

TRANSITION AGE YOUTH VI-SPDAT (CANADIAN VERSION 1.0)

Coordinated Access & Assessment

| FOIP NOTIFICATION | | | |
|--|-------------------------|----------------|---------|
| <p>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.</p> | | | |
| The FOIP notification has been read and discussed with the client? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer | | | |
| If you select Transgender, or not listed, how do you identify? | | | |
| ETHNICITY | | | |
| What is your ethnicity? <input type="checkbox"/> Caucasian <input type="checkbox"/> Aboriginal <input type="checkbox"/> Chinese <input type="checkbox"/> South Asian <input type="checkbox"/> African/Caribbean <input type="checkbox"/> Filipino <input type="checkbox"/> Latin American <input type="checkbox"/> Southeast Asian <input type="checkbox"/> Arab <input type="checkbox"/> West Asian <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Other _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer | | | |
| If Aboriginal ethnicity, which group do you belong to? <input type="checkbox"/> First Nations (Status) <input type="checkbox"/> First Nations (Non-Status) <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer <input type="checkbox"/> Not applicable | | | |
| CITIZENSHIP AND MIGRANT STATUS | | | |
| What is your current citizenship and immigration status? <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident (Landed immigrant) <input type="checkbox"/> Refugee - Permanent resident <input type="checkbox"/> Refugee - Claimant <input type="checkbox"/> Temporary Foreign Worker <input type="checkbox"/> International student <input type="checkbox"/> Other _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer | | | |
| LANGUAGE | | | |
| What is your primary language? <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer | | | |
| VETERAN STATUS | | | |

Have you ever served in the Canadian Forces?
 Yes No Don't know Declined to answer

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1 _____

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 PERSON 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...

- 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/juvenile detention, 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 been attacked or beaten up since you've been homeless? Yes No Refused

Have you 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 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

Were you ever incarcerated when younger than age 18? Yes No Refused

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

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

Do you 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 owe them money?
 Yes No Refused

B) Do you 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 _____

Do you 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 _____

Are you 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 current lack of stable housing...

- a) Because you ran away from your family home, a group home or a foster home? Yes No Refused
- b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers? Yes No Refused
- c) Because your family or friends caused you to become homeless? Yes No Refused
- d) Because of conflicts around gender identity or sexual orientation? Yes No Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SOCIAL RELATIONSHIPS _____

- e) Because of violence at home between family members? Yes No Refused
- f) Because of an unhealthy or abusive relationship, either at home or elsewhere? Yes No Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR ABUSE/TRAUMA _____

D. WELLNESS

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

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

Do you 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 you are sick or not feeling well, do you avoid getting help? Yes No Refused

Are you currently pregnant? Yes No N/A Refused

Have you ever been pregnant/ever gotten someone pregnant? Yes No Refused

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

Has your drinking or drug use led you 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 you to stay housed? Yes No Refused

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

If you've ever used marijuana, did you ever try it at age 12 or younger? Yes No Refused

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

Have you 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 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 RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY _____

Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Yes No Refused

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

Yes No Refused

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

SCORING SUMMARY:

| | |
|---------------------------------------|----------|
| PRE SURVEY (BASIC INFORMATION): | _____/1 |
| A. HISTORY OF HOUSING & HOMELESSNESS: | _____/2 |
| B. RISKS: | _____/4 |
| C. SOCIALIZATION & DAILY FUNCTIONS: | _____/5 |
| D. WELLNESS: | _____/5 |
| GRAND TOTAL: | _____/17 |

ADDITIONAL QUESTIONS

Does the client approve of being housed with any of the participating CAA agencies? Yes No

If "no", please specify:

Are you currently at risk of: exploitation, physical, emotional or sexual violence? Yes No Refused

Is there an immediate risk of family violence? Yes No

Suggested program type:

- ACT (Pathways)
- Community (scattered site)
- Complex case

- CUPS Community Development
- Group-based (Youth Table Only)
- LGBTQ Housing
- Mobility issues
- PSH – Harm reduction
- PSH – Health
- Rapid rehousing (Youth table only)
- Regional Housing (BOSH)
- Sobriety

Wrap around supports currently in place:

If the client currently residing in a public system (jail, treatment, hospital) please indicate:

If "Other" Public Systems, please specify:

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

Have you ever had status under Child Protection Services (Child Welfare)? Yes No Declined to Answer Don't Know

Are you interested in Aboriginal cultural supports? Yes No Declined to Answer Don't Know

Are you interested in LGBTQ supports? Yes No Declined to Answer Don't Know

Are you currently or have you ever been eligible for PDD supports? Yes No Declined to Answer Don't Know

Are you currently or have you ever had a guardianship order or a trustee? Yes No Declined to Answer Don't Know

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

Substance use info:

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

PLACEMENT COMMITTEE NOTES:

CLIENT CONTACT INFORMATION:

Address:

Email Address:

Telephone Number 1:

Telephone Number 2:

Preferred Method of Contact:

Client contact notes: