

Location: \_\_\_\_\_

Date (mm/dd) / Time: \_\_\_\_\_ (INDICATE AM/PM)

Interviewer Name: \_\_\_\_\_

**Include this survey in count:**

YES	NO
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ONLY INCLUDE THIS SURVEY IN THE COUNT, IF THE INDIVIDUAL WAS HOMELESS ON WEDNESDAY OCTOBER 13<sup>TH</sup>. IF NOT, THIS SURVEY IS TO BE OMITTED FROM THE COUNT, AND USED FOR THE BNL.

**OPENING SCRIPT**

**In which language do you feel best able to express yourself?**

<input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH (see French survey attached) <input type="checkbox"/> CREE (call 705-491-6593 to access Cree translator)	<input type="checkbox"/> NO PREFERENCE <input type="checkbox"/> INDIGENOUS LANGUAGE NOT LISTED _____ <input type="checkbox"/> OJIBWAY (call 705-491-6593 to access Ojibway translator)	<input type="checkbox"/> DON'T KNOW <input type="checkbox"/> DECLINE TO ANSWER <input type="checkbox"/> NOT LISTED (please specify) _____
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Hello, my name is \_\_\_\_\_ and I am a surveyor with Nipissing Counts 2021. Today, we are surveying individuals who may be homeless and/or couch surfing. This survey takes about 10 minutes to complete.

- Your participation is voluntary, and your name will not be recorded without your consent.
- You can choose to skip any questions or to stop the interview at any time.
- The results from this survey will help us better understand homelessness in our communities
- Your responses will not affect your relationship with the people and agencies supporting you.

This year, we are also building a By-Name List registry that will allow different agencies to work together, to better service you. By adding yourself to the registry, it will save you from having to repeat information any time you access services across our District. Please note that any identifying information will only be accessible to agencies working with you and will not be accessible to any provincial or federal government agencies. Should you wish to keep your name anonymous, a non-identifying marker will be created for you.

**With this information in mind, would you like the information collected through this survey to be used to add you to the By-Name List Registry?**

YES	NO
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IF YES:

Thank you for agreeing to be part of this initiative. Within **TIME PERIOD** a front-line worker will reach out to you, to ask some more questions so that we may best respond to your needs.

SCREENING QUESTIONS

Have you answered this survey with another person wearing this badge?

YES	Please continue the survey. Go to next question.
NO	END SURVEY. THANK YOU FOR YOUR PARTICIPATION & TALLY THE INDIVIDUAL.

Are you willing to participate in the survey?

YES	Please continue the survey. Go to next question.
NO	END SURVEY. THANK YOU FOR YOUR PARTICIPATION & TALLY THE INDIVIDUAL.

Has informed, verbal consent been received to administer this survey?

YES	Please continue the survey. Go to next question.
NO	END SURVEY. THANK YOU FOR YOUR PARTICIPATION & TALLY THE INDIVIDUAL.

Where are you staying tonight?

<ul style="list-style-type: none"> <li><input type="checkbox"/> OWN APARTMENT/HOUSE/ROOM RENTAL/MONTHLY MOTEL/HOTEL RENTAL</li> <li><input type="checkbox"/> SOMEONE ELSE'S PLACE (COUCH SURFING)</li> <li><input type="checkbox"/> HOSPITAL</li> <li><input type="checkbox"/> JAIL, PRISON, REMAND CENTRE, DETENTION CENTRE</li> <li><input type="checkbox"/> MOTEL/HOTEL (SELF-FUNDED ON DAILY BASIS)</li> <li><input type="checkbox"/> TREATMENT CENTRE/DETOX</li>   <li><input type="checkbox"/> UNSURE: IF SCREENED IN THEN INDICATE PROBABLY LOCATION ON NEXT PAGE</li> </ul>	}	<p>Do you have an apartment, room or house of your own where you can return to and/or stay as long as you want?</p> <p>YES [THANK AND END SURVEY]                  NO [CONTINUE]                  DON'T KNOW [CONTINUE]                  DECLINE TO ANSWER [THANK AND END SURVEY]</p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> HOMELESS SHELTER (EMERGENCY, FAMILY OR DOMESTIC VIOLENCE SHELTER)</li> <li><input type="checkbox"/> WARMING CENTRE</li> <li><input type="checkbox"/> HOTEL/MOTEL (FUNDED BY A HOMELESS PROGRAM)</li> <li><input type="checkbox"/> TRANSITIONAL SHELTER/HOUSING</li> <li><input type="checkbox"/> PUBLIC SPACE (IE. STREET, PARK, BUS SHELTER, FOREST, ENCAMPMENT)</li> <li><input type="checkbox"/> ABANDONED/VACANT BUILDING</li> <li><input type="checkbox"/> C-CAN, STORAGE CONTAINER, STORAGE UNIT</li> <li><input type="checkbox"/> VEHICLE (CAR, VAN, RV, MOTOR HOME, NON-PERMANENT CAMPING TRAILER, TRUCK, BOAT)</li> <li><input type="checkbox"/> OTHER UNSHELTERED LOCATION [WRITE RESPONSE ON NEXT PAGE]</li> </ul>	}	<p>CONTINUE</p>

**RESPONDENT CODED ID**

<b>CODED I.D.:</b> _____	
FIRST TWO LETTERS OF FIRST NAME	FIRST TWO LETTERS OF LAST NAME

**RESPONDENT INFORMATION**

1. **What is your first and last name?** FOR USE ON BY-NAME LIST ONLY - SKIP IF RESPONDENT WISHES TO REMAIN ANONYMOUS

<b>Last Name</b>	
<b>First Name</b>	
<b>Nickname(s)</b>	

2. **What is the best way to follow up with you?**

PHONE:	EMAIL:
OTHER:	

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

AGE _____ OR YEAR BORN _____	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER
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4. **Which gender do you identify with? [Show or read list]**

<input type="checkbox"/> MALE	<input type="checkbox"/> MALE-TO-FEMALE TRANS	<input type="checkbox"/> DON'T KNOW
<input type="checkbox"/> FEMALE	<input type="checkbox"/> FEMALE-TO-MALE TRANS	<input type="checkbox"/> DECLINE TO ANSWER
<input type="checkbox"/> TWO-SPIRIT	<input type="checkbox"/> NON-BINARY	<input type="checkbox"/> NOT LISTED: _____

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

<input type="checkbox"/> STRAIGHT	<input type="checkbox"/> BISEXUAL	<input type="checkbox"/> ASEXUAL	<input type="checkbox"/> DECLINE TO ANSWER
<input type="checkbox"/> GAY	<input type="checkbox"/> TWO-SPIRIT	<input type="checkbox"/> QUEER	<input type="checkbox"/> NOT LISTED: _____
<input type="checkbox"/> LESBIAN	<input type="checkbox"/> PANSEXUAL	<input type="checkbox"/> QUESTIONING/UNSURE	

6. **Which of the following best describes your citizenship/immigrant status?**

<input type="checkbox"/> CANADIAN CITIZEN (BORN IN CANADA)	<input type="checkbox"/> STUDENT VISA
<input type="checkbox"/> CANADIAN CITIZEN (BORN OUTSIDE OF CANADA)	<input type="checkbox"/> VISITOR VISA
<input type="checkbox"/> PERMANENT RESIDENT/IMMIGRANT	<input type="checkbox"/> WORK VISA
<input type="checkbox"/> REFUGEE	<input type="checkbox"/> UNDELCARED
<input type="checkbox"/> REFUGEE CLAIMANT	
<b>IF YOU SELECTED ANYTHING OTHER THAN "CANADIAN CITIZEN (BORN IN CANADA)" PLEASE SPECIFY YOUR COUNTRY OF BIRTH BELOW:</b>	
COUNTRY OF BIRTH:	

IF THE RESPONDENT ANSWERED "CANADIAN CITIZEN (BORN IN CANADA)", SKIP TO QUESTION 8.

7. **How long have you been in Canada?**

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

8. Do you identify as First Nations, Métis, or Inuit, or do you have North American Indigenous ancestry?

<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> DECLINE TO ANSWER	<b>IF YES:</b>	<input type="checkbox"/> FIRST NATIONS (with or without status) <input type="checkbox"/> INUIT <input type="checkbox"/> MÉTIS <input type="checkbox"/> SELF IDENTIFY
	IF YES, WHICH INDIEGNOUS COMMUNITY/BAND ARE YOU FROM? <input type="checkbox"/> COMMUNITY/BAND NAME: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> DECLINE TO ANSWER	

IF THE RESPONDENT ANSWERED "YES" TO QUESTION 8, SELECT "INDIGENOUS" AND MOVE TO QUESTION 10.

9. What ancestry do you identify with?

<input type="checkbox"/> INDIGENOUS <input type="checkbox"/> ARAB <input type="checkbox"/> ASIAN (IE. CHINESE, KOREAN, JAPANESE) <input type="checkbox"/> BLACK OR AFRICAN CANADIAN <input type="checkbox"/> FILIPINO <input type="checkbox"/> HISPANIC OR LATIN AMERICAN <input type="checkbox"/> SOUTH ASIAN (EAST INDIAN, PAKISTANI, SRI LANKAN) <input type="checkbox"/> SOUTH-EAST ASIAN (VIETNAMESE, CAMBODIAN, MALAYSIAN, LAOTIAN)	<input type="checkbox"/> WEST ASIAN (IRANIAN, AFGHAN) <input type="checkbox"/> WHITE (EUROPEAN-CANADIAN) <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> DECLINE TO ANSWER <input type="checkbox"/> OTHER (PLEASE SPECIFY): _____
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10. Have you ever served in the Canadian Military or Royal Canadian Mounted Police (RCMP)?

(Military includes Canadian Navy, Army or Air Force)

<input type="checkbox"/> YES, MILITARY <input type="checkbox"/> YES, RCMP	<input type="checkbox"/> BOTH MILITARY & RCMP <input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW <input type="checkbox"/> DECLINE TO ANSWER
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11. Are you currently a student enrolled at a university or college?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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12. How would you rate your overall health?

<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR	<input type="checkbox"/> VERY POOR
<input type="checkbox"/> DON'T KNOW			<input type="checkbox"/> DECLINE TO ANSWER	

13. Do you experience challenges related to any of the following:

ILLNESS OR MEDICAL CONDITION (ie. Diabetes, arthritis, TB, HIV)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER
PHYSICAL DISABILITY (ie. Mobility issues, dexterity, capacity)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER
LEARNING DISABILITY (ie. ADHD, dyslexia, autism spectrum disorder, brain injury)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER
MENTAL HEALTH (ie. depression, anxiety, PTSD, bipolar disorder)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER
SUBSTANCE ABUSE (ie. tobacco, alcohol, opiates)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER

IF THE RESPONDENT ANSWERED "YES" TO "SUBSTANCE ABUSE" ABOVE, ASK Q14, IF NOT CONTINUE TO Q15.

14. If you were offered a place in a treatment program today, would you accept it?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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15. Do you have any family members or anyone else who is staying with you tonight?

<input type="checkbox"/> NONE <input type="checkbox"/> PARTNER – survey # _____ <input type="checkbox"/> PARTNER - survey # unknown <input type="checkbox"/> CHILDREN/DEPENDENTS	<input type="checkbox"/> OTHER ADULT(S) (can include other family or friends) <input type="checkbox"/> DECLINE TO ANSWER						
	1	2	3	4	5	6	7
Please indicate the gender identity and age for each.	GENDER						
	AGE						

**HOMELESSNESS HISTORY**

FOR THIS SURVEY, THE TERM “HOMELESSNESS” REFERS TO 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 (IE. COUCH SURFING).

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

AGE: _____	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER
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17. What happened that caused you to lose your housing for the first time? [Do not read the options]

Please **check all that apply**. “Housing” does not include temporary arrangements (ie. couch surfing) or shelter stays. Follow up for specific reason if the respondent says “eviction” or that they “chose to leave”.

HOUSING AND FINANCIAL LOSS	INTERPERSONAL AND FAMILY ISSUES	OTHER
<input type="checkbox"/> BUILDING SOLD OR RENNOVATED <input type="checkbox"/> COMPLAINT (IE. PETS, NOISE, DAMAGE) <input type="checkbox"/> LEFT COMMUNITY/RELOCATED <input type="checkbox"/> NOT ENOUGH INCOME FOR HOUSING <input type="checkbox"/> OWNER MOVED IN <input type="checkbox"/> UNFIT/UNSAFE HOUSING CONDITION	<input type="checkbox"/> EXPERIENCED STIGMA/DISCRIMINATION <input type="checkbox"/> CONFLICT WITH TENNANT/LANDLORD <input type="checkbox"/> CONFLICT WITH PARENT/GUARDIAN <input type="checkbox"/> CONFLICT WITH SPOUSE/PARTNER <input type="checkbox"/> CONFLICT WITH OTHER <input type="checkbox"/> DEATH OF FAMILY MEMBER <input type="checkbox"/> DEPARTURE OF FAMILY MEMBER <input type="checkbox"/> EXPERIENCED ABUSE FROM PARENT/GUARDIAN <input type="checkbox"/> EXPERIENCED ABUSE FROM SPOUSE/PARTNER <input type="checkbox"/> EXPERIENCED ABUSE BY OTHER <input type="checkbox"/> FAMILY BREAKDOWN <input type="checkbox"/> RELATED TO FOSTER CARE/ADOPTION	<input type="checkbox"/> INCARCERATION (JAIL OR PRISON) <input type="checkbox"/> OTHER (please specify) _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> DECLINE TO ANSWER
HEALTH RELATED		
<input type="checkbox"/> HOSPITALIZATION OR TREATMENT PROGRAM <input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> PHYSICAL HEALTH <input type="checkbox"/> SUBSTANCE ABUSE		

18. In total, how many different times have you experiences homelessness over the last 12 months?

NUMBER OF TIMES: _____ (including this time)	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER
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19. In total, how much time have you been homeless or couch surfing over the last 12 months?

LENGTH _____ DAYS / WEEKS / MONTHS	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER
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20. How long have you been in LOCATION?

<input type="checkbox"/> LENGTH _____ DAYS / WEEKS / MONTHS / YEARS <input type="checkbox"/> ALWAYS BEEN HERE (skip to Q22) <input type="checkbox"/> DON'T KNOW (skip to Q22) <input type="checkbox"/> DECLINE TO ANSWER (skip to Q22)	Where did you live before coming here? _____ (COMMUNITY, PROVINCE AND/OR COUNTRY) <input type="checkbox"/> DECLINE TO ANSWER
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21. What is the main reason you came to LOCATION? [Do not read categories – select only one]

<input type="checkbox"/> EMPLOYMENT - SECURED <input type="checkbox"/> EMPLOYMENT – SEEKING <input type="checkbox"/> ENVIRONMENTAL DISPLACEMENT (ie. water, flooding, mould, fire, etc.) <input type="checkbox"/> FAMILY MOVED HERE <input type="checkbox"/> FEAR FOR PERSONAL SAFETY <input type="checkbox"/> RECREATION / SHOPPING	<input type="checkbox"/> TO ATTEND SCHOOL <input type="checkbox"/> TO ACCESS EMERGENCY SHELTER(S) <input type="checkbox"/> TO ACCESS SERVICES AND SUPPORTS <input type="checkbox"/> TO FIND HOUSING <input type="checkbox"/> TO VISIT FRIENDS/FAMILY	<input type="checkbox"/> DON'T KNOW <input type="checkbox"/> DECLINE TO ANSWER <input type="checkbox"/> OTHER: _____
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**22. 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 or shelter stays. Follow up if the respondent says "eviction" or that they "chose to leave"]

HOUSING AND FINANCIAL LOSS	INTERPERSONAL AND FAMILY ISSUES	OTHER
<input type="checkbox"/> BUILDING SOLD OR RENNOVATED <input type="checkbox"/> COMPLAINT (IE. PETS, NOISE, DAMAGE) <input type="checkbox"/> LEFT COMMUNITY/RELOCATED <input type="checkbox"/> NOT ENOUGH INCOME FOR HOUSING <input type="checkbox"/> OWNER MOVED IN <input type="checkbox"/> UNFIT/UNSAFE HOUSING CONDITION	<input type="checkbox"/> EXPERIENCED STIGMA/DISCRIMINATION <input type="checkbox"/> CONFLICT WITH TENNANT/LANDLORD <input type="checkbox"/> CONFLICT WITH PARENT/GUARDIAN <input type="checkbox"/> CONFLICT WITH SPOUSE/PARTNER <input type="checkbox"/> CONFLICT WITH OTHER <input type="checkbox"/> DEATH OF FAMILY MEMBER <input type="checkbox"/> DEPARTURE OF FAMILY MEMBER <input type="checkbox"/> EXPERIENCED ABUSE FROM PARENT/GUARDIAN <input type="checkbox"/> EXPERIENCED ABUSE FROM SPOUSE/PARTNER <input type="checkbox"/> EXPERIENCED ABUSE BY OTHER <input type="checkbox"/> FAMILY BREAKDOWN <input type="checkbox"/> RELATED TO FOSTER CARE/ADOPTION	<input type="checkbox"/> INCARCERATION (JAIL OR PRISON)  <input type="checkbox"/> OTHER (please specify) _____  <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> DECLINE TO ANSWER
HEALTH RELATED		
<input type="checkbox"/> HOSPITALIZATION OR TREATMENT PROGRAM <input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> PHYSICAL HEALTH <input type="checkbox"/> SUBSTANCE ABUSE		

**23. Was your most recent housing loss related to the COVID-19 pandemic?**

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER
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**24. How long ago did that happen (that you most recently lost housing)?** [Best estimate]

LENGTH _____ DAYS / WEEKS / MONTHS	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER
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**25. What challenges or problems have you experienced when trying to find housing?** [Please check all that apply]

<input type="checkbox"/> ADDICTION <input type="checkbox"/> SUBSTANCE USE <input type="checkbox"/> BAD CREDIT <input type="checkbox"/> CHILDREN <input type="checkbox"/> CRIMINAL HISTORY <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> FAMILY BREAKDOWN / CONFLICT <input type="checkbox"/> POOR PHYSICAL HEALTH <input type="checkbox"/> DISABILITY <input type="checkbox"/> LACK OF APPROPRIATE UNIT SIZE <input type="checkbox"/> LOW INCOME	<input type="checkbox"/> POOR MENTAL HEALTH <input type="checkbox"/> MENTAL ILLNESS <input type="checkbox"/> NO INCOME ASSISTANCE <input type="checkbox"/> NO REFERENCES <input type="checkbox"/> PETS <input type="checkbox"/> POOR HOUSING CONDITIONS <input type="checkbox"/> RACISM <input type="checkbox"/> RENTAL UNITS NOT AVAILABLE <input type="checkbox"/> RENT IS TOO HIGH <input type="checkbox"/> STIGMA / DISCRIMINATION	<input type="checkbox"/> DON'T WANT HOUSING <input type="checkbox"/> NO BARRIERS TO HOUSING <input type="checkbox"/> NONE OF THE ABOVE <input type="checkbox"/> DECLINE TO ANSWER <input type="checkbox"/> OTHER: _____
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**26. What are you plans for winter with regards to housing?**

<input type="checkbox"/> STAYING IN THE COMMUNITY: <input type="checkbox"/> STAYING WITH FRIENDS/FAMILY <input type="checkbox"/> EMERGENCY SHELTERS <input type="checkbox"/> HOTEL/MOTEL RENTAL <input type="checkbox"/> LIVING UNSHELTERED	<input type="checkbox"/> LEAVING THE COMMUNITY <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> DECLINE TO ANSWER <input type="checkbox"/> OTHER: _____
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**27. What are your sources of income?** [Read list and check all that apply]

<input type="checkbox"/> BAND FUNDING <input type="checkbox"/> CAS BENEFIT <input type="checkbox"/> CASUAL EMPLOYMENT (IE. CONTRACT WORK) <input type="checkbox"/> CHILD AND FAMILY TAX BENEFITS (ie. Baby Bonus) <input type="checkbox"/> CORRECTION SERVICES CANADA (CSC BENEFIT) <input type="checkbox"/> CPP-DISABILITY <input type="checkbox"/> EMPLOYMENT INSURANCE (EI) <input type="checkbox"/> EMPLOYMENT (FULL-TIME) <input type="checkbox"/> EMPLOYMENT (PART-TIME) <input type="checkbox"/> GST/HST REFUND	<input type="checkbox"/> INFORMAL INCOME SOURCES (IE. BOTTLE RETURNS, PANHANDLING) <input type="checkbox"/> MONEY FROM FAMILY / FRIENDS <input type="checkbox"/> ONTARIO DISABILITY SUPPORT PROGRAM (ODSP) <input type="checkbox"/> ONTARIO WORKS <input type="checkbox"/> OSAP <input type="checkbox"/> PRIVATE PENSION <input type="checkbox"/> SENIORS BENEFITS (IE. CPP/OAS/GIS) <input type="checkbox"/> SPOUSAL SUPPORT <input type="checkbox"/> TRILIUM	<input type="checkbox"/> VETERAN / VAC BENEFITS <input type="checkbox"/> WSIB <input type="checkbox"/> OTHER MONEY FROM A SERVICE AGENCY <input type="checkbox"/> NO INCOME <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> DECLINE TO ANSWER <input type="checkbox"/> OTHER SOURCE: _____
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**28. In the past year (12 months) have you:** [Ask respondents to give best estimate]

BEEN TO A HOSPITAL EMERGENCY ROOM	Y ____ N ____	# OF TIMES _____	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER
BEEN HOSPITALIZED	Y ____ N ____	# OF TIMES _____	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER
DAYS YOU SPENT HOSPITALIZED		DAYS SPENT _____	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER
INTERACTED WITH POLICE (ie. tickets, arrests, searches)	Y ____ N ____	# OF TIMES _____	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER
BEEN TO JAIL / PRISON	Y ____ N ____	# OF TIMES _____	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER
DAYS YOU SPENT IN JAIL / PRISON		DAYS SPENT _____	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER

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

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER
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**WRAPPING UP THE SURVEY**

If this survey has brought up any strong feelings, and you are interested in supports located in the community, please know that inside this honorarium is a 211 card and a pamphlet about local services. You can call 211 from any phone and an operator will connect you with services that can support you.

Thank you for your time and for generously sharing your story. Your input and information is very valuable, and will help us better understand homelessness in our community and the needs of those experiencing it.

Do you have any questions?