

SINGLE ADULTS VI-SPDAT (CANADIAN VERSION 2.01)

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

VETERAN STATUS

Have you ever served in the Canadian Forces?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

IF THE PERSON IS 60 YEARS OR OLDER, THEN SCORE 1 _____

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 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, 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

IF "YES", 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 homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? ☐ Yes ☐ No ☐ Refused

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

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

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 "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 _____

YES OR NO: Has your 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 experienced?

☐ Yes ☐ No ☐ Refused

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

SCORING SUMMARY:

PRE SURVEY (BASIC INFORMATION):	_____/1
A. HISTORY OF HOUSING & HOMELESSNESS:	_____/2
B. RISKS:	_____/4
C. SOCIALIZATION & DAILY FUNCTIONS:	_____/4
D. WELLNESS:	_____/6
GRAND TOTAL:	_____/17

ADDITIONAL QUESTIONS

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 ☐ Don't Know ☐ Declined to Answer

Have you ever been diagnosed with or prescribed medication for a mental health concern? ☐ Yes ☐ No ☐ Refused

If yes, have you ever been told you are diagnosed with schizophrenia, delusional disorder or bipolar disorder?
☐ Yes ☐ No ☐ N/A ☐ Refused

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

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

Substance use info:

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

Suggested program type:

- ☐ ACT (Pathways)
- ☐ Bridge Housing
- ☐ Community (scattered site)
- ☐ Complex case
- ☐ CUPS Community Development (Singles & Family Tables Only)
- ☐ LGBTQ Housing
- ☐ Mobility issues
- ☐ Place-Based Supportive Housing
- ☐ PBSH – Health
- ☐ PBSH – Sobriety
- ☐ Rapid rehousing (Youth table only)
- ☐ Sobriety

Wrap around supports currently in place:

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

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:

Are you currently or have you ever been eligible for PDD supports? ☐ 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 ☐ Don't Know ☐ Declined to Answer

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

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

If "no", please specify:

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: