Point in Time Count and Registry Week Coordination Packet

The following guidelines enable communities participating in the 20,000 Homes campaign to conduct their registry week in coordination with their Point-in-Time (PiT) Count. They were developed by the Canadian Alliance to End Homelessness in consultation with the Homelessness Partnering Strategy to ensure that they meet the requirements of the 2016 HPS Coordinated PiT Count. The survey is conducted in phases, presenting the anonymous PiT survey first, followed by the survey for the Registry Week.

This packet will provide you with details on how to use this coordinated approach appropriately in your community.

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- **VI-SPDAT V2.0 (7-11)**
- **Tally Sheet (12)**
    a. **This tally sheet will be used to record people who do not participate in the surveys**
    b. **Please be sure to record WHICH survey an individual did not participate in (PiT Count, VI-SPDAT or both). You can note this in the "Observation" column.**

Please print off this entire packet and be sure to keep the packets together for data entry purposes. For specific information on the Point in Time count methodology, please refer to the Homelessness Partnering Strategies' website:
http://www.esdc.gc.ca/eng/communities/homelessness/point_in_time.shtml

POINT IN TIME COUNT SURVEY	**Survey Number: ####**
Location: _____	**Time:** _____**AM/PM**
Interviewer: _____	**Contact #:** _____

Hello, my name is XXX, and I'm a volunteer for the (***Community Name***). I'm here tonight to conduct two surveys about your housing needs and history of homelessness to provide better programs and services to people experiencing homelessness.
Participating is voluntary, so you can participate in one or both surveys. If you only do the first survey, your name will not be recorded. If you do both surveys or just the second survey, we will ask for your name, so your responses would not be anonymous.

The first survey takes about 10 minutes to complete.

- You can choose to skip any question or to stop the interview at any time.
- Results will contribute to the understanding of homelessness across Canada, and will help with research to improve your services.

A. Have you answered this survey with a person with this (identifier)?

a. YES: thank them for their time
b. NO: go to B

B. Are you willing to participate in the survey?

a. YES: go to C
b. NO: thank and *introduce the VI-SPDAT and ask if they would like to participate in that survey*

C. Do you have a permanent residence that you can return to tonight?

a. YES	b. NO	c. DON'T KNOW	d. DECLINE TO ANSWER

D. Where are you staying tonight? [DO NOT READ CATEGORIES]

a. DECLINE TO ANSWER b. OWN APARTMENT/HOUSE	**THANK (& TALLY)**
c. SOMEONE ELSE'S PLACE (FRIEND OR FAMILY) d. MOTEL/HOTEL e. HOSPITAL, JAIL, PRISON, REMAND CENTRE	**HAS a permanent Residence: THANK (& TALLY)** **NO Permanent Residence: BEGIN SURVEY**
f. EMERGENCY SHELTER, DOMESTIC VIOLENCE SHELTER g. TRANSITIONAL HOUSING h. PUBLIC SPACE (E.G., SIDEWALKS, SQUARES, PARKS, FORESTS, BUS SHELTER) i. VEHICLE (CAR, VAN, RV, TRUCK) j. MAKESHIFT SHELTER, TENT OR SHACK k. ABANDONED/VACANT BUILDING l. OTHER UNSHELTERED LOCATION UNFIT FOR HUMAN HABITATION (SPECIFY) _____ m. RESPONDENT DOESN'T KNOW [LIKELY HOMELESS]	**BEGIN SURVEY**

- Thank you for agreeing to participate. Please note that you will receive (item) as a thank you for your participation.

BEGIN SURVEY

1. What family members are with you? [Indicate survey numbers for adults]

☐ NONE
☐ PARTNER - Survey #: ___ ___ ___ ___
☐ OTHER ADULT - Survey #: ___ ___ ___ ___
☐ DECLINE TO ANSWER
☐ CHILD(REN)/DEPENDENT(S) [indicate age for child/dependent]

	1	2	3	4	5	6	7	8	9	10
GENDER										
AGE										

2. How old are you? [OR] What year were you born? [If unsure, ask for best estimate]

○ AGE _____**OR** YEAR BORN _____ ○ DON'T KNOW ○ DECLINE TO ANSWER

3. What gender do you identify with? [Do not read categories]

○ MALE ○ TRANSGENDER ○ DON'T KNOW
○ FEMALE ○ OTHER RESPONSE_____ ○ DECLINE TO ANSWER

4. Do you identify as Aboriginal or do you have Aboriginal ancestry? This includes First Nations, Métis, Inuit, with or without status. [If yes, please follow-up to specify.]

○ YES ----------> **If YES:**
○ FIRST NATIONS
○ INUIT
○ MÉTIS
○ NON-STATUS / HAVE ABORIGINAL ANCESTRY
○ NO
○ DON'T KNOW
○ DECLINE TO ANSWER

5. Have you ever had any service in the Canadian Military or RCMP?
[Military includes Canadian Navy, Army, or Air Force]

○ YES, MILITARY ○ NO ○ DON'T KNOW ○ DECLINE TO ANSWER
○ YES, RCMP

6. Did you move to (*community name*) in the past year?

○ YES ○ NO ○ DON'T KNOW ○ DECLINE TO ANSWER

7. Did you come to Canada as an immigrant or refugee within the past 5 years?

○ YES ○ NO ○ DON'T KNOW ○ DECLINE TO ANSWER

8. Over the past year, *how much of the time* have you been homeless? [Best estimate.]

○ LENGTH _____ DAYS / WEEKS / MONTHS
○ DON'T KNOW
○ DECLINE TO ANSWER

IF UNSURE:
○ 0-2 MONTHS
○ 3-5 MONTHS
○ 6-12 MONTHS

9. Over the past year, *how many different times* have you experienced homelessness?
[Includes this time. Best estimate.]

○ NUMBER OF TIMES _____
○ DON'T KNOW
○ DECLINE TO ANSWER

IF UNSURE:
○ 1 TIME [current episode]
○ 2 TIMES
○ 3 OR MORE TIMES

10. Have you stayed in an emergency shelter in the past year? [Indicate "yes" if respondent is staying in a shelter.]

○ YES	○ NO	○ DON'T KNOW	○ DECLINE TO ANSWER

11. What happened that caused you to lose your housing most recently? [Do not read the options. Select all that apply. "Housing" does not include temporary arrangements (e.g., couch surfing) or shelter stays.]

☐ ILLNESS OR MEDICAL CONDITION	☐ FAMILY CONFLICT: SPOUSE OR PARTNER
☐ ADDICTION OR SUBSTANCE USE	☐ FAMILY CONFLICT: PARENT OR GUARDIAN
☐ JOB LOSS	☐ LEFT CARE (CHILD PROTECTION)/(PROV. TERM)
☐ EVICTED: UNABLE TO PAY RENT	☐ INCARCERATED (JAIL OR PRISON)
☐ EVICTED: OTHER REASON	☐ HOSPITALIZATION OR TREATMENT PROGRAM
☐ DOMESTIC ABUSE: SPOUSE OR PARTNER	☐ UNSAFE HOUSING CONDITIONS
☐ DOMESTIC ABUSE: PARENT OR GUARDIAN	☐ DON'T KNOW
Other reason/Notes:	☐ DECLINE TO ANSWER

12. Where do you get your money from? [May provide examples. Select all that apply]

☐ EMPLOYMENT	☐ SENIORS BENEFITS (E.G., CPP/OAS/GIS)
☐ INFORMAL/SELF-EMPLOYMENT (E.G., BOTTLE RETURNS, PANHANDLING)	☐ CHILD AND FAMILY TAX BENEFITS
	☐ MONEY FROM FAMILY/FRIENDS
☐ EMPLOYMENT INSURANCE	☐ OTHER SOURCE _____
☐ WELFARE/INCOME ASSISTANCE	☐ NO INCOME
☐ DISABILITY BENEFIT	☐ DECLINE TO ANSWER

Introducing the VI-SPDAT:

Guidelines for the VI-SPDAT Script: Every assessor in your community completing the VI-SPDAT, regardless of what organization they are from or if they are a volunteer, should use the same introductory script. In that script, you should highlight the following information:

- The name of the assessor and their affiliation (organization that employs them, volunteer as part of Registry Week, etc.)
- The purpose of the VI-SPDAT being completed
- That it usually takes 7-10 minutes to complete the VI-SPDAT
- That only "yes," "no," or one-word answers are being sought
- That any question can be skipped or refused
- Where the information is going to be stored
- That if the participant does not understand a question, clarification can be provided
- The importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Second Script Example: Thank you for answering those questions. Now, I'm going to ask you to participate in the VI-SPDAT. If you would like to participate, you will need to sign a consent form because it asks about personal information.

- This survey takes about 7-10 minutes to complete
- The information being collected will be used by your community to better understand your history of homelessness and your health and housing needs
- We are looking for yes, no or one word answers to the questions I will ask you
- Any question can be skipped; you don't have to answer any questions that you don't want to
- You can choose to stop the survey at anytime
- If you don't understand a question, let me know, and I can give you more information
- Being honest is really important so we can use this information to plan for use of housing and services
- You will be given a X$ gift card to thank you for your participation in this survey
- Would you like to participate in the survey?

If a person would like to participate, please move to the consent form (Page 7 of this packet). Please read the consent form to the individual or have them read it and sign the consent. Once they have signed the consent form, please begin administering the VI-SPDAT V2.0 (Page 8 of this packet).

If a person does not want to participate, thank them for their time and mark this information on the Tally Sheet (Page 15 of this packet).

This document is a sample for your reference and will need to be modified according to your individual agency requirements.

CLIENT CONSENT | AGENCY NAME | 20,000 HOMES CAMPAIGN

AGENCY would like to collect your personal information for the following purposes:

1) prioritizing you for and referring you to affordable housing and/or related programs/services;
2) providing you with affordable housing and/or related programs/services;
3) evaluating and improving affordable housing; related programs/services and the 20,000 Homes Campaign; and
4) research, advocacy, lobbying and education about homelessness in Canada.

- ✓ Your personal information will be securely stored and only personnel who need to know your information will have access to it. All of the individuals who will have access to your personal information will have signed confidentiality agreements to assist in the protection of your information.

- ✓ Your personal information will be shared amongst personnel at agencies in the REGION area who are working together to prioritize and place homeless persons in affordable housing. You may request a listing of all agencies who have access to your information at any time.

- ✓ Your personal information will be de-identified before it is shared with the 20,000 Homes Campaign which is operated by the Canadian Alliance to End Homelessness (CAEH). This means that any identifying information will be removed so that you will not be able to be identified or traced by the 20,000 Homes Campaign/CAEH.

- ✓ The AGENCY will disclose your personal information if there is reason to believe you may hurt yourself or someone else. Otherwise, your personal information will not be shared with any other third parties or for any other purposes other than set out on this form without your prior, additional consent.

- ✓ If you decide not to provide your consent, you will not be declined service by AGENCY, however for the purposes of prioritizing you for affordable housing, without your consent, AGENCY may not be able to represent your level of need for housing as effectively. You may decide to limit your consent by only answering the questions and providing information that you are comfortable with disclosing.

- ✓ You can change your mind and withdraw your consent at a later date by letting us know at EMAIL ADDRESS. We'll make reasonable efforts not to use or disclose your information in any way following the time you withdraw your consent.

- ✓ AGENCY will destroy or de-identify your personal information within three years of the last date you were served or assisted in any way by AGENCY.

☐ **I AGREE WITH THE ABOVE AND CONSENT TO MY PERSONAL INFORMATION BEING COLLECTED, USED, STORED, SHARED AND DESTROYED AS DESRCIBED IN THIS CONSENT FORM.**

Your signature (or mark) below indicates that you have read (or been read) all of the information provided above and agree.

_____ _____
Date Signature (or Mark) of Participant

_____
Printed Name of Participant

If consent given by mark or verbally:

_____ _____
Date Signature of Witness

_____
Printed Name of Witness

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Single Adults

20,000 HOMES CAMPAIGN - CANADIAN VERSION 2.0

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Administration

Interviewer's Name	**Agency**	Team Staff Volunteer
Survey Date DD/MM/YYYY ___/___/	**Survey Time** __ __ : __ __ AM/PM	**Survey Location**

Basic Information

First Name	**Nickname**	**Last Name**
In what language do you feel best able to express yourself?		

Date of Birth	**Age**	**Consent to participate**	
DD/MM/YYYY _____/_____/_____		Yes	No

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)	Shelters **Couch Surfing** **Outdoors** **Other (specify):** **Refused**		
2. How long has it been since you lived in permanent stable housing?		Refused	
3. In the last year, how many times have you been homeless?		Refused	

B. Risks

4. 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 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	
5. Have you been attacked or beaten up since you've become homeless?	**Y**	N	Refused	
6. Have you threatened to or tried to harm yourself or anyone else in the last year?	**Y**	N	Refused	
7. 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?	**Y**	N	Refused	
8. Does anybody force or trick you to do things that you do not want to do?	**Y**	N	Refused	
9. 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?	**Y**	N	Refused	

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the CRA that thinks you owe them money?	**Y**	N	Refused	
11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	**Y**	N	Refused	
12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	Y	**N**	Refused	

13. 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?	Y	**N**	Refused	
14. 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?	**Y**	N	Refused	

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	**Y**	N	Refused	
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	**Y**	N	Refused	
17. 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?	**Y**	N	Refused	
18. When you are sick or not feeling well, do you avoid getting help?	**Y**	N	Refused	
19. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant?	**Y**	N	N/A or Refused	
20. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	**Y**	N	Refused	
21. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	**Y**	N	Refused	
22. 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?	**Y**	N	Refused	
b. A past head injury?	**Y**	N	Refused	
c. A learning disability, developmental disability, or other impairment?	**Y**	N	Refused	
23. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	**Y**	N	Refused	
24. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	**Y**	N	Refused	
25. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	**Y**	N	Refused	

26. *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 have experienced?	**Y**	N	Refused	

Demographic Information

27. Have you ever been in foster care?	☐ Yes ☐ No ☐ Don't Know ☐ Decline to answer	
28. Have you been in jail and/or prison in the past 6 months?	☐ Yes ☐ No ☐ Don't Know ☐ Decline to answer	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: time: __ : ___ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - email:

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- safety planning

TALLY SHEET

Area: _____ **Time:** _____ **to** _____

Interviewer: _____ **Contact phone #:** _____

Instructions: For those who are ***not*** **surveyed**, please fill in the sheet below indicating the reason. For those who DECLINE or are OBSERVED only, but who are clearly homeless, please also indicate their gender, approximate age, and the reason you believe they are homeless (e.g., asleep outside with belongings).

#	Location (e.g., building, park, nearest intersection)	Reason not Surveyed					*Observed Homelessness			
		Declined*	Already Responded	Screened Out C	Screened Out D	Observed*	Observed HomelessPIT	Approx. Age	Observed Gender	Indicators of Homelessness
1										
2										
3										
4										
5										
6										
7										
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