES to Question 6

☐


SECTION THREE: VULNERABILITIES AND HOUSING SUPPORT NEEDS

7. In the last 6 months, how many times have you: # of times
- a. Gone to the emergency room/department _____
 - b. Taken an ambulance _____
 - c. Been hospitalized as an inpatient _____
 - d. Used a crisis service or hotline for such concerns as family or intimate partner violence or suicide prevention _____
 - e. Talked to police because you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or because they asked you to move along because of loitering, sleeping in a public place or anything like that _____
 - f. Stayed one or more nights in jail, a holding cell or prison _____

If the total number of interactions equals 4 or more, score 1.

☐

8. Since you have been homeless:
- a. Have you been beaten up or assaulted ☐ Y ☐ N ☐ R
 - b. Have you threatened to beat up or assault someone else ☐ Y ☐ N ☐ R
 - c. Have you threatened to harm yourself or harmed yourself ☐ Y ☐ N ☐ R
 - d. Has anyone threatened you with violence or made you feel unsafe ☐ Y ☐ N ☐ R
 - e. Has anyone tried to control you through violence or threats of violence whether that be a stranger, friend, partner, relative or parent ☐ Y ☐ N ☐ R

If YES to any of Question 8, score 1.

☐

9. Do you have any legal stuff going on right now that may result in any of the following:
- a. Being locked up ☐ Y ☐ N ☐ R
 - b. Having to pay fines or fees that you cannot afford ☐ Y ☐ N ☐ R
 - c. Impact your ability to get housing ☐ Y ☐ N ☐ R
 - d. Impact where you could live in the community ☐ Y ☐ N ☐ R
10. Have you ever been convicted of a crime that would make it difficult to access or maintain housing? ☐ Y ☐ N ☐ R

If YES to any of Question 9 and/or YES to Question 10, score 1.

☐


11. Does anyone trick, manipulate, exploit or force you to do things you do not want to do? ☐ Y ☐ N ☐ R

12. Where do you sleep most frequently? (*select one response*)

- ☐ Shelters ☐ Transitional Housing ☐ Couch Surfing
☐ Outdoors ☐ Car ☐ Other _____

13. Do you ever do things that may be considered to be risky or harmful like run drugs, share a needle, exchange sex for money, drugs, protection or a temporary place to stay, or anything like that? ☐ Y ☐ N ☐ R

Score 1 if any of the following conditions are met:

- YES to Question 11;
- If the person stays any place other than Shelters or Transitional Housing in Question 12;
- YES to Question 13.

14. Is there anybody that thinks you owe them money like a family member, friend, past landlord, business, bookie, dealer, bank, credit card company, utility company or anyone like that? ☐ Y ☐ N ☐ R

15. Do you get any money from the government, a job, working under the table, day labour, an inheritance or a pension, or anything like that? ☐ Y ☐ N ☐ R

16. Do you ever gamble with money you cannot afford to lose or have debts associated with gambling? ☐ Y ☐ N ☐ R

Score 1 if any of the following conditions are met:

- YES to Question 14;
- NO to Question 15;
- YES to Question 16.

17. Do you have planned activities, other than activities for survival, at least four days per week that make you feel happy and fulfilled? ☐ Y ☐ N ☐ R

If NO to Question 17, score 1.

18. Do you have a collection of belongings that gets in the way with your ability to access services or housing? ☐ Y ☐ N ☐ R

If YES to Question 18, score 1.

19. Would you say that your current homelessness was caused by any of the following:

- a. A relationship that broke down ☐ Y ☐ N ☐ R
- b. An unhealthy or abusive relationship ☐ Y ☐ N ☐ R
- c. Because family or friends caused you to lose your housing ☐ Y ☐ N ☐ R



20. Do most of your family and friends have stable housing? ☐ Y ☐ N ☐ R

If YES to any of Question 19, and/or NO to Question 20, score 1.

21. Are you 60 years of age or older? ☐ Y ☐ N ☐ R

22. Do you have any physical health issues that might require assistance in order to access or keep housing? ☐ Y ☐ N ☐ R

23. Are you currently pregnant? (If applicable) ☐ Y ☐ N ☐ R

If YES to any of Question 21, 22 or 23, score 1.

24. Do you have any issues with your mental health or cognitive issues including a brain injury that might require assistance in order to access or keep housing? ☐ Y ☐ N ☐ R

If YES to Question 24, score 1.

25. Do you use alcohol or drugs in a way that it:

a. Impacts your life in a negative way most days ☐ Y ☐ N ☐ R ☐ NA

b. Makes it hard to access housing ☐ Y ☐ N ☐ R ☐ NA

c. Would require assistance to maintain housing ☐ Y ☐ N ☐ R ☐ NA

If YES to any of Question 25, score 1

26. Are there any medications that, for whatever reason:

a. A doctor said you should be taking but you are not taking ☐ Y ☐ N ☐ R ☐ NA

b. You sell instead of taking ☐ Y ☐ N ☐ R ☐ NA

c. You use in a way other than how it is prescribed ☐ Y ☐ N ☐ R ☐ NA

d. You find impossible to take, forget to take or choose not to take ☐ Y ☐ N ☐ R ☐ NA

If YES to any of Question 26, score 1.

27. Has your homelessness been caused by any recent or past trauma or abuse? ☐ Y ☐ N ☐ R

If YES to Question 27, score 1.

TOTAL SCORE

0



ADMINISTRATION

Head of Household First Name:	Head of Household Last Name:
Date:	Date of Birth:
Start Time:	Gender Identity (Male, Female, Transgender, Other):
End Time:	Identifies as LGBTQ2S+? <input type="checkbox"/> Yes <input type="checkbox"/> No
Survey Location - Shelter, Outreach, Drop In, or Other (specify):	Race/Ethnicity: Indigenous: <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous VI-SPDAT completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever served in the military or the RCMP? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, VI-SPDAT Score:	Pet(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No

2nd Head of Household First Name:	2nd Head of Household Last Name:
Date:	Date of Birth:
Start Time:	Gender Identity (Male, Female, Transgender, Other):
End Time:	Identifies as LGBTQ2S+? <input type="checkbox"/> Yes <input type="checkbox"/> No
Survey Location - Shelter, Outreach, Drop In, or Other (specify):	Race/Ethnicity: Indigenous: <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous VI-SPDAT completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever served in the military or the RCMP? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, VI-SPDAT Score:	Pet(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No

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OPENING SPEAKING POINTS

Cover the following in the opening explanation of the F-VI-SPDAT each time:

- The purpose of doing this triage with households that have children and are currently experiencing homelessness
- Some of the questions are personal in nature. It is their choice whether or not they want their children present, and if they do choose to have their children present, they can choose to skip questions that they don't want to answer in front of their children that we can try to come back to at the end or another time if someone can watch their children for a few minutes.
- Approximately how long it will take
- How to answer the questions (yes, no or simple one-word answers)
- That they can get clarification if they do not understand a question
- That they can skip or refuse to answer any question
- Where the information is stored
- The importance of being as honest as they feel comfortable being
- That some answers provided may need further verification from other sources (like whether or not they meet the definition of chronic homelessness)
- Consent to participate in the process

SECTION ONE: CHILDREN WITHIN THE HOUSEHOLD

1. How many children under the age of 18 are currently with you? _____
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____
3. Is any member of the family currently pregnant (*if applicable*)? ☐ Y ☐ N ☐ R
4. Please provide a list of children in your household:

Child 1 First Name:	Child 1 Last Name:
Child 1 Date of Birth:	Child 1 With Family?
Child 2 First Name:	Child 2 Last Name:
Child 2 Date of Birth:	Child 2 With Family?
Child 3 First Name:	Child 3 Last Name:
Child 3 Date of Birth:	Child 3 With Family?
Child 4 First Name:	Child 4 Last Name:
Child 4 Date of Birth:	Child 4 With Family?
Child 5 First Name:	Child 5 Last Name:
Child 5 Date of Birth:	Child 5 With Family?

Score 1 if any of the following conditions are met:

- If there is a single parent with 2+ children, and/or a child aged 11 or younger, and/or a current pregnancy.
- If there are two parents with 3+ children, and/or a child aged 6 or younger, and/or a current pregnancy.



SECTION TWO: PRESENTING NEEDS

5. Most days can you and your family:

- | | | | |
|----------------------------------------------------------------|----------------------------|----------------------------|----------------------------|
| a. Find a safe place to sleep | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| b. Access a bathroom when you need it | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| c. Access a shower when you need it | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| d. Get food | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| e. Get water or other non-alcoholic beverages to stay hydrated | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| f. Get clothing or access laundry when you need it | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| g. Safely store your stuff | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |

Score 1 if NO to Question 5 a, b, c, d, e, f or g.

☐

SECTION THREE: HOUSING HISTORY

6. How long has it been since you and your family lived in stable, permanent housing? (*is this in days or months or years?*)

7. In the last 3 years, how many times have you and your family been homeless?

8. IF THE ANSWER TO QUESTION 7 IS 2 OR MORE:

Thinking about those last three years and the different times you and your family were homeless, if you add up all the months of homelessness, what is the total length of time your family has experienced homelessness?

_____ months

Score 1 if any of the following conditions are met:

- If the family has experienced:
 - 6 or more consecutive months of homelessness over the past year, **and/or**
 - 2+ episodes of homelessness over the past 3 years with a cumulative duration of at least 18 months.

9. Has your family ever lived in a home that you own or an apartment in your name?

☐ Y ☐ N ☐ R

10. Have you and your family ever been evicted?

☐ Y ☐ N ☐ R

Score 1 if NO to Question 9 and/or YES to Question 10.

☐


SECTION FOUR: VULNERABILITIES AND HOUSING SUPPORT NEEDS

11. In the last 6 months, how many times have you or anyone in your family: # of times
- a. Gone to the emergency room/department _____
 - b. Taken an ambulance _____
 - c. Been hospitalized as an inpatient _____
 - d. Used a crisis service or hotline for such concerns as family or intimate partner violence or suicide prevention _____
 - e. Talked to police because you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or because they asked you to move along because of loitering, sleeping in a public place or anything like that _____
 - f. Stayed one or more nights in jail, a holding cell or prison _____

If the total number of interactions equals 4 or more, score 1.

☐

12. Since your family has been homeless:
- a. Has anyone in your family been beaten up or assaulted ☐ Y ☐ N ☐ R
 - b. Has anyone in your family threatened to beat up or assault someone else ☐ Y ☐ N ☐ R
 - c. Has anyone in your family threatened to harm themselves or harmed themselves ☐ Y ☐ N ☐ R
 - d. Has anyone threatened you or anyone in your family with violence or made any of you feel unsafe ☐ Y ☐ N ☐ R
 - e. Has anyone tried to control you or anyone in your family through violence or threats of violence whether that be a stranger, friend, partner, relative or someone in your family ☐ Y ☐ N ☐ R

If YES to any of Question 12, score 1.

☐

13. Does anyone in your family have any legal stuff going on right now that may result in any of the following:
- a. Being locked up ☐ Y ☐ N ☐ R
 - b. Having to pay fines or fees that you cannot afford ☐ Y ☐ N ☐ R
 - c. Impact your family's ability to get housing ☐ Y ☐ N ☐ R
 - d. Impact where you and your family could live in your housing ☐ Y ☐ N ☐ R
 - e. Impact your family's ability to stay together ☐ Y ☐ N ☐ R
14. Has anyone in your family ever been convicted of a crime that makes it difficult to access or maintain housing ☐ Y ☐ N ☐ R

If YES to any of Question 13 and/or YES to Question 14, score 1.

☐


15. Does anyone trick, manipulate, exploit or force anyone in your family to do things they do not want to do? ☐ Y ☐ N ☐ R

16. Where do you and your family sleep most frequently? (*select one response*)

- ☐ Shelters ☐ Transitional Housing ☐ Couch Surfing
☐ Outdoors ☐ Car ☐ Other _____

17. Does anyone in your family ever do things that may be considered to be risky or harmful like run drugs, share a needle, do sex work, or anything like that? ☐ Y ☐ N ☐ R

Score 1 if any of the following conditions are met:

- YES to Question 15;
- If the family stays any place other than Shelters or Transitional Housing in Question 16;
- YES to Question 17.

18. Is there anybody that thinks that you or anyone in your family owes them money like a family member, friend, past landlord, business, bookie, dealer, bank, credit card company, utility company or anyone like that? ☐ Y ☐ N ☐ R

19. Do you or anyone in your family get any money from the government, a job, alimony, child support, working under the table, day labour, an inheritance or a pension, or anything like that? ☐ Y ☐ N ☐ R

20. Do you or anyone in your family ever gamble with money they cannot afford to lose or have debts associated with gambling? ☐ Y ☐ N ☐ R

Score 1 if any of the following conditions are met:

- YES to Question 18;
- NO to Question 19;
- YES to Question 20.

21. Does everyone in your family have planned activities, other than activities for survival, at least four days per week that make them feel happy and fulfilled? ☐ Y ☐ N ☐ R

If NO to Question 21, score 1.

22. Does your family have a collection of belongings that gets in the way with your ability to access services or housing? ☐ Y ☐ N ☐ R

If YES to Question 22, score 1.

23. Would you say that your family's current homelessness was caused by any of the following:

- a. A relationship that broke down ☐ Y ☐ N ☐ R
- b. An unhealthy or abusive relationship ☐ Y ☐ N ☐ R
- c. Because family or friends caused your family to lose your housing ☐ Y ☐ N ☐ R



24. Do most of your family and friends have stable housing? ☐ Y ☐ N ☐ R

If YES to any of Question 23, and/or NO to Question 24, score 1.

25. Is anyone in your current household 60 years of age or older? ☐ Y ☐ N ☐ R

26. Does anyone in your family have any physical health issues that might require assistance to access or keep housing? ☐ Y ☐ N ☐ R

If YES to Question 25 and/or YES to Question 26, score 1.

27. Does anyone in your family have any mental health or cognitive issues including a brain injury that might require assistance to access or keep housing? ☐ Y ☐ N ☐ R

If YES to Question 27, score 1.

28. Does anyone in your family use alcohol or drugs in a way that it:

a. Impacts their life in a negative way most days ☐ Y ☐ N ☐ R

b. Makes it hard to access housing ☐ Y ☐ N ☐ R

c. Might require assistance to maintain housing ☐ Y ☐ N ☐ R

If YES to any of Question 28, score 1.

29. Are there any medications that, for whatever reason:

a. A doctor said someone in your family should be taking but they are not taking ☐ Y ☐ N ☐ R

b. The medication gets sold instead of being taken ☐ Y ☐ N ☐ R

c. The medication is used other than how it is prescribed ☐ Y ☐ N ☐ R

d. The medication is impossible to take, forgotten, or chosen not to take it ☐ Y ☐ N ☐ R

If YES to any of Question 29, score 1.

30. Has your family's homelessness been caused by any recent or past trauma or abuse? ☐ Y ☐ N ☐ R

If YES to Question 30, score 1.

31. Are there any children that have been removed from the family by a child protection service in the last six months? ☐ Y ☐ N ☐ R

32. Do you have any family legal issues like child custody, protection issues, divorce, or anything like that being resolved in court or needing to be resolved in court that would impact your housing or who may live within your housing? ☐ Y ☐ N ☐ R

If YES to Question 31 and/or Question 32, score 1.



33. At any point in the last six months, have any of your children been separated from you to live with another family member or friend? ☐ Y ☐ N ☐ R
34. In the last six months, have any of the children experienced abuse or trauma? ☐ Y ☐ N ☐ R
35. **If there are school-aged children:** Do your children attend school more often than not each week? ☐ Y ☐ N ☐ R

Score 1 if any of the following conditions are met:

- YES to Question 33;
- YES to Question 34;
- NO to Question 35.

36. In the last six months, have the adults in the family changed because of a new relationship, a separation, incarceration, military deployment, or anything like that? ☐ Y ☐ N ☐ R
37. Do you anticipate any other adults or children coming to live with your family in the first six months after you and your family get housed? ☐ Y ☐ N ☐ R

If YES to Question 36 and/or Question 37, score 1.

38. Does your family have a support network for when you need help with your children or other things that come up? ☐ Y ☐ N ☐ R
39. **If there are children 12 and younger as well as 13 and over:** In your household, do the older kids spend two or more hours on a typical day helping their younger siblings with things like getting ready for school, homework, dinner, bathing them, or anything like that? ☐ Y ☐ N ☐ R

If NO to Question 38 and/or YES to Question 39, score 1.

TOTAL SCORE

0



For more information, please visit:

www.kawarthalakes.ca/housing



Or contact our Human Services Office:

Telephone: 705-324-9870 **Toll Free:** 1-877-324-9870

Email: cklhumanservices@kawarthalakes.ca