

FAMILIES VI-SPDAT (CANADIAN VERSION 2.0)

Coordinated Access & Assessment

FOIP NOTIFICATION

This personal information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy ACT (the `FOIP`) and/or in accordance with any applicable agreements in place. All personal information collected during the registration process, during the course of the client`s stay, and for participation in any programs will be used to provide services and ensure a safe and secure environment for all our clients. It will be treated in accordance with the privacy provision of Part 2 of the FOIP. Limited information may also be provided to the Minister of Human Services for the purpose of carrying out programs, activities or policies under his administration (e.g. research, statistical analysis) or for receiving provincial and/or federal funding. If you have any question or concerns, please contact the Agency Administrator.

The FOIP notification has been read and discussed with the client? Yes No

CLIENT CONTACT INFORMATION

Address/Location to contact client:

Email address:

Telephone number 1:

Telephone number 2:

Alternate contact info:

Survey Date (mm/dd/yyyy):

Interviewer`s Name:

Agency:

BASIC INFORMATION

Last name:

First name:

Middle name:

Prefix:

Suffix:

Also known as (A.K.A.)/ Nickname(s):

Date of birth:

Age:

What is your gender?

Female Male Transgender Don't know Declined to answer

If you select Transgender, or not listed, how do you identify?

ETHNICITY

What is your ethnicity?

Caucasian Aboriginal Chinese South Asian African/Caribbean Filipino Latin American Southeast Asian
 Arab West Asian Korean Japanese Other _____ Don't know Declined to answer

If Aboriginal ethnicity, which group do you belong to?

First Nations (Status) First Nations (Non-Status) Métis Inuit Don't know Declined to answer Not applicable

CITIZENSHIP AND MIGRANT STATUS

What is your current citizenship and immigration status?

Canadian citizen Permanent resident (Landed immigrant) Refugee - Permanent resident Refugee - Claimant
 Temporary Foreign Worker International student Other _____ Don't know Declined to answer

LANGUAGE

What is your primary language?

English French Other _____ Don't know Declined to answer

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1 _____

HOUSEHOLD INFORMATION

How many children under the age of 18 are currently with you (in your care)? _____

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? _____

Is any member of the family currently pregnant? Yes No Not applicable Refused

If pregnant, estimated due date (mm/dd/yyyy):

HOUSEHOLD UNIT:

HOUSEHOLD MEMBER 1:

First Name:	Last Name:
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Date of Birth:	Age:	Relationship to Head of Household:
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If dependent, please indicate custody status:

HOUSEHOLD MEMBER 2:

First Name:	Last Name:
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Date of Birth:	Age:	Relationship to Head of Household:
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If dependent, please indicate custody status:

HOUSEHOLD MEMBER 3:

First Name:	Last Name:
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Date of Birth:	Age:	Relationship to Head of Household:
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If dependent, please indicate custody status:

HOUSEHOLD MEMBER 4:

First Name:	Last Name:
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Date of Birth:	Age:	Relationship to Head of Household:
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If dependent, please indicate custody status:

HOUSEHOLD MEMBER 5:

First Name:	Last Name:
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Date of Birth:	Age:	Relationship to Head of Household:
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If dependent, please indicate custody status:

HOUSEHOLD MEMBER 6:

First Name:	Last Name:
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Date of Birth:	Age:	Relationship to Head of Household:
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If dependent, please indicate custody status:

Number of individuals in household seeking housing (please include all adults and children): _____

IF A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, SCORE 1 FOR FAMILY SIZE. IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, SCORE 1 FOR FAMILY SIZE. _____

FOR ALL QUESTIONS, PLEASE ANSWER ON BEHALF OF YOU AND YOUR FAMILY:

A. HISTORY OF HOUSING AND HOMELESSNESS

Where do you sleep most frequently? (choose one)

Shelters Couch surfing Outdoors Other (specify below) Refused

If other location please specify: _____

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", THEN SCORE 1 _____

How long has it been since you lived in permanent stable housing? (please indicate in months) _____

In the last year, how many times have you been homeless? _____

IF THE FAMILY HAS EXPERIENCED 6 OR MORE CONSECUTIVE MONTHS OF HOMELESSNESS, AND/OR 3+ EPISODES OF HOMELESSNESS, THEN SCORE 1 _____

B. RISKS

In the past six months, how many times have you or anyone in your family...

- a) Received health care at an emergency department/room? _____ Refused
- b) Taken an ambulance to the hospital? _____ Refused
- c) Been hospitalized as an inpatient? _____ Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused
- e) Talked to the police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE _____

Have you or anyone in your family been attacked or beaten up since they've been homeless? Yes No Refused

Have you or anyone in your family threatened to or tried to harm yourself or anyone else in the last year? Yes No Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM _____

Do you or anyone in your family have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? Yes No Refused

IF "YES", THEN SCORE 1 FOR LEGAL ISSUES _____

Does anybody force or trick you or anyone in your family to things that you do not want to do? Yes No Refused

Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle or anything like that? Yes No Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION _____

C. SOCIALIZATION & DAILY FUNCTIONING

A) Is there any person, past landlord, business, bookie, dealer, or government group like the CRA that thinks you or anyone in your family owe them money?
 Yes No Refused

B) Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?
 Yes No Refused

For the two questions above: IF "YES" TO QUESTION a) OR "NO" TO QUESTION b), THEN SCORE 1 FOR MONEY MANAGEMENT _____

Does everyone in your family have planned activities, other than just surviving, that make you feel happy and fulfilled? Yes No Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY _____

Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Yes No Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE _____

Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? Yes No Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS _____

D. WELLNESS

Have your family ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?
 Yes No Refused

Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Yes No Refused

Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Yes No Refused

When someone in your family is sick or not feeling well, does your family avoid getting medical help? Yes No Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH _____

Has your drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?
 Yes No Refused

Will drinking or drug use make it difficult for your family to stay housed? Yes No Refused

Will drinking or drug use make it difficult for your family to afford your housing? Yes No Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE _____

Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

- a) A mental health issue or concern? Yes No Refused
- b) A past head injury? Yes No Refused
- c) A learning disability, developmental disability, or other impairment? Yes No Refused

Do you or anyone in your family have any mental health or brain issues that would make it hard for you to live independently because you'd need help?

Yes No Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH _____

IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH: Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use? Yes No Refused

IF "YES" SCORE 1 FOR TRI-MORBIDITY _____

Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?

Yes No Refused

Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?

Yes No Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS _____

YES OR NO: Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?

Yes No Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA _____

E. FAMILY UNIT

Are there any children that have been removed from the family by a child protection service within the last 180 days? Yes No Refused

Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? Yes No Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES _____

- a) In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? Yes No Refused
- b) Has any child in the family experienced abuse or trauma in the last 180 days? Yes No Refused
- c) **IF THERE ARE SCHOOL-AGED CHILDREN:** Do your children attend school more often than not each week?
 Yes No Not applicable Refused

IF "YES" TO ANY OF QUESTIONS a) OR b), OR "NO" TO QUESTION c) ABOVE, SCORE 1 FOR NEEDS OF CHILDREN _____

Have members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? Yes No Refused

Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? Yes No Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY _____

38. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? Yes No Refused

39. After school, or on weekends or days when there isn't school, is the total time children spend each day where this is no interaction with you or another responsible adult...

- a) 3 or more hours per day for children aged 13 or older? Yes No Refused
- b) 2 or more hours per day for children aged 12 or younger? Yes No Refused

IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:

40. Do your older kids spend 2 or more hours on a typical day helping with their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? Yes No Not applicable Refused

IF "NO" TO QUESTION 38, OR "YES" TO ANY OF QUESTIONS 39 OR 40, SCORE 1 FOR PARENTAL ENGAGEMENT _____

SCORING SUMMARY:

PRE SURVEY (BASIC INFORMATION & HOUSEHOLD UNIT):	_____/2
A. HISTORY OF HOUSING & HOMELESSNESS:	_____/2
B. RISKS:	_____/4
C. SOCIALIZATION & DAILY FUNCTIONS:	_____/4
D. WELLNESS:	_____/6
E. FAMILY UNIT:	_____/4
GRAND TOTAL:	_____/22

ADDITIONAL QUESTIONS

Does the client approve of being housed with any of the participating CAA agencies? Yes No
If "no", please specify:

Suggested program type (Families): Adaptive Case Management Community Development Domestic Violent Program
 Placed-based Rapid Rehousing Scattered Site

Is there an immediate risk of family violence? Yes No

Is a history of domestic violence impacting the client's current state of homelessness? Yes No Declined to Answer Don't Know

If client is currently in public system/institution, estimated release date (mm/dd/yyyy):

If client is currently staying at Emergency Shelter, please indicate location:

If client is currently staying at Emergency Shelter, date of entry (mm/dd/yyyy):

Has collateral been completed? Yes No

Last date client checked-in (mm/dd/yyyy):

INCOME

What are your current sources of **monthly** income (before tax)? (Check all that apply and indicate amount)

- Aboriginal Funding \$_____
- Alberta Works/Income Support \$_____
- Assured Income for the Severely Handicapped (AISH) \$_____
- Binning/Recycling/Bottle Picking \$_____
- Canada Pension Plan Benefits \$_____
- Canada Pension Plan Disability Benefits \$_____
- Child Support/Alimony \$_____

- Child Tax Credit \$_____
- Employment Insurance (EI) \$_____
- Full-time Employment \$_____
- Guaranteed Income Supplement or Survivor's Allowance \$_____
- Housing Supplements \$_____
- Long-term Disability (private) \$_____
- Old Age Security Pension (OAS) \$_____
- Other Tax Credits \$_____
- Panhandling \$_____
- Part-time Employment \$_____

- Retirement pensions, superannuation & annuities \$_____
- Self Employed \$_____
- Student Funding \$_____
- War Veterans Allowance/Veterans Benefits \$_____
- Workers' Compensation Benefit \$_____
- No Income
- Other _____ \$_____
- Don't know
- Declined to answer

Specific notes on physical health: (200-character Maximum)

Prep notes:

CLIENT CONTACT INFORMATION:

Address:

Email Address:

Telephone Number 1:

Telephone Number 2:

Preferred Method of Contact: Email Social Media (*Facebook, Twitter, etc*) Telephone

Client contact notes: