

Simcoe County **SINGLE ADULT**

Survey for 2020 Joint PiT/Registry Week

(Last updated November 4th, 2020)

Including Vulnerability Index -

Service Prioritization Decision Assistance Tool

(Single Adult VI-SPDAT)

Prescreen Triage Tool for

Single Adults



Co-ordinated by the David Busby Street Centre

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

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

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

a. <input type="checkbox"/> DECLINE TO ANSWER b. <input type="checkbox"/> OWN APARTMENT/ HOUSE	} [THANK & END SURVEY]
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	} 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. <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)	} [BEGIN SURVEY]

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]	1	2	3	4	5	6	7	8	
GENDER									
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 ----->	If YES:	How long have you been in Canada?
<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 ----->	Where did you live before you came here?
<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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- We will now begin the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT). This part of the survey only requires “Yes”, “No”, or simple one-word answers.
- 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

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

SECTION ONE: PRESENTING NEEDS

- Most days can you:
 - Find a safe place to sleep Y N R
 - Access a bathroom when you need it Y N R
 - Access a shower when you need it Y N R
 - Get food Y N R
 - Get water or other non-alcoholic beverages to stay hydrated Y N R
 - Get clothing or access laundry when you need it Y N R
 - Safely store your stuff Y N R NA

SECTION TWO: HOUSING HISTORY

- ~~Over the past 12 months, what is the total length of time you have been homeless?(Complete with Q4 above)~~ _____
- In the last three years, how many times have you been homeless? _____
- 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

- Have you ever lived in a home that you own or an apartment in your name? Y N R
- Have you ever been evicted? Y N R

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 _____
-

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
-

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
-

-
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
-
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? (Complete with Q15 above) Y N R~~
16. Do you ever gamble with money you cannot afford to lose or have debts associated with gambling? Y N R
-
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
-
18. Do you have a collection of belongings that gets in the way with your ability to access services or housing? Y N R
-
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
-
- ~~21. Are you 60 years of age or older? (Complete with Q2 above) 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
-

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

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
-

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
-

27. Has your homelessness been caused by any recent or past trauma or abuse? 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?

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

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]