

# 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> Refused	
If pregnant, estimated due date (mm/dd/yyyy): _____	
<b><u>HOUSEHOLD UNIT:</u></b>	
HOUSEHOLD MEMBER 1:	
First Name:	Last Name:
Date of Birth:                      Age:	Relationship to Head of Household:
If dependent, please indicate custody status: _____	
HOUSEHOLD MEMBER 2:	
First Name:	Last Name:
Date of Birth:                      Age:	Relationship to Head of Household:
If dependent, please indicate custody status: _____	
HOUSEHOLD MEMBER 3:	
First Name:	Last Name:
Date of Birth:                      Age:	Relationship to Head of Household:
If dependent, please indicate custody status: _____	
HOUSEHOLD MEMBER 4:	
First Name:	Last Name:
Date of Birth:                      Age:	Relationship to Head of Household:
If dependent, please indicate custody status: _____	
HOUSEHOLD MEMBER 5:	
First Name:	Last Name:
Date of Birth:                      Age:	Relationship to Head of Household:
If dependent, please indicate custody status: _____	
HOUSEHOLD MEMBER 6:	
First Name:	Last Name:
Date of Birth:                      Age:	Relationship to Head of Household:
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 ☐ Housed ☐ Provisionally Accommodated ☐ Refused

Additional collateral regarding housing: \_\_\_\_\_

**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:

Are you interested in sobriety? ☐ Yes ☐ No ☐ Refused

Are you interested in sobriety-based programming? ☐ Yes ☐ No ☐ Refused

Suggested program type (Families): ☐ Adaptive Case Management ☐ Bridge Housing ☐ Community Development (Singles Table Only)  
☐ Domestic Violence Program ☐ Place-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

Do you have a history of repeat involvement in the criminal justice system? ☐ Yes ☐ No ☐ Refused

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

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

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

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

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

**INCOME**

☐ 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

Prep notes:

Address:

Email Address:

Telephone Number 1:

Telephone Number 2:

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

Client contact notes:

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