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Fall 2018

Rural Homelessness Estimation Project

PURPOSE OF THE STUDY

- To provide our community with information on the needs of our residents at risk and the services required to improve community's wellbeing.

PROCEDURE:

- Use your personal information to complete the following multiple-choice survey.
- Time required: 6-10 minutes.

POTENTIAL RISKS

- We are asking you to share personal information. If you feel at all uncomfortable, you are free to skip questions or stop the survey at any point.

CONFIDENTIALITY AND PROTECTION OF DATA

- All data will be protected.
- This survey is anonymous and your name will not be associated with it.

RIGHT TO WITHDRAW

- Your participation is voluntary.
- You can skip questions.
- You can stop at any time without any effects on you or the services you are seeking today.

MORE IN-DEPTH EXPLANATION OF ABOVE

Purpose of the Study

- Homelessness is often hidden in rural communities.
- This survey was created to help communities gain a clearer picture of the number of homeless, who they are, and what resources are needed or are in place in their municipality to meet the unique challenges of this vulnerable population.

Procedure:

- You will be asked to complete a survey about your current and past living situations, employment status, and citizenship/immigration status. You will also be asked your age, sex, and identity.
- The questions are multiple choice. It should take about 6-10 minutes to do all of them.

Potential Risks

- If you are uncomfortable answering any of the questions, you are free to skip them without penalty. Access of services in the community is not dependant on your participation in this survey.
- If you feel any psychological or emotional discomfort with any of the questions on the survey you can withdraw from the study or prefer not to answer any question without any repercussions.

Confidentiality and Protection of Data

- In order to protect your privacy, your name, or any other identifying information, will not be used in any place on this survey.
- Electronic copies of the data will be stored on password protected computers.
- This data is anonymous meaning that there is no way to distinguish your data from that provided by other individuals.

Right to Withdraw

- Your participation is voluntary.
- You are free to skip questions you do not want to answer.
- You may withdraw from the survey at any time without penalty.

Survey Date

Survey Location

Grey rectangular area for Survey Date input.

Vertical column of 8 empty checkboxes for Survey Location input.

Vertical column of 8 empty checkboxes for Survey Location input.

SURVEY START

Q1. Have you previously taken this survey?

No

Not Sure

Yes

Where?

Empty text box for location input.

GO to page 12 (END)

Q2. Are you willing to take the survey right now?

Yes

No

GO to page 12 (END)

First Two Letters of the First Name

Input box for first two letters of first name.

Will only accept letters (a ~ z)

e.g. John = JO,
Maryanne = MA etc.

First Two Letters of the Last Name

Input box for first two letters of last name.

Will only accept letters (a ~ z)

e.g. Smith = SM,
Jones = JO

1st Number in Birth Day

Input box for 1st number in birth day.

Will only accept a single digit number (0 ~ 9)

Use a zero for single digit birthdays. Birthday of Sept 8th = 0

Use the first digit for two digit numbers Sept 24th = 2

2nd Number in Birth Day

Input box for 2nd number in birth day.

Will only accept a single digit number

Use number for birthdays with a single digit.

Birthday of Sept 8th = 8

Use the second digit for two digit numbers Sept 24 = 4

LAST 2 Numbers of the Year of Birth

Input box for last 2 numbers of year of birth.

Will only accept a 2-digit number (00 ~ 99)

1972 = 72
2005 = 05

Do you identify as:

- Man
- Woman
- Transgender
- Non-binary
- Two-spirit
- Other explanation
- Prefer not to answer

If participant indicated other explanation, ask: Other identification explanation:

Large empty text box for other identification explanation.

Optional

I am:

- Straight
- Lesbian/Gay
- Bisexual
- Queer
- Two-spirit
- Other explanation
- Prefer not to answer

Other explanation:

Large empty text box for other explanation.

Optional

Q3. How long have you lived within this community?

- Days
- Weeks
- Months
- Years
- Always lived here
- Prefer not to answer

GO to question 6

Q4. Where did you live before you moved to this community?

- In Alberta
- In another province
- In another country
- Prefer not to answer

Q5. How many times have you moved in the last year?

- 1 to 2
- 3 to 5
- 6 to 10
- More than 10
- Have not moved in the last year
- Prefer not to answer

If you've moved in the last year, was it from:

- Another community in Alberta
 - Another province
 - Another country
 - Another residence in this community
 - Prefer not to answer
 - Other
-

Name of place(s) where you lived within the last year: (up to three locations)

HOUSING STABILITY

Q6. Do you consider your housing situation to be unstable or feel you could easily lose your housing?

- Yes
 Not Sure
 No
 Prefer not to answer
-  to question 9
 to question 9
 to question 9

Q7. Are you willing to share the reasons you feel your housing situation is unstable or why you feel you could lose it?
(multiple selections possible)

- Abuse
- Addiction/Substance Use
- Conflict**
- Disability**
- Illness/Medical Condition
- Incarceration
- Job Loss**
- Low Income
- Mental Health
- Inadequate Housing
- Transportation
- Unable to Pay Rent or Mortgage
- Prefer not to answer
- Other

<input type="checkbox"/> Landlord <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Roommate <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Other <input style="width: 100%; height: 20px;" type="text"/>
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<input type="checkbox"/> Cognitive <input type="checkbox"/> Physical <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Other <input style="width: 100%; height: 20px;" type="text"/>
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<input type="checkbox"/> Agriculture <input type="checkbox"/> Education <input type="checkbox"/> Finance <input type="checkbox"/> Forestry <input type="checkbox"/> Health <input type="checkbox"/> Hospitality/Food and Beverage <input type="checkbox"/> Human Services <input type="checkbox"/> Marketing	<input type="checkbox"/> Oil and Gas <input type="checkbox"/> Retail/Personal Services <input type="checkbox"/> Technology <input type="checkbox"/> Tourism <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Other <input style="width: 100%; height: 20px;" type="text"/>
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Q8. Of the reasons previously stated what is the main reason for being homeless or at risk for losing your home
(please select just one)

- Abuse
- Addiction/Substance Use
- Conflict
- Disability
- Illness/Medical Condition
- Incarceration
- Job Loss
- Low Income
- Mental Health Inadequate Housing Transportation
- Unable to Pay Rent or Mortgage
- Prefer not to answer
- Other

FAMILY AND FRIENDS

Q9. Are you or anyone in your household pregnant?

- Yes No Prefer not to answer

Q10. Which family members are staying with you?

- Parent(s)
- Partner
- Children
- Extended Family
- Prefer not to answer
- None

GO to question 13

<input type="checkbox"/> Aunt/Uncle(s)	<input type="checkbox"/> Other
<input type="checkbox"/> Cousin(s)	
<input type="checkbox"/> Grandparent(s)	
<input type="checkbox"/> Sibling(s)	
<input type="checkbox"/> Prefer not to answer	

Q11. Number of Adult family members staying with you?

Q12. How many children do you have staying with you?

What is the gender(s) of the child(ren) staying with you?

<input type="checkbox"/> Female	<input type="checkbox"/> Both male and female
<input type="checkbox"/> Male	<input type="checkbox"/> Prefer not to answer

Female Children Age Groups

- 0 to 5
- 6 to 11
- 12 to 17
- > 18
- Prefer not to answer

Male Children Age Groups

- 0 to 5
- 6 to 11
- 12 to 17
- > 18
- Prefer not to answer

RECENT ACCOMMODATIONS

Q13. Will you share with us where you were staying last week?

Apartment/House Owned by you Other
 Someone else's place Rented by you Prefer not to answer
 Motel/Hotel
 Transitional housing
 Hospital

GO to next question

Shelter Services Domestic Violence Other
 Jail, prison, or remand centre Emergency Shelter Prefer not to answer
 Prefer not to answer

GO to next question

Other Paid and unpaid Paid Unpaid Prefer not to answer Other

Abandoned building
 Camping
 Sidewalks, squares, parks, makeshift shelters
 Vehicle
 Prefer not to answer
 Other

GO to next question

Q14. How long have last week's living arrangements been the case for you?

- > 1 Year
- 6 Months to a Year
- 3 to 6 Months
- 2 to 3 Months
- 1-2 Months
- 2-4 weeks
- 1 week
- < 1 week
- Prefer not to answer

Q15. Will last week's living arrangement be the same for this week?

- No Not Sure Yes Prefer not to answer
- GO to question 16** **GO to question 18** **GO to question 16**

CURRENT ACCOMMODATIONS

Q16. Will you share with us where you were staying this week?

Apartment/House

Someone else's place

Motel/Hotel

Transitional housing

Hospital

Owned by you

Rented by you

Prefer not to answer

Other

Is your apartment/house subsidized or under a low income affordable housing agreement?

Yes No Prefer not to answer

GO to next question

Shelter Services

Jail, prison, or remand centre

Prefer not to answer

Domestic Violence

Emergency Shelter

Prefer not to answer

Other

GO to next question

Other

Abandoned building

Camping

Sidewalks, squares, parks, makeshift shelters

Vehicle

Prefer not to answer

Other

Paid and unpaid

Paid

Unpaid

Prefer not to answer

Other

GO to next question

Q17. Will this week's living arrangement be the same for next week?

- No Not Sure Yes Prefer not to answer
- GO** to question 18 **GO** to question 19 **GO** to question 19

UPCOMING ACCOMMODATIONS

Q18. Will you share with us where you were staying next week?

Apartment/House

Someone else's place

Motel/Hotel

Transitional housing

Hospital

Owned by you

Rented by you

Prefer not to answer

Other

Is your apartment/house subsidized or under a low income affordable housing agreement?

Yes No Prefer not to answer

GO to next question

Shelter Services

Jail, prison, or remand centre

Prefer not to answer

Domestic Violence

Emergency Shelter

Prefer not to answer

Other

GO to next question

Other

Abandoned building

Camping

Sidewalks, squares, parks, makeshift shelters

Vehicle

Prefer not to answer

Other

Paid and unpaid

Paid

Unpaid

Prefer not to answer

Other

GO to next question

Q19. Have you spent time in a shelter in the past year?

Yes

No

Prefer not to answer

Why not?

No shelter in my area

Shelter are full

Prefer not to answer

Other

YOUR DEMOGRAPHIC

Q20. Were you born in Canada?

- Yes
- No

Do you identify?

- Caucasian
- Indigenous
 - First nation
 - Metis
 - Inuit

Visible minority

Prefer not to answer

[GO](#) to question 24

Q21. Did you come to Canada as an immigrant or refugee?

- Economic Migrant Worker
- Temporary Foreign Worker
- Immigrant Refugee
- Prefer not to answer
- Other Newcomer

Q22. Immigration Status

- Canadian Citizen
- Permanent Resident
- Landed Immigrant Status
- Non-Permanent Resident
- Prefer not to answer

Q23. How long have you been in Canada?

- Days
- Weeks
- Months
- Years
- Prefer not to answer

Q24. Have you ever served in the Canadian Military or any Emergency Services?

- Yes
- No
- Prefer not to answer

- Canadian Military
- Emergency Services

- Both
- Prefer not to answer

SUPPORT SERVICES

Q25. What general areas or issues are you here to get support with?

Basic Needs (food, shelter, medical, shower, laundry)

Domestic Violence

- Child Care
- Parenting/Family Issues
- Relationship Issues
- Prefer not to answer

Other

Family/Parenting

- Employment Issues/Needs
- Housing Issues/Needs
- Training/Education Needs
- Prefer not to answer

Other

Financial

- Addictions
- Emotional/Mental Health needs
- Physical Health Care needs
- Social Needs/Isolation

- Spiritual/Cultural needs
- Prefer not to answer
- Other

Health & Wellness

Legal

- Separation/Divorce/Custody
- Wills/Estates
- Employment/Labour Standards
- Landlord/Tenant Issues
- Immigration Issues

- Criminal or Misdemeanor Issues
- Prefer not to answer
- Other

Support Services

- Help with Government forms
- Help with accessing Government/other programs or services (Advocacy)

- Access to Technology (Internet, phone)
- Prefer not to answer
- Other

Transportation Needs

- Access to basic services
- Access to education
- Access to employment
- Medical transport

- Prefer not to answer
- Other

All of the Above

Prefer not to answer

Other

EMPLOYMENT

Q26. Are you currently employed?

- Yes
- No
- Prefer not to answer

Employment Type

- Self Employed/Contractor
- Employed by company
- Prefer not to answer
- Other

Employment Status

- Casual
- Full Time
- Part Time
- Prefer not to answer
- Other

Employment Sector

- Agriculture
- Education
- Finance
- Forestry
- Health
- Hospitality/Food and Beverage
- Human Services
- Marketing
- Oil and Gas
- Retail/Personal Services
- Technology
- Tourism
- Prefer not to answer
- Other

INCOME SOURCES

Q27. What are your sources of income?

- No source of income
- Alimony/Child Support
- Benefits
 - Non Senior Related
 - Senior Related
 - Both
 - Prefer not to answer

- Employment
- Money from family/friends
- Private employment pension
- Social enterprise
- Student funding
- Prefer not to answer
- Other

- AISH
- Alberta Supports Benefits
- Canada Pension Plan Disability (CPPD)
- Child Tax Credit
- Employment Insurance
- Learners Benefit
- Private Disability Insurance
- Workers Compensation
- All of the above
- Prefer not to answer
- Other

- Alberta Seniors Benefit (ASB)
- Canada Pension (CPP)
- Canada Pension Plan Disability (CPPD)
- Guaranteed Income Supplement (GIS)
- Old Age Security (OAS)
- All of the above
- Prefer not to answer
- Other

Q28. Knowing the information you've shared, do we have your consent to use this information to estimate the resources we need to support people in the community?

- No
- Yes

THANK YOU FOR YOUR TIME!

**NO IDENTIFYING INFORMATION WILL BE USED.
DECLINING WILL NOT AFFECT YOUR ABILITY TO ACCESS SERVICES.**