

Housing and Service Needs Estimation Survey

PURPOSE OF THE SURVEY

- This survey was created to help our community gain a better understanding of the needs of our residents and the services required to improve and enhance community well-being.
- Your answers will help us identify the type of services that are currently being accessed and which ones are currently seeing the most use, and what needs in the community aren't being met. We will use the information gathered from this survey to take steps to increase and/or improve the services offered within our community.

PROCEDURE

- Time required: 6 – 10 minutes.
- This survey contains questions regarding your current/past living situations, employment, and citizenship/immigration status.
- Staff members are available to answer any questions regarding the survey.

CONFIDENTIALITY AND DATA PROTECTION

- By continuing with this survey, you consent to the collection, use, and disclosure of your personal information for the purposes described above.
- A unique identifier will be assigned to the information you provide in this survey and your full name will not be used.
- Physical and electronic copies of the data (where available) will be stored and protected using adequate safeguards like password-protected computers.

RIGHT TO WITHDRAW

- Your participation is completely voluntary.
- If the questions make you feel uncomfortable at any point, feel free to skip that question or stop the survey.
- You can skip questions if you wish. If you skip questions, your responses to other questions will still be recorded.
- You can stop at any time without affecting your access to services. If you stop the survey at any point, none of your information will be used.

Knowing the information above, are you willing to take this survey right now?

Yes

No — **If no**, for which reasons?

- I don't have time today
- I have taken the survey before
- The survey is too long
- The survey is too personal
- The survey doesn't relate to me
- Other

START SURVEY

Q1. Where do you currently reside? (eg. name of town, farm outside of town, nearby hamlet, etc).

Q2. In which community do you most often seek services? If you don't live there, how far do you have to travel?

Q3. Name of service agency you're visiting today?

Q4. Anonymous Unique Identifier
[ex. John Smith, born on 15th November 1964]

| | | |
|---|---|--|
| J | O | What are the first two letters of your FIRST name? |
| S | M | What are the first two letters of your LAST name? |
| 1 | 5 | What is the DAY you were born? |
| 6 | 4 | What are the last two numbers of the YEAR you were born? |

DEMOGRAPHICS

Q5. How do you describe your gender identity?

- Male/Man
- Female/Woman
- Two-Spirit
- Trans Male/Trans Man
- Trans Female/Trans Woman
- Non-binary (including genderqueer & gender fluid)
- Don't Know
- Identity not listed:
- Prefer not to answer

Q6. How do you describe your sexual orientation

- Straight
- Lesbian
- Gay
- Asexual
- Bisexual
- Two-spirit
- Queer
- Questioning
- Don't Know
- Identity not listed:
- Prefer not to answer

Q7. Were you born in Canada?

- Yes
- No (if no, please answer **Q7a.** to **Q7c.**)
- Prefer not to answer

Q7a. If no, how long have you lived in Canada?

- # days / weeks / months / years (underline)
OR
- MM / DD / YYYY (date of arrival)
- Don't know
- Prefer not to answer

Q7b. Did you come to Canada as an immigrant, refugee, or refugee claimant?

- Economic Migrant Worker
- Landed Immigrant
- Permanent Resident
- Refugee/Claimant
- Student Visa
- Temporary Foreign Worker
- Prefer not to answer

START SURVEY

Q7c. What is your current migration status?

- Canadian Citizen
- Economic Migrant Worker
- Landed Immigrant
- Permanent Resident
- Refugee/Claimant
- Student Visa
- Temporary Foreign Worker
- Prefer not to answer

Q8. Which ethnicity do you identify with?

- African
- Asian
- Caucasian
- Hispanic/Latino
- Indigenous
 - First Nations
 - Métis
 - Inuit
- Middle Eastern
- Identity not listed:

Q9. Have you ever served in the Canadian Armed Forces, Royal Canadian Mounted Police (RCMP), or any Emergency Services? (check all that apply)

- Canadian Armed Forces
- RCMP
- Emergency Services (EMS, Police, Fire Dept.)
- No
- Prefer not to answer

HOUSING NEEDS

Q10. Do you consider your housing situation to be unstable or feel you could easily lose your housing?

- Yes
- No
- Not sure
- Prefer not to answer

Q11. Thinking about your living situation **this past month**, which of these statements apply to you? (Check all that apply)

- I own the house I'm currently in
- I rent the apartment I'm currently in
- I live in accommodations provided by my employer
- I live in a house that is owned by/rented out by the Band
- I share a house/apartment with roommates
- I live in a house/apartment that I share with family/dependents
- I find it difficult to pay rent and I feel like I spend more than a third of my monthly income on my housing
- I live in housing that needs major repairs (heating or plumbing problems, mould, leaky roof, etc.)
- There are not enough rooms for the number of people in the house I'm in
- I lived in supported housing (e.g. Housing First)
- I stayed in a medical/detox/rehabilitation facility
- I slept in a friend's/family's house because I had no other place to stay
- I stayed in a jail / prison/ remand centre
- I stayed at a women's / domestic violence shelter
- I stayed with someone I didn't know because I had no other place to stay
- I slept in a shelter
- I slept in a makeshift shelter, vehicle, tent, or shack
- I slept in a public space (sidewalks, park benches, bus shelter etc.)

HOUSING NEEDS

Q12. Why do you feel that your housing situation is unstable or why do you feel you could lose it? (*please choose up to 5 answers*)

Does not apply to me

Financial

- I can't afford rent/mortgage payments
- I don't make enough money
- My rent went up
- I lost my job
- Spouse/Partner lost their job

Health & well-being

- Addictions/Substance use
- Illness/Medical condition
- Mental health issues
- Mental disability
- Physical disability

Relationships

- Abuse
- Domestic/Family violence
- Conflict with: landlord, parent, guardian, roommate, spouse/partner (*underline*)
- Family rejection due to: gender identity/ expression, or sexual orientation (*underline*)

Other

- My house needs major repairs (mould, etc.)
- Racism/Discrimination
- Lack of Transportation
- I was in jail/prison
- COVID-19-related
- Prefer not to answer

Q13. If you had to **choose only one main reason** why you feel that your housing situation is unstable, which one would it be? *Please write your answer in the box below:*

RECENT ACCOMMODATIONS

Q14. Have you stayed in an emergency shelter this past year?

- Yes
- No
- I don't know
- Prefer not to answer

Q15. If you needed a shelter in the past year and didn't access one, what were the reasons? (*select all that apply*)

- I didn't need shelter services
- The shelter was full
- No shelters in my area
- I didn't feel safe

Operations Concerns

- Health concerns (bed bugs, dirty, etc.)
- Hours of operation
- Lack of disability accommodations
- Lack of transportation
- No pets allowed
- Separation from family member/partner
- Reason not listed:
.....
- Prefer not to answer

Q16. How long have you been staying in your current living arrangements?

- Less than a month
- 1 to 6 months
- 6 months to 1 year
- 1 to 2 years
- More than 2 years
- Prefer not to answer

HOUSEHOLD MEMBERS

Q17. As a youth, were you ever in foster care or a youth group home?

- Yes
- No
- Prefer not to answer

Q18. Are you or anyone in your household currently pregnant?

- Yes
- No
- Prefer not to answer

HOUSEHOLD MEMBERS (CONTINUED)

Q19. Are you currently a single-parent household?

- Yes
- No
- Prefer not to answer

Q20. How many dependents under 18 years old are staying with you?

- None
- 1
- 2
- 3
- Other:
- Prefer not to answer

Q20a. Please list out the ages/gender of the dependents staying with you:

e.g. 12-year-old boy, 5 year-old girl

- Does not apply to me
- Prefer not to answer

Q21. How many adults are staying with you?

- None
- # total number of adults
- Prefer not to answer

The adults staying with me are:

- My parent(s)
- My partner
- My adult children
- My extended family
- My co-workers
- Not listed:
- Prefer not to answer

COMMUNITY LIVING

Q22. How long have you lived in this community?

- Always lived here
- Under a year
- Over a year } (please answer **Q22a.** to **Q22d.**)
- Prefer not to answer

COMMUNITY LIVING (CONTINUED)

Q22a. Where did you live before you came to this community?

- A First Nation Community
- A Métis Settlement
- An Inuit Community
- Another community in the province:
.....
- Another province:
.....
- Another country:
.....
- Prefer not to answer
- Does not apply to me

Q22b. How many times have you moved in the past 12 months?

- I have not moved in the past 12 months
- 1 to 2 times
- 3 to 6 times
- More than 6 times
- Prefer not to answer
- Does not apply to me

Q22c. What is the main reason you came to this community?

- COVID-19 treatment or supports
- Environmental displacement (flooding, wildfire, lack of clean drinking water, etc.)
- Fear for safety

Financial

- To look for work
- To start a job
- To attend school

Services

- To access emergency shelters
- To access services/supports
- To find housing

Family

- To visit family/friends
- To move in with spouse/partner
- My family moved here
- Other:
.....
- Prefer not to answer

Q22d. *Would you have stayed in your previous community if you had access to better services/programs?*

- Yes
- No
- Not sure
- Prefer not to answer

EMPLOYMENT

Q23. Are you currently employed?

- Yes (please answer **Q23a.** to **Q23b.**)
- No
- Prefer not to answer

Q23a. *If yes, is your position: (check all that apply)*

- Casual
- Part-time
- Full-time
- Not listed:

.....
 Prefer not to answer

Q23b. *If yes, which area do you work in?*

- Agriculture
- Education
- Finance
- Forestry
- Food and Beverage/Restaurant
- Health
- Human/Social Services
- Hunting/Trapping
- Marketing
- Oil and Gas
- Retail/Personal Services
- Technology
- Tourism
- Not Listed:

.....
 Prefer not to answer

EMPLOYMENT (CONTINUED)

Q24. What is the highest level of education you've completed?

- No formal education
- Some grade school
- Some high school
- High school diploma or GED
- Apprenticeship, trades certificate, or diploma
- College certificate or diploma
- Some post-secondary
- Post-secondary degree (bachelor's)
- Graduate/Professional Degree (Master's, PhD, MD, JD, etc.)
- Don't know
- Prefer not to answer

Q25. What are your sources of income? *(check all that apply)*

- Employment
- My partner/spouse's income
- Alimony/Child Support

Government-related

- Canadian Emergency Relief Benefit (CERB)
- Canada Emergency Wage Subsidy (CEWS)
- Canada Emergency Student Benefit (CESB)
- Seniors Benefits (CPP, OAS, GIS, etc.)
- Veterans' Benefits
- Disability Benefits
- Employment Insurance (EI)
- Student loans
- Income assistance

Tax-related

- Child and Family Tax Benefits
- GST refunds

Informal

- Informal Income (e.g. bottle returns, panhandling, etc.)
- Money from family and friends
- Not Listed:

.....
 Prefer not to answer

SUPPORT SERVICES

Q26. What is the main reason(s) for visiting the office today? (choose as many options as it applies to you)

- Basic needs**
Food, shelter, clothing, etc.
- Covid-19 assistance**
PPE, information, supports
- Crisis financial support**
Eviction notice, utility bill problems, damage deposits, etc.
- Family/parenting**
Child care, parenting/family issues, relationship issues, child developmental assessment tools/referrals etc.
- Financial**
Employment, housing, training/education, etc.
- Health and wellness**
Addictions, mental health, physical health care, spiritual/cultural, etc.
- Legal**
Separation/divorce/custody, wills/estates, employment/labour standards, landlord/tenant issues, immigration issues, criminal/misdemeanor, etc.
- Support services**
Help with government forms, help with accessing government/other programs or services, access to technology, etc.
- Transportation needs**
Access to basic services/education/employment, medical transportation
- All of the above**
- Not listed:**
.....
- Prefer not to answer**

SUPPORT SERVICES (CONTINUED)

Q27. Of the areas listed in **Q26.**, which one do you feel you need the most help with? (*List one option*)

Q28. Does our community provide enough... Yes No Not Sure

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| Employment opportunities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Free/accessible recreation/social opportunities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sufficient social services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accessible affordable housing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q29. Knowing the information you've shared, do we have your consent to use this information to estimate the resources needed to better support people in our community?

As a reminder, no identifying information will be used; all data will be treated securely and with respect; and saying "No" will NOT affect your ability to access services.

- Yes
- No

END SURVEY

Thank you for your time!

FOR OFFICE USE ONLY

Survey Details

Survey was: Administered by Staff Member Filled out by Client Other:

Date Completed: MM/DD/YYYY

Location Name: City, Town, Hamlet, etc.

Service Agency Name: e.g. FCSS, Friendship Centre

Unique Identifier

Please fill in the unique identifier with the info on page 2 as well as the guidelines below.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

UNIQUE IDENTIFIER GUIDELINES

To safeguard and protect the respondents' identity and ensure their anonymity, the unique identifier must be filled in based on the following guidelines:

e.g. John Smith, Male, born on November 15th, 1964

| | | | | | | | | |
|----|----|----|----|----|----|----|----|---|
| J | O | S | M | 1 | 5 | 6 | 4 | M |
| A1 | A2 | B1 | B2 | C1 | C2 | D1 | D2 | E |

e.g. John Smith, Gender Unknown, born on November 15th, Year Unknown

| | | | | | | | | |
|----|----|----|----|----|----|----|----|---|
| J | O | S | M | 1 | 5 | # | # | # |
| A1 | A2 | B1 | B2 | C1 | C2 | D1 | D2 | E |

| | | | | |
|---------------------------------|--------------------------------|------------------------|--------------------------------|--|
| (A1, A2) | (B1, B2) | (C1, C2) | (B1, B2) | (E) |
| First two letters of first name | First two letters of last name | Numbers of birth date* | Last two numbers of birth year | 'M' for male, 'F' for female, and 'X' for non-binary |

* The numbers of the Birth Date (day), not the month.

** In the case of any missing information to develop a 'Unique Identifier', please use "#" for the character representing the information that is missing.