

# Simcoe County **Family**

## Survey for 2020 Joint PiT/Registry Week

(Last updated November 4th, 2020)

Including Vulnerability Index -

Service Prioritization Decision Assistance Tool

(Family VI-SPDAT)

## Prescreen Triage Tool for Families



Co-ordinated by the David Busby Street Centre

**SURVEY INTRODUCTION****(Surveyor to complete after Introductory Script, Screening and Consent)**

<b>Interviewer's Name</b> _____	<b>Agency and/or Contact #</b> _____
<b>Survey Date</b> DD/MM/YYYY ___/___/____	<b>Survey Time</b> ___:___ AM/PM
<b>Survey Location</b> _____	
<input type="checkbox"/> <b>Survey Completed over the phone</b> <input type="checkbox"/> 1-800 enumeration number, or <input type="checkbox"/> other agency number	<input type="checkbox"/> <b>Survey translated into French</b>

**C. Where are you staying tonight? / Where did you stay last night? /Where did you stay [Tuesday November 17<sup>th</sup>, 2020]****Surveyor – pull answer from screening) (PiT C)**

a. <input type="checkbox"/> DECLINE TO ANSWER b. <input type="checkbox"/> OWN APARTMENT/ HOUSE	} <b>[THANK &amp; END SURVEY]</b>
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	} <b>C1. Do you have access to a permanent residence where you can safely stay as long as you want?</b> a. Yes <b>[THANK &amp; END]</b> b. No (not permanent AND/OR not safe) <b>[BEGIN SURVEY]</b> c. Don't Know <b>[BEGIN SURVEY]</b> d. Decline to answer <b>[THANK &amp; END]</b>
h. <input type="checkbox"/> HOMELESS SHELTER (EMERGENCY, FAMILY OR 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) ENCAMPMENT OR ABANDONED BUILDING l. <input type="checkbox"/> VEHICLE (CAR, VAN, RV, TRUCK, BOAT) m. <input type="checkbox"/> UNSURE: INDICATE PROBABLE LOCATION _____ (responses b-l)	} <b>[BEGIN SURVEY]</b>

**Thank you for agreeing to take part in the survey. Again, you will receive a gift card as a thank you for your participation.**

# BEGIN SURVEY

1. Do you have family members or anyone else who is staying with you tonight? **[Indicate survey numbers for adults. Check all that apply]**

<input type="checkbox"/> NONE	<input type="checkbox"/> OTHER (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	1	2	3	4	5	6	7	8
AGE								

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

AGE \_\_\_\_\_ **OR** YEAR BORN \_\_\_\_\_  DON'T KNOW  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?

AGE \_\_\_\_\_  DON'T KNOW  DECLINE TO ANSWER

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.]

LENGTH \_\_\_\_\_ DAYS | WEEKS | MONTHS |  DON'T KNOW  DECLINE TO ANSWER

5. Have you stayed in an emergency shelter in the past year? For example [e.g., Youth Haven, Salvation Army Bayside Mission, Rosewood]

YES  NO  DON'T KNOW  DECLINE TO ANSWER

6. Did you come to Canada as an immigrant, refugee or a refugee claimant (i.e. applied for refugee status after coming to Canada)?

<input type="radio"/> YES, IMMIGRANT ----->	<b>If YES:</b>	<b>How long have you been in Canada?</b>
<input type="radio"/> YES, REFUGEE----->		<input type="radio"/> LENGTH: _____ DAYS   WEEKS   MONTHS
<input type="radio"/> YES, REFUGEE CLAIMANT ----->		YEARS
<input type="radio"/> NO		OR DATE: ____/____/____ DAY / MONTH / YEAR
<input type="radio"/> DON'T KNOW		<input type="radio"/> DON'T KNOW
<input type="radio"/> DECLINE TO ANSWER		<input type="radio"/> DECLINE TO ANSWER

7. How long have you been in Simcoe County?

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

**8. Do you identify as Indigenous or do you have Indigenous ancestry? This includes First Nations with or without status, Métis, and Inuit. [If yes, please specify.]**

<input type="radio"/> YES, FIRST NATION	<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	

**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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**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 DISABILITY [e.g. an issue with mobility, physical abilities, dexterity]	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
LEARNING DISABILITY OR COGNITIVE LIMITATIONS [e.g. ADHD, dyslexia, autism spectrum disorder, 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 [e.g. depression, 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. What gender do you identify with? [Show list.]**

<input type="radio"/> MALE / MAN	<input type="radio"/> TRANS FEMALE / TRANS WOMAN	<input type="radio"/> NOT LISTED: _____
<input type="radio"/> FEMALE / WOMAN	<input type="radio"/> TRANS MALE / TRANS MAN	<input type="radio"/> DON'T KNOW
<input type="radio"/> TWO-SPIRIT	<input type="radio"/> GENDERQUEER / GENDER NON-CONFORMING	<input type="radio"/> DECLINE TO ANSWER

**13. How do you describe your sexual orientation, for example straight, gay, lesbian? [Show 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

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

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

YES
  NO
  DON'T KNOW
  DECLINE TO ANSWER

14. c. How long ago did that happen (that you lost your housing most recently)? (Best estimate)

LENGTH \_\_\_\_\_ DAYS | WEEKS | MONTHS | YEARS
  DON'T KNOW
  DECLINE TO ANSWER

15. What are your sources of income? [Reminder that this survey is anonymous. Read list and check all that apply]

<input type="checkbox"/> FULL TIME EMPLOYMENT <input type="checkbox"/> PART TIME EMPLOYMENT <input type="checkbox"/> CASUAL EMPLOYMENT (E.G. CONTRACT WORK) <input type="checkbox"/> INFORMAL INCOME SOURCES (E.G. BOTTLE RETURNS, PANHANDLING) <input type="checkbox"/> MONEY FROM FAMILY/FRIENDS	<input type="checkbox"/> EMPLOYMENT INSURANCE <input type="checkbox"/> DISABILITY BENEFIT [ODSP] <input type="checkbox"/> SENIORS BENEFITS (E.G. CPP/OAS/GIS) <input type="checkbox"/> WELFARE/SOCIAL ASSISTANCE <input type="checkbox"/> VETERAN/VAC BENEFITS	<input type="checkbox"/> CHILD AND FAMILY TAX BENEFITS <input type="checkbox"/> GST/HST REFUND <input type="checkbox"/> OTHER MONEY FROM A SERVICE AGENCY <input type="checkbox"/> OTHER SOURCE: _____ <input type="checkbox"/> NO INCOME <input type="checkbox"/> DECLINE TO ANSWER
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**F-VI-SPDAT FOR Families Canadian Version 3.0** (Do not change the order or wording of these questions) (scored)

- We will now begin the Family Vulnerability Index – Service Prioritization Decision Assistance Tool (F-VI-SPDAT). This part of the survey only requires “Yes”, “No”, or simple one-word answers.
- Some of the questions are personal in nature. It is your choice whether or not you want your children present.
- If you do choose to have your children present, you can choose to skip questions that you don't want to answer in front of your children and we can try to come back to the questions at the end.
- You can ask for clarification if you do not understand a question and you can skip or refuse to answer any question **without penalty**.
- It is important that you answer as honest as you feel comfortable being.

**ADMINISTRATION**

<b>Head of Household First Name:</b>	<b>Head of Household Last Name:</b>
<b>Date of Birth:</b>	<b>Pet(s)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2<sup>nd</sup> Head of Household First Name:</b>	<b>2<sup>nd</sup> Head of Household Last Name:</b>
<b>Date of Birth:</b>	<b>Pet(s)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Consent to participate:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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? <input type="checkbox"/> Y <input type="checkbox"/> N
Child 2 First Name:	Child 2 Last Name:
Child 2 Date of Birth:	Child 2 With Family? <input type="checkbox"/> Y <input type="checkbox"/> N
Child 3 First Name:	Child 3 Last Name:
Child 3 Date of Birth:	Child 3 With Family? <input type="checkbox"/> Y <input type="checkbox"/> N
Child 4 First Name:	Child 4 Last Name:
Child 4 Date of Birth:	Child 4 With Family? <input type="checkbox"/> Y <input type="checkbox"/> N
Child 5 First Name:	Child 5 Last Name:
Child 5 Date of Birth:	Child 5 With Family? <input type="checkbox"/> Y <input type="checkbox"/> N

## SECTION TWO: PRESENTING NEEDS

5. Most days can you and your family:
- a) Find a safe place to sleep  Y  N  R
  - b) Access a bathroom when you need it  Y  N  R
  - c) Access a shower when you need it  Y  N  R
  - d) Get food  Y  N  R
  - e) Get water or other non-alcoholic beverages to stay hydrated  Y  N  R
  - f) Get clothing or access laundry when you need it  Y  N  R
  - g) Safely store your stuff  Y  N  R
- 

## 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 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 you were homeless, \_\_\_\_\_ months what is the total length of time your family has experienced homelessness?

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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
- 

## 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 \_\_\_\_\_

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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

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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

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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

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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?(Complete with Q15 above)~~  ~~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

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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

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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

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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

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~~25. Is anyone in your current household 60 years of age or older?(Complete with Q2 above)~~  ~~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

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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

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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

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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

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

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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

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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

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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

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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

# Final Questions

**1. People may identify as belonging to a particular racial group. For example, some people may identify as Black or African-Canadian, other people may identify as Asian or South Asian and other people may identify as white. What racialized identity do you identify with? [Do not read categories. Select all that apply]**

<input type="checkbox"/> Aboriginal or Indigenous	<input type="checkbox"/> Filipino
<input type="checkbox"/> Arab	<input type="checkbox"/> Hispanic or Latin American
<input type="checkbox"/> Asian (e.g., Chinese, Korean, Japanese, etc.)	<input type="checkbox"/> White (e.g., European-Canadian)
<input type="checkbox"/> Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.)	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)	<input type="checkbox"/> NA
<input type="checkbox"/> West Asian (e.g., Iranian, Afghan, etc.)	<input type="checkbox"/> Don't know
<input type="checkbox"/> Black or African Canadian	<input type="checkbox"/> Decline to answer

**2. How many friends' or family members' places have you temporarily stayed at in the last year because you didn't have a place of your own?**

<input type="radio"/> 0	<input type="radio"/> Over 10
<input type="radio"/> 1-3	<input type="radio"/> Don't know
<input type="radio"/> 4-6	<input type="radio"/> Decline to answer
<input type="radio"/> 7-10	

**3. Do you identify as having any of the following:**

Brain injury	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA	<input type="radio"/> Don't know	<input type="radio"/> Decline to answer
Intellectual disability [Read definition if asked: a person that experiences limitations in areas of life such as reasoning, learning, problem-solving as well as limitations in the ability to adapt every day social and practical skills]	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA	<input type="radio"/> Don't know	<input type="radio"/> Decline to answer
Autism	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA	<input type="radio"/> Don't know	<input type="radio"/> Decline to answer

**4. How has the COVID-19 pandemic impacted you? (Check all that apply)**

<input type="checkbox"/> Access to community services
<input type="checkbox"/> Access to health services
<input type="checkbox"/> Loss of housing
<input type="checkbox"/> Caused your homelessness
<input type="checkbox"/> Other: _____
_____

**5. What community do you currently live in?**

<input type="checkbox"/> Alliston/Beeton/Tottenham	<input type="checkbox"/> Another place in Simcoe County (specify): _____
<input type="checkbox"/> Angus	<input type="checkbox"/> Another place outside of Simcoe County (specify community, province, country if not CA): _____
<input type="checkbox"/> Barrie	<input type="checkbox"/> NA
<input type="checkbox"/> Bradford West Gwillimbury	<input type="checkbox"/> Don't know
<input type="checkbox"/> Collingwood	<input type="checkbox"/> Decline to answer
<input type="checkbox"/> Innisfil	
<input type="checkbox"/> Midland	
<input type="checkbox"/> Orillia	
<input type="checkbox"/> Penetanguishene	
<input type="checkbox"/> Wasaga Beach	

**6. If appropriate housing was available, what community would you want to live in? (Check all that apply)**

<input type="checkbox"/> Alliston/Beeton/Tottenham	<input type="checkbox"/> Another place in Simcoe County (specify): _____
<input type="checkbox"/> Angus	<input type="checkbox"/> Another place outside of Simcoe County (specify community, province, country if not CA): _____
<input type="checkbox"/> Barrie	<input type="checkbox"/> NA
<input type="checkbox"/> Bradford West Gwillimbury	<input type="checkbox"/> Don't know
<input type="checkbox"/> Collingwood	<input type="checkbox"/> Decline to answer
<input type="checkbox"/> Innisfil	
<input type="checkbox"/> Midland	
<input type="checkbox"/> Orillia	
<input type="checkbox"/> Penetanguishene	
<input type="checkbox"/> Wasaga Beach	

**7.a. Are you currently working with an agency to find housing?** [e.g. Emergency Shelter, CONTACT, Empower Simcoe, Transitional Housing, Outreach Worker]

Yes       No       Don't know       Decline to answer

**If No, Don't Know or Decline to answer to 7a.: 7.b. Is there a phone number and/or email where someone can safely get in touch with you?**

Yes       No       Don't know       Decline to answer

**7.c. Can we leave you a message?**

Phone#(_____)_____-_____ Email_____	<input type="radio"/> Yes <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Decline to answer
	<input type="radio"/> Yes <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Decline to answer

**If No, Don't know or Decline to answer to 7b.: 7.d. On a regular day, where is it easiest to find you and what time of the day is easiest to do so?**

Place _____	<input type="checkbox"/> N/A
Time _____:_____ OR morning/afternoon/evening/night	<input type="checkbox"/> Don't know
	<input type="checkbox"/> Decline to answer

**Thank you very much for participating in this survey!** [Surveyor, provide honorarium]