

Estimation Survey – May 2018

We are conducting a short survey to estimate the number of individuals using community resources. This information will help us better use existing resources and determine where more resources are needed in the Bow Valley. **This survey should be completed for people who are or are at risk of experiencing precarious housing.** The information gathered on this survey does not include any identifying information and this survey will take only 5 minutes. **Are you willing to participate in this survey?** Yes No

1) Have you already done this survey with another service agency?

- Yes - thank you for your response, do not continue No - please complete the survey, thank you.

2) Client Information

- | | |
|---|---|
| Residence/ Community: | Gender: |
| Birth Year: | Do you identify as an Indigenous? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Did you come to Canada as an immigrant or a refugee? | <input type="checkbox"/> Yes - immigrant <input type="checkbox"/> Yes - refugee <input type="checkbox"/> No |
| If yes, how long have you been in Canada? _____ Days / Weeks / Months / Years | |

3) Do you consider your housing situation to be unstable or do you feel you could easily lose your housing?

- Yes No Decline to Answer

4) (If yes to question 3) Why do you feel your housing situation is unstable or you could lose it? [Check all that apply]

- | | | |
|--|---|---|
| <input type="checkbox"/> Job Loss | <input type="checkbox"/> Unable to Pay Rent or Mortgage | <input type="checkbox"/> Conflict with Spouse / Partner |
| <input type="checkbox"/> Conflict with Roommate | <input type="checkbox"/> Conflict with Landlord | <input type="checkbox"/> Conflict with Parent / Guardian |
| <input type="checkbox"/> Experienced Abuse by Spouse / Partner | <input type="checkbox"/> Experienced Abuse by Parent / Guardian | <input type="checkbox"/> Poor / Inadequate Housing Conditions |
| <input type="checkbox"/> Illness or Medical Condition | <input type="checkbox"/> Addiction or Substance Use | <input type="checkbox"/> Mental Wellness |
| <input type="checkbox"/> Hospitalized | <input type="checkbox"/> In a Treatment Program | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Decline to Answer | | |

5) Who is staying with you tonight?

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Spouse / Partner | <input type="checkbox"/> Children – # _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Decline to Answer | |

6) Where will you be staying tonight?

- | | | |
|---|--|--|
| <input type="checkbox"/> Own Apartment / House | <input type="checkbox"/> Vehicle (Car, Van, Truck) | <input type="checkbox"/> Travel Trailer, RV |
| <input type="checkbox"/> Someone Else's Place | <input type="checkbox"/> Abandoned / Vacant Building | <input type="checkbox"/> Makeshift Shelter, Tent, Shack |
| <input type="checkbox"/> Motel / Hotel / Hostel | <input type="checkbox"/> Paid Campground | <input type="checkbox"/> Public Space (e.g. Sidewalks, Parks, Forests, or Bus Shelter) |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Domestic Violence Shelter | |
| <input type="checkbox"/> Brrr Emergency Accommodation | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Decline to Answer |

7) For how long have you been in this situation?

- _____ Days / Weeks / Months / Years Decline to Answer

8) In total, how many different times have you experienced this kind (or a similar) living situation over the past year?

- _____ Times Decline to Answer

9) Have you spent time in an emergency shelter/ Brrr emergency accommodation in the past year?

Yes No Decline to Answer

If no, why haven't you accessed these services? _____

10) How long have you been in this community?

_____ Days / Weeks / Months / Years Always Been Here Decline to Answer

11) Do you change your place of residence on a seasonal basis (Living situation, Community, and Province)?

Yes No Sometimes

Decline to Answer

If yes, or sometimes, then when and where? _____

12) Where do you get your money from? [Check all that apply]

<input type="checkbox"/> Employment – Full time	<input type="checkbox"/> Employment – Part time	<input type="checkbox"/> Self-Employment (Bottle Return, Panhandling etc.)
<input type="checkbox"/> Welfare / Social Assistance	<input type="checkbox"/> Seniors Benefits (e.g. CPP / OAS / GIS)	<input type="checkbox"/> Disability Benefit/ AISH
<input type="checkbox"/> Employment Insurance (EI)	<input type="checkbox"/> Alimony	<input type="checkbox"/> Child Benefit
<input type="checkbox"/> Child support	<input type="checkbox"/> Money from Family / Friends	<input type="checkbox"/> Criminal Activities
<input type="checkbox"/> Student Funding	<input type="checkbox"/> Other _____	<input type="checkbox"/> Decline to Answer
<input type="checkbox"/> No Income		

13) What general areas or issues you are here to get support with? [Check all that apply]

Family/Parenting	Health & Wellness	Financial
<input type="checkbox"/> Child Care	<input type="checkbox"/> Addictions	<input type="checkbox"/> Employment Issues / Needs
<input type="checkbox"/> Parenting / Family Issues	<input type="checkbox"/> Emotional / Mental Health Needs	<input type="checkbox"/> Housing Issues / Needs
<input type="checkbox"/> Relationship Issues	<input type="checkbox"/> Physical Health Care Needs	<input type="checkbox"/> Training / Education Needs
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Social Needs / Isolation	<input type="checkbox"/> Basic Needs (food, shelter, medical, shower, laundry)
	<input type="checkbox"/> Spiritual / Cultural Needs	
Legal	Support Services	Other Information
<input type="checkbox"/> Separation / Divorce / Custody	<input type="checkbox"/> Help with Government Forms	<input type="checkbox"/> New to the Community
<input type="checkbox"/> Wills / Estates	<input type="checkbox"/> Help with accessing government / other programs or services (advocacy)	<input type="checkbox"/> Transportation Needs
<input type="checkbox"/> Employment / Labour Standards		<input type="checkbox"/> Other _____
<input type="checkbox"/> Landlord/ Tenant Issues		
<input type="checkbox"/> Immigration Issues	<input type="checkbox"/> Access to Technology (Internet, phone, computer)	
<input type="checkbox"/> Criminal or Misdemeanor Issues		

Now that you know what information you have shared, is it okay if we use this information to estimate the resources we need to support the people using resources in the Bow Valley? Yes No

Office Use

Date: _____ Name of the organization: _____

Referral Source: _____

Note: _____