

# Regional Municipality of Wood Buffalo

## Coordinated Access System Guide



REGIONAL MUNICIPALITY  
OF WOOD BUFFALO



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## Coordinated Access Introduction

### **What is Coordinated Access?**

Coordinated Access is a process through which individuals and families experiencing homelessness or at risk of homelessness, are provided referrals to housing and support services, based on a standardized set of procedures.

There are four key objectives:

1. Help communities ensure fairness and prioritize people most in need of assistance
2. Help people move through the system faster
3. Reduce the number of new entries into homelessness
4. Improve data collection and quality

### **What are Coordinated Access Systems?**

A Coordinated Access System is an essential element of any effort to prevent and end homelessness. Coordinated Access Systems are designed to streamline the process for people experiencing homelessness to access information for housing and support services needed to permanently end their homelessness. We are aiming for a “no wrong door approach” where individuals can access housing supports through multiple agencies within the community.

### **Why Coordinated Access?**

Coordinated Access is a federal mandate and all communities that receive Reaching Home funding are required to have a fully functioning Coordinated Access system by 2022. The Regional Municipality of Wood Buffalo introduced a Coordinated Access system in 2019 and it is used to prioritize individuals and families who are most in need of assistance and match them to appropriate housing and services. This system will help to ensure fairness and streamline access to housing and services within the Municipality.

## What are Coordinated Access Points (CAP's)?

Multiple community agencies serving as single-entry points where people experiencing or at risk of homelessness can receive supports and resources. At these locations, individuals can receive information on housing supports, be assessed using a common assessment tool and, if they choose, be put on a By-Name List for housing.

## Requirements for Coordinated Access Points

All organizations that would like to participate in the Coordinated Access System are required to complete a 2-3-hour training to get an in-depth understanding of the By-Name List priority list, and how to complete the VI-SPDATS. Each individual member of the access points are required to complete this training if they will be completing the assessment tools.

All individuals that will be completing VI-SPDATS with clients have to complete FOIP training, this is a 1-1.5 hour free online training and can be accessed through the Service Alberta website at the following link; <https://www.servicealberta.ca/foip/training/online-training.cfm>

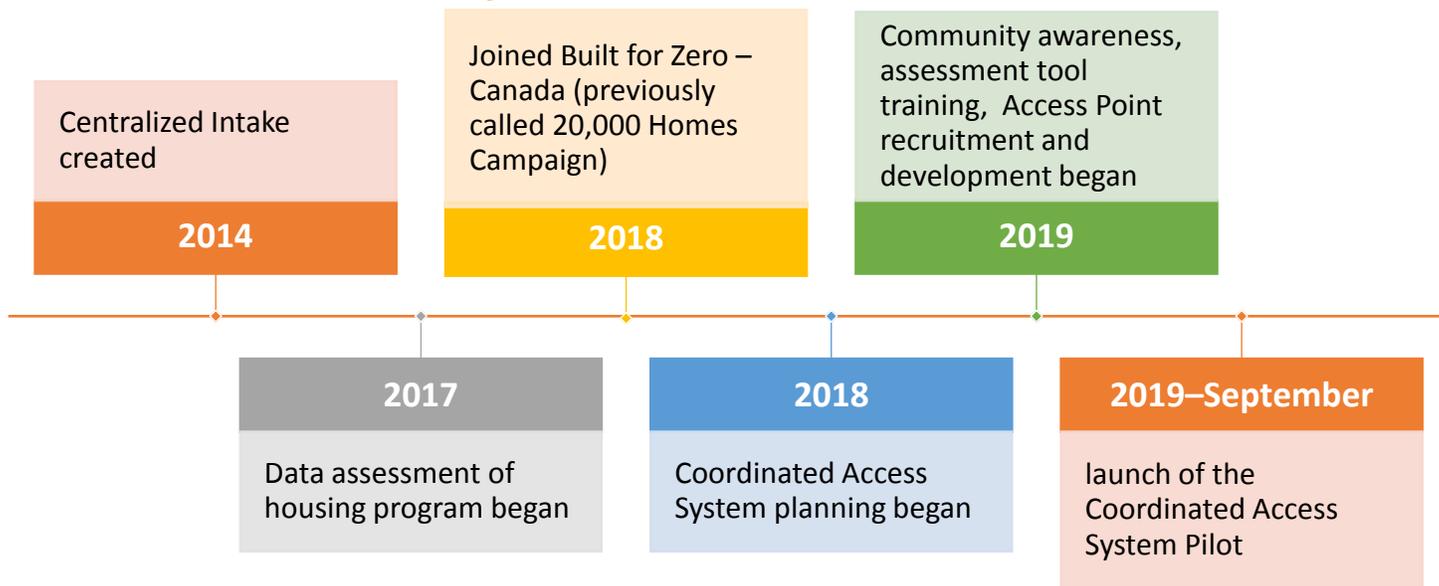
Anyone who completes the VI-SPDAT Training must read and sign the Oath of Confidentiality and the By-Name list agreement for data sharing before completing any assessments. Access points cannot start operating until these two forms are signed and returned to the RMWB.

## Who are the Coordinated Access Points? (CAP's)

The below listed agencies are part of the Coordinated Access Points that participate in the Coordinated Access program. They work together and share information to ensure the clients receive the highest quality services towards housing plans and assessments. Our goal is to have every agency that serves individuals who are/at risk of homelessness to become access points.

- Alberta Health Services- Street Connect
- Alberta Health Services- Inpatient Psychiatry
- Centre of Hope -Drop in Centre
- Centre of Hope- Outreach program
- Choices Association of Fort McMurray
- The Salvation Army- Mat Program
- The Salvation Army- Men's shelter
- The Salvation Army- Diversion Program
- Waypoints- Unity House
- Waypoints- Second Stage housing
- Waypoints- Outreach Team
- Wood Buffalo Wellness Society- Centralized Intake
- Wood Buffalo Wellness Society- Outreach
- Wood Buffalo Wellness Society- Mark Amy Treatment Centre

## Coordinated Access History



## Required Forms

Prior to the completion of the assessment tool, there is required paperwork to complete. This paperwork is necessary to protect the individual's confidentiality and will give permission for the access point to connect with other agencies within the community to ensure wrap around services are being provided for the individual. It is imperative to complete the paperwork to ensure that the individual is being provided the necessary supports and referrals to external agencies.

The required paperwork;

- Program Eligibility form
- Client Consent to the disclosure of personal information
- FOIP

## Program Eligibility form

The program eligibility form is the first form to be filled out with the client. This form provides the access point with identifying information to assess if the individual qualifies for the Housing First, Rapid Re-housing, and/or Permanent Supportive Housing programs. Individuals will not be denied supports based on substance use, mental/physical health concerns, past housing first enrollments, or other barriers.

To qualify for any of the 3 programs, an individual must;

- 1) Be a Canadian resident/Permanent Resident
- 2) Be homeless/at risk of homelessness (if housed, proof of eviction notice is required)
- 3) Not own a house/land
- 4) Have lived in Alberta for at least 3 months

If an individual does not meet all 4 of the above criteria, then they are not eligible for Housing First Programs., you will not need to complete the rest of the paper work, and you will not complete a VI-SPDAT. The individual should be provided with referral(s) to a program or provided with resources more suitable for their needs. A list of referrals can be found on page 55 of this document.

## Client Consent to the Disclosure of Personal Information

This form gives permission to the access point to connect with other supporting agencies when working with the individual to discuss the individual's situation, case plan and provide referrals. The form is also required for the access point to send the paperwork/VI-SPDAT to the Centralized Intake worker to be inputted into the ETO database and the BNL.

## FOIP

The freedom of information and protection (FOIP) form ensures the protection of individuals' privacy by establishing rules for the collection, disclosure, retention, and use of personal information. The FOIP act also provides individuals with the right to access their information from public bodies, subject to limited and specific expectations.

## VI-SPDAT (Vulnerable Index- Service Prioritization Decision Assistance Tool)

After the completion of the paperwork, the access point will start the common assessment tool to get a better understanding of the individuals needs and to help make the appropriate referral. The VI-SPDAT is a tool to assist the Centralized Intake Workers to prioritize individuals on the By-Name List. The VI-SPDAT is a form of referral and can take anywhere between 10-30 minutes to complete. The individual must agree to sign all paperwork and state that they are looking for housing.

## Purpose of the VI-SPDAT

- Pre-Screening Tool
- Provides a summary of individual's current situation
- Quickly determines whether an individual is high, moderate, or low acuity
- Helps prioritize people who should be given a full SPDAT
- Determines if an individual will qualify for the Housing First programs, or if they should be referred to other community resources

## When Should the VI-SPDAT be Competed?

- When an individual is looking for housing, and they are not currently in housing or HIMD
- If there is a significant change in the participants life while they are on the wait list
- Has not had a VI-SPDAT completed in the last 3 months and remains on the waitlist
- VI-SPDAT
  - VI-SPDAT Single: Individual adults. If a couple with no children, administer a separate VI-SPDAT with each individual.

- ⊙ VI-SPDAT Family: Parent/guardian with dependent children (under 18 years old) or who would regain custody of their children (under 18 years old) if they find housing.

## Before Starting the VI-SPDAT

- Ensure you are in a safe space for the individual
- Complete all paperwork:
- Provide all the details about the requirements of the programs

## Standardized Information to discuss with each person

All access points will have a standardized script to clearly outline what the process is to get on the Housing First program waitlist, and what it will look like once someone receives a spot in a program. Each participant will be provided with the same information and all the access points will need to relay the same information.

### **Each individual seeking housing supports will need to be informed of the following information;**

- The assessment is a triage tool to determine need and key issues related to housing.
- The purpose is to ensure fairness in placements with the focus on serving those with the most acute needs first and to accurately match the person to resources.
- Completing the assessment will ensure the person is entered placement consideration. It does not guarantee housing or placement in a program.
- The person should be encouraged to be honest/accurate so that the score and information gathered in the assessment accurately reflects their needs.
- Individuals will not be denied housing supports based on current substance use, mental health concerns, physical barriers, or other barriers.
- The individual should regularly check in to ensure their assessment remains on the By-Name List. After 3 months of no contact they will be inactive on the By-Name List.
- The individual should understand program match does not mean physical housing – they will have to view apartments and secure the housing through a tenant application process.
- The programs will have Case Management – meaning they will be assigned a case worker that will visit them in their home on a weekly basis to work on housing stability.
- If they receive a spot in one of the Housing First Programs, they will be required to pay at least 30% of their income towards rent. If the individual does not have an income, they will be required to secure income from Alberta works with the support from their case worker. The client's portion of rent will increase during their time in the program to works towards graduation.

## Opening Script for the VI-SPDAT

It is very important the following is read out before the survey starts and everything is included in the script:

“Hello, my name is \_\_\_\_\_(Name)\_\_\_\_\_ and I work with  
\_\_\_\_\_ (organization)\_\_\_\_\_.

The survey tool is called a VI-SPDAT. This tool will be used to give me a better understanding of your current situation and help me determine your risk of being homeless. This survey should take less than 7 minutes to complete as I only need “Yes” or “No”. You can skip or refuse to answer any questions. If you do not understand a question, then I will give you more clarification on that question. It is very important that you provide me with accurate information. There is no right or wrong answer. The information that you will be providing me will be sent to our centralized intake team and entered into our database which is also our waitlist for the housing programs. Would you like to continue?”

If individual agrees you would proceed with conducting the assessment. If they refuse you would end the survey and provide them with resources or outreach services.

### When Completing the VI-SPDAT

- Do not probe for more details about a question or more answers.
- Keep conversation brief until the survey is completed.
- Write clearly
- Reframe the question if the individual did not understand
- Ensure that all questions are answered. Check “refuse to answer” if the client does not answer the question.

### After the completion of the VI-SPDAT:

Once all the paperwork and the Vi-SPDAT are completed, email all information in a locked PDF document to the Centralized Intake Workers (CI) at the Wood Buffalo Wellness Society. Once the CI worker receives all the documents, they will input the individual in the data system (ETO). When everything is recorded on the database, the worker will add the individual onto the By-Name list. The email addresses for the Centralized Intake Workers are; [andrews@woodbuffalowellnesssociety.com](mailto:andrews@woodbuffalowellnesssociety.com) and [theresa@woodbuffalowellnesssociety.com](mailto:theresa@woodbuffalowellnesssociety.com)

### Weekly Update form

The weekly update form is a fillable PDF file for the Access Points to fill out if an individual is already on the By-Name list and their situation has changed. There is no need to complete another VI-SPDAT (i.e., one was done within the last 30 days). For example, an individual or family went from couch surfing to sleeping in stairwells or had been sober for 6 months and has relapsed and utilizing substances frequently. This form will help keep the Centralized Intake workers updated so they can make the necessary changes on the By-Name List. This form can also be used to update the Centralized Intake Worker whether an individual hasn't been in contact for a long time and should be listed as inactive on the By-Name List. This update form will need to be sent to the Centralized Intake worker on Wednesdays so they can update the BNL accordingly.

### By-Name List (BNL)

The BNL database holds information for all known individuals and families who are currently experiencing or who are at risk of homelessness in Wood Buffalo and have given consent to be on the

list. The BNL is a prioritized list of individuals experiencing homelessness, the goal of the BNL is to target resources to the most vulnerable individuals and to provide wrap around services to individuals what are homeless or near homeless. The database includes personal and demographic information as well as information about a person's housing and health. It is necessary to collect this information in order to:

- a) Prioritize individuals who are on the waitlist for Housing First, Rapid Re-Housing, and Permanent Supportive Housing
- c) Coordinate information for reporting to funders, community partners and others
- d) Ensure accurate data and data analysis
- e) Have a better understanding of the needs and numbers of vulnerable individuals within the region

### **By-Name List Selection Process**

When an housing first, rapid re-housing, or permanent supportive housing agency has an opening on their caseload, the agency will contact the Wood Buffalo Wellness Society Centralized Intake team to inform them that the agency has a spot available within their program and then Centralized Intake will send the next individual on top of the priority list to that agency.

### **Prioritization and Selection Criteria of the BNL**

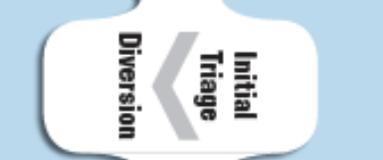
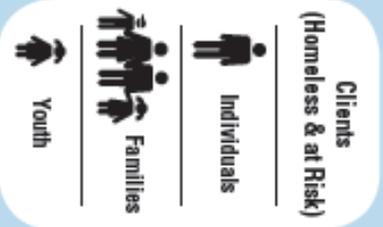
Individuals will be prioritized by the VI-SPDAT Score and additional criteria set by the CPH Community agencies. There are multiple factors that play a part in the prioritization of individuals, some of the main factors that our community is focusing on include;

- Chronic homelessness
- Tri-morbidity
- Rough sleepers

# What is Coordinated Access?

Coordinated Access (CA) is a process through which individuals and families experiencing homelessness or at risk of homelessness, are provided access to housing and support services, based on a standardized set of procedures for client intake, assessment of need, and matching and referral to housing.

## Coordinated Access Process



- Coordinated Access: Key Objectives**
1. Help communities ensure fairness and prioritize people most in need of assistance.
  2. Help more people move through the system faster.
  3. Reduce the number of new entries into homelessness.
  4. Improve data collection and quality.



Employment and Social Development Canada

Emploi et Développement social Canada



## Appendix B: Program Eligibility form

### Program Eligibility Form

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**Name:**

**Date:**

**Gender:** Male  Female  Transgender  Non-Binary  Two-Spirit   
No response  Other  \_\_\_\_\_

**Phone#:**

**AHC#:**

**A. Citizenship and residency status:**

Canadian citizen \_\_\_\_\_ Landed immigrant \_\_\_\_\_ Foreign worker \_\_\_\_\_ Refugee  
Status \_\_\_\_\_ Permanent Resident \_\_\_\_\_ Other \_\_\_\_\_

✦ *If individual is not a Canadian Citizen or Permanent Resident, they will not qualify for the Housing First programs*

**B. How long have you been residing in Alberta? \_\_\_\_\_**

✦ *If Individual has not been living in Alberta for 3 months, they will not qualify for the Housing First programs*

**C. Is your name currently on a signed lease or do you own land/property? Y \_\_\_\_\_ N \_\_\_\_\_**

✦ *If the individual's name is on a signed lease or if they own property/land, they will not qualify for the Housing First programs*

**D. Military:**

Did you serve in Canadian Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

**E. Ethnicity:**

Aboriginal \_\_\_\_\_ First Nations (treaty) \_\_\_\_\_

Non-status \_\_\_\_\_ Metis \_\_\_\_\_ Inuit \_\_\_\_\_ Caucasian \_\_\_\_\_ Other \_\_\_\_\_

**F. Have you been part of the Housing First program before? If yes, with which agency and how long ago were you in the program?**

**G. Does the Individual qualify for the Housing First programs? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Please Photocopy ID /AHC /Bank Statements  etc. (If they qualify)**

**Additional Information/Notes:**

Assessment Outcome: Referral to Homeless Supports Program \_\_\_\_\_

Referral to other community resources \_\_\_\_\_

Worker's Name (print): \_\_\_\_\_

Worker's Signature: \_\_\_\_\_

## Appendix C: Oath of Confidentiality for Access Points

<b>Access Point</b>	
<b>OATH OF CONFIDENTIALITY</b>	
<b>BY SIGNING THIS DOCUMENT, YOU WAIVE CERTAIN</b>	
<b>LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE</b>	
<b>PLEASE READ CAREFULLY</b>	<b>INITIAL HERE:</b>

### OATH OF CONFIDENTIALITY

As a member of an Access Point with **THE REGIONAL MUNICIPALITY OF WOOD BUFFALO** I understand my role and responsibilities are a valuable part of the work of **THE COORDINATED ACCESS SYSTEM** (hereafter referred to as the "PROGRAM"), and I agree to carry out my responsibilities to the best of my ability.

This is to certify that I, as a member with the Program, understand that any information (written, verbal or other form) obtained during the performance of my duties must remain confidential. This includes all information about team members, staff and program participants, as well as any other information otherwise marked or known to be confidential.

Accordingly, I agree not to disclose any confidential information acquired during my time with the program, to any third party – including media - either during my service with the Program or after my service with the Program has ended. This is in recognition of the difficult situations individuals experiencing homelessness face and demonstrates respect for those who support them on a day-to-day basis.

I agree to refrain from posting photos of program participants, other members, materials and all program related items. Unless authorized during my duties, I will not make public statements to the media, expressly or implied, on behalf of the program about any individual I encounter during my time or activities.

I understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality. I further understand that any breach of the duty to maintain confidentiality could be grounds for immediate dismissal from this Program and future programs, and/or possible liability in any legal action arising from such a breach.

I understand that a breach of confidentiality is warranted only where a program participant poses immediate and serious harm to themselves or others or I encounter a youth under the age of sixteen. I will immediately notify my leadership and the RMWB if these issues should arise.

I understand that this undertaking survives the termination of my relationship with the program. The laws of Alberta, Canada, shall govern this Agreement and its validity, construction and effect.

By signing below, I acknowledge that I have read, fully understand and accept the responsibilities set above relating to personal, confidential and/or proprietary information.

---

Name of Access Point member

Date: (dd/mm/yyyy)

---

Signature of Access Point member

---

Name of Witness (please print)

Witness (signature)

## Appendix D: By-Name prioritized list and agreement for data sharing

### The Regional Municipality of Wood Buffalo By-Name Prioritized List and Agreement for Data Sharing

#### OVERVIEW

##### **What are Coordinated Access Points?**

Coordinated Access Points are multiple locations serving as a single access point to the supports and resources available for people experiencing homelessness in the Regional Municipality of Wood Buffalo (“RMWB”). At these locations, an individual experiencing homelessness can get information, be assessed using common tools and, if they are willing, be put on the By-Name List (BNL).

##### **What is the By-Name List (“BNL”)?**

The BNL is a prioritized list of individuals experiencing homelessness. The priority of individuals on the list is determined by a standardized process implemented at all Coordinated Access Points. The goal of the BNL is to target resources to the most vulnerable individuals and to improve the cost effectiveness of supports for people experiencing homelessness. All individuals listed on the BNL have consented to participation.

##### **Who will see the list?**

Community Partners who have completed the Vulnerability Index – Service Prioritization Decision Assistance Tool (“VI-SPDAT”) and BNL Process training, signed a Confidentiality Agreement, and entered into an agreement will see the BNL. Community Partners are located within the RMWB and support people who are experiencing homelessness or are at-risk of homelessness. If you wish to see a detailed list of the Community Partners who have access to information on the BNL, please contact The Community Plan on Homelessness with RMWB via e-mail at [cph@rmwb.ca](mailto:cph@rmwb.ca).

The BNL includes confidential information and should be treated sensitively. It is essential that staff with the RMWB and the Community Partners receive ongoing training on the BNL process and protection of personal information. The workbook is locked for editing by only the staff within the Community Plan on Homelessness at the RMWB and Centralized Intake, but can be viewed by Coordinated Access Points agency staff. The BNL will be updated on a regular basis.

#### **Responsibilities**

**Government of Alberta, The Ministry of Community and Social Services** – Provides grants to the Regional Municipality of Wood Buffalo to deliver programs and services to end homelessness.

**Regional Municipality of Wood Buffalo, Coordinated Access Point Data Service Manager** – Supports the delivery of programs and services to end homelessness by Community Partners.

**Centralized Intake (“CI”)** – Provide services to participants experiencing homelessness by prioritizing risk and navigating participants through homelessness serving programs. i.e., Housing First, Rapid Re-Housing, Permanent Supportive Housing, Outreach, etc. CI is the governance and administration body over the BNL and they determine the participants’ status on the list. CI is a program that is currently funded by the Federal Government, through the RMWB as the Community Entity (CE). The CI program is currently managed by Wood Buffalo Wellness Society.

**Coordinated Access Points** – Participants experiencing homelessness can receive information or get assessed and put on the BNL at any location. The role of staff at the Coordinated Access Points is to complete the VI-SPDAT and appropriate paperwork with the participants and support them before they begin working with CI.

**Governance** – Community Partners must comply with applicable legislation by considering their responsibilities and duties to uphold the confidentiality, privacy and security rights of participants.

**Confidentiality** refers to the duty to protect and to limit the unauthorized sharing of information that has been entrusted to organizations by the individuals to whom they provide services.

**Privacy** is about an individual’s control over the collection, use, and disclosure of information that relates to that person.

**Security** refers to the controls implemented to safeguard an individual’s information from unauthorized access, use, and disclosure.

#### **The Freedom of Information and Protection of Privacy Act (“FOIP – Alberta”)**

- Applies to information that is in the custody or control of public bodies in Alberta
- Strikes a balance between the public’s right to know and an individual’s right to privacy
- Protects privacy by setting controls on which a public body may collect, use or disclose personal information
- Gives individuals the right to access their own information and to request a correction of that information
- Provides a right of access to information in the custody or control of a public body

Confidentiality Notice: This correspondence (including any attachments) may contain information which is confidential and/or exempt from disclosure under application law, and is intended only for the use of the designated recipient(s) listed above. Any unauthorized use or disclosure is strictly prohibited. If you are not the intended recipient, or have otherwise received this message by mistake, please notify the Community Plan on Homelessness with RMWB at [cph@rmwb.ca](mailto:cph@rmwb.ca).

**BY-NAME PRIORITIZED LIST COORDINATED ACCESS OATH OF CONFIDENTIALLY<sup>1</sup>**

I, \_\_\_\_\_ (FULL NAME), AS AN EMPLOYEE OF \_\_\_\_\_ (NAME OF COMMUNITY PARTNER), WHICH IS A MEMBER OF THE BY-NAME PRIORITIZED LIST COORDINATED ACCESS POINT SYSTEM OF FORT MCMURRAY, UNDERSTAND AND AGREE THAT THE FOLLOWING CONDITIONS WILL APPLY TO MY ACCESS TO THE INFORMATION MAINTAINED ON THE BY-NAME PRIORITIZED LIST (“BNL”).

1. Any information, recorded or not, received or acquired in connection with my participation is considered confidential. Confidential information includes all records which in any way would divulge information pertaining to individuals served by Community Partners of the housing and homelessness system (past or present).
2. All information about individuals identified on the BNL, including their circumstances and services/ supports received, will be held in confidence by me. I understand that it is my responsibility to ensure that electronic and paper copies of any records will be kept secure. I also understand that there may be circumstances in which records must be destroyed and in those instances the records will be removed from all locations in all formats and securely destroyed (e.g. erased or shredded).
3. I will act in a professional manner in the performance of my duties as a member of a Coordinated Access Point and the housing and homelessness system. I understand that I will not release, share, disseminate, or discuss information acquired through my participation in the BNL beyond other authorized members and only then to the extent permitted by law and that is necessary to inform decision making.
4. I will not release, share, or discuss any confidential information except to the extent authorized by the *Freedom of Information and Protection of Privacy Act*.
5. The information maintained on the BNL will not be shared (in any form whatsoever) with any individuals who have not been granted access to the BNL.
6. It is your responsibility to ensure that paper copies are secure and shredded when no longer needed.

Thank you for your cooperation.

Access Point \_\_\_\_\_

Employee Name \_\_\_\_\_

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

RMWB Staff \_\_\_\_\_

Signature of RMWB \_\_\_\_\_

Date Signed \_\_\_\_\_

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<sup>1</sup> To be completed by any employee who will have access to the BNL process such as administering VI-SPDAT with participants or accessing any information about participants on the BNL.

## Appendix E: Client Consent to the Disclosure of Personal Information

**Client Consent to the Disclosure of Personal Information to Receive Outreach Support Services<sup>i</sup>**  
**Schedule E: Appendix 3**

Name<sup>ii</sup>: \_\_\_\_\_  
(Print Name of Individual)

Required Information<sup>iii</sup>: \_\_\_\_\_  
(Date of Birth) (Client ETO Number)

I hereby authorize<sup>iv</sup> \_\_\_\_\_  
(Name of Organization)

to use and disclose my individually identifying personal information<sup>1</sup> from my client file to and between the service providers as specified below:<sup>v</sup>

- |   |   |
|---|---|
| <input type="checkbox"/> <u>The Governing Council of the Salvation Army in Canada</u><br><input type="checkbox"/> <u>The Center of Hope</u><br><input type="checkbox"/> <u>Waypoints</u><br><input type="checkbox"/> <u>Rehoboth Alliance</u><br><input type="checkbox"/> <u>The YMCA of Wood Buffalo</u><br><input type="checkbox"/> <u>CHOICES Association of Fort McMurray</u><br><input type="checkbox"/> <u>Alberta Works</u><br><input type="checkbox"/> <u>Canadian Mental Health</u><br><input type="checkbox"/> <u>NEFAN</u><br><input checked="" type="checkbox"/> _____<br><input checked="" type="checkbox"/> _____ | <input type="checkbox"/> <u>Regional Municipality of Wood Buffalo</u><br><input type="checkbox"/> <u>Wood Buffalo Food Bank</u><br><input type="checkbox"/> <u>Wood Buffalo Wellness Society (Mark Amy Treatment/Community Program)</u><br><input type="checkbox"/> <u>Wood's Homes</u><br><input type="checkbox"/> <u>Wood Buffalo Housing &amp; Development Corporation</u><br><input type="checkbox"/> <u>Alberta Health Services</u><br><input type="checkbox"/> <u>Pastew Place Detox Centre</u><br><input type="checkbox"/> <u>St. Aiden's Society</u><br><input checked="" type="checkbox"/> _____<br><input checked="" type="checkbox"/> _____<br><input checked="" type="checkbox"/> _____ |
|---|---|

I understand the reasons for the sharing and use of the information as described below, that my consent is voluntary, and that failure to provide consent will not result in any adverse decision about my rights, benefits or services, other than limiting the ability of the organizations to work together on my behalf.<sup>vi</sup> \_\_\_\_\_ (Client Initials)

I also understand why I have been asked to disclose my individually identifying health information and have been informed of the risks or benefits of consenting, or refusing to consent, to such disclosure. I further understand that I may revoke this consent at any time.<sup>vii</sup> \_\_\_\_\_ (Client Initials)

I understand that Housing First Agencies stated above collaborate to support my goals within in the program. This may involve sharing of information to best support my individual needs; which included name sharing. In the event I disagree with this sharing, I may revoke this consent to agencies at any time.<sup>viii</sup> This consent will expire one (1) year after the client has ceased receiving services under this program. <sup>ix</sup> Please note, all Housing First Organizations must retain records for funder requests for 7years. \_\_\_\_\_ (Client Initials)

Dated and effective as of \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_.<sup>x</sup>  
(day) (month) (year)

\_\_\_\_\_  
 Signature of Client <sup>xi</sup>

\_\_\_\_\_  
 Print Client's Full Name

\_\_\_\_\_  
 Signature of Witness <sup>xii</sup>

\_\_\_\_\_  
 Print Witness's Full Name

**Statement of Use:**<sup>xiii</sup>

Personal information that is collected will be used only for the purpose of providing counseling and intervention services. Services will be delivered primarily by the service providers. Where services need to be delivered by extended service providers, information will only be disclosed to them with consent. Information will not be used for any other purpose, unless required by law, and will only be disclosed to external parties with the consent of the individual to whom it pertains.

<sup>1</sup> Personal information is as defined under the *Freedom of Information and Protection of Privacy Act* and includes information such as address, telephone number, date of birth, gender, criminal history, and medical history.

**Authority:**<sup>xiv</sup>

Individually, the members derive their authority from the specific legislation that they operate under, or by virtue of being a program or activity of the governing organization in order to collect, use as well as to disclose client information to other integrated service providers on a need to know basis.<sup>2</sup>

This consent will expire one (1) year after the client has ceased receiving services under this program.<sup>xv</sup>

**How to use this form:**

<sup>i</sup> This form is to be used as a method of obtaining consent to use and disclose personal client information in and between service providers. When information is not collected directly from a client, and is instead shared between organizations, this is considered “indirect collection of information”. Indirect collection can only take place in limited circumstances as outlined by *the Freedom of Information and Protection of Privacy Act (the “FOIP”)*. In these cases, where information is being collected on a regular basis, the best method is to have client consent to release and share the information on a regular basis.

This form should be printed on official organization letterhead.

<sup>ii</sup> Add full name of client.

<sup>iii</sup> Add date of birth and client number found in the ETO (Efforts to Outcomes) program. These are needed to ensure that the client file matches the consent form (identification verification).

<sup>iv</sup> Name of organization doing the referral(s).

<sup>v</sup> List all the Outreach Support Services providers that the client is being referred to and will be working with. Form will require updated signatures if new service providers are added to the client’s program (that were not originally consented to).

<sup>vi</sup> Service will not be denied to the client if they refuse to consent. The case manager will be required to explain to the client that their information will not be shared, but that the ability to provide efficient services will be hindered, and that the client will be required to have their information collected directly at each point of service.

<sup>vii</sup> Case manager will be required to explain that the client’s personal health information may be disclosed as part of this consent, but that it will be protected at all times.

<sup>viii</sup> Case manager will be required to explain that the client’s personal health information may be disclosed as part of this consent, but that it will be protected at all times.

<sup>ix</sup> The consent form must expire one (1) year after the client leaves the program. Consent must never be indefinite.

<sup>x</sup> Date the consent on the day the client actually signs the form.

<sup>xi</sup> Client signature.

<sup>xii</sup> Witness signature.

<sup>xiii</sup> Read (and explain) to the client the Statement of Use. This is to inform that the information is only going to be used for their participation in the program, and that any unauthorized use is against the law.

<sup>xiv</sup> Different service providers fall under various pieces of privacy legislation. All service providers are expected to know the requirements of access and privacy they must follow.

<sup>xv</sup> The consent form must expire one (1) year after the client leaves the program. Consent must never be indefinite.

<sup>2</sup> For details on individual authorities, please request it from the organization’s representative, or from the case-manager.

## Appendix F: FOIP

<b>Client Notification that Information is being Collected</b>
--

### SCHEDULE “E”

#### SCHEDULE E: APPENDIX 1

#### ***FOIP DISCLAIMER***

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 ACT”) 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 of all our clients. It will be treated in accordance with the privacy provision of **Part 2** of the FOIP ACT. Limited information may also be provided to the Minister of Community and Social 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 questions, contact the Supervisor, Housing Initiatives with the Municipality.

#### ***INSTRUCTION (How this form is to be used):***

1. The above FOIP Disclaimer should be read to each client at the point of intake.
2. The client has to indicate if he/she agrees or disagrees with the FOIP Disclaimer statement read.
3. The worker would then indicate the client’s status on the intake form.

For example:

Collection of Personal Information:

Client agrees

Client disagrees

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Signature of Intake Worker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Appendix G: Process Document for Coordinated Access System

### At Coordinated Access Points:

**Step 1:** Individuals or families experiencing homelessness connect with one of the Coordinated Access Points (CAP). These CAP's are agencies that regularly encounter individuals or families who are experiencing homelessness and are seeking housing supports.

**Step 2:** When an individual or family presents as homeless at a CAP, the agency is to determine eligibility for housing support program (Housing First, Rapid Re-Housing, Permanent Supportive Housing). An individual will not qualify for housing supports if they:

- Own property or land
- Have not been living in Alberta for 3 months or more
- Are not a permanent resident or Canadian Citizen
- Are housed, not currently experiencing homelessness, and/or have no notice of eviction.

Any individual who has any of the above 4 factors, can be referred to another community support program. At this point, it is appropriate to discuss individual and family situation to better understand their need, and what programs may or may not work.

**Step 3:** If the individual qualifies for housing supports, the CAP will then check the By-Name List (BNL) that is emailed weekly to all CAPs. This is done to see if the individual is already on the BNL. If YES, see Step 3.1 to update their situation on the BNL. If NO, please continue to Step 4.

**Step 4:** If an individual who is already on the BNL has completed a VI-SPDAT within the last 3 months, but has had changes since completing the VI-SPDAT, information can be updated without completing another VI-SPDAT. This is only true if the individual's household type has not changed. i.e., if they completed a single VI-SPDAT originally, but now they now have their children with them, they will need to complete a family VI-SPDAT.

To update information without doing a VI-SPDAT, the CAP will have to complete the BNL Update Form. Each CAP will combine all changes that need to be completed each week and send the final version to CI before Tuesday at 4:30pm.

**Step 5:** If the individual or family who qualifies for Housing First, Rapid Re-Housing, Permanent Supportive Housing, is not on the BNL already, complete the following:

- Consent form
- Program eligibility form
- FOIP
- VI-SPDAT
- VI-SPDAT Single: Individual adults. If a couple with no children, administer a separate VI-SPDAT with each individual.
- VI-SPDAT Family: Parent/guardian with dependent children (under 18 years old) or who would regain custody of their children (under 18 years old) if they find housing.

**Step 6:** Scan all documents together in one package and email to CI every time you complete a VI-SPDAT (do not wait and send them all at once). All completed packages must be sent to CI by 4:30pm on Tuesdays to be included on the following week's BNL.

**Step 7:** Continue to serve individual during housing process and be sure to update CI with changes should they occur.

While on the BNL, the CAP of the individual's preference will continue to support them throughout the BNL process until they are matched with the appropriate supports and services. This support should include but is not limited to:

- Continue to engage with the individual or family and encourage them to find resolutions to their own homelessness.
- Provide housing support coordination and case management
- Gather and complete the document readiness process, ensuring the individual or family will be document ready if offered a housing and/or program vacancy
- Provide updates to CI should anything change and/or complete VI-SPDATs every three months.

### **Centralized Intake (CI) Process**

**Step 1:** CI receives full information package for individuals or families experiencing homelessness that have connected with one of the Coordinated Access Points (CAPs).

**Step 2:** Once the data has been reviewed, the entry has been added to the By-Names List (BNL) and the data management database (ETO), and the person(s) has been prioritized, an email will be sent to the provided administrator email to confirm prioritization is complete. Individuals and families are prioritized on the BNL for the appropriate housing and supports based on their situation and priority criteria.

**Step 3:** When a spot becomes available within the housing programs, CI will contact the CAP who was most recently in contact with the top priority individual or family on the BNL.

**Step 4:** The CAP then has a maximum of 48 hours to respond to CI and confirm the interest of the individual in the program.

- If the CAP has not seen the individual in a while or CI is unaware of where to find the individual, they are encouraged to find them via other means.
- If individual cannot be found or they decline housing at this time, they will keep them at the top of the list but move to the next person on the list.

**Step 5:** Once the individual has been found and has indicated they are ready to move into housing:

- CI will complete a full SPDAT with the individual to get a better understanding of their barriers and to ensure that the individual still qualifies for the program.
- CI will contact the accepting agency's coordinator and requests their scheduling availability for the transfer meeting (various time-slot options are provided).
- CI contacts the client and offers various time slot options for the transfer meeting. The transfer meeting takes place within 1 week after the confirmation call between CI and the client.
- Once confirmation is complete, CI informs the accepting agency's coordinator and the transfer location / time is confirmed.

**Step 6:** CI and the accepting agency will meet with the client where the client is most comfortable to do the transfer. This meeting may or may not include the CAP, depending on the client's preference. During this meeting, a full SPDAT will be completed.

### **Transfer Process**

**Step 1:** Once the transfer is completed, accepting agency's Team Lead accepts the ETO transfer on Outreach within 48 hours of the warm transfer appointment. This acceptance triggers an automatic notification to CI.

**Step 2:** Upon receipt of transfer notification, CI will dismiss the client in ETO.

## Appendix H: VI-SPDAT for Single Adults

# **Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT)**

## **Prescreen Triage Tool for Single Adults**

**CANADIAN VERSION 2.0**

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1 (800) 355-0420 [info@orgcode.com](mailto:info@orgcode.com) [www.orgcode.com](http://www.orgcode.com)

**COMMUNITY  
SOLUTIONS**



## Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

### VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

#### **Current versions available:**

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

[www.orgcode.com/products/vi-spdatt/](http://www.orgcode.com/products/vi-spdatt/)

### SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

#### **Current versions available:**

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

[www.orgcode.com/products/spdat/](http://www.orgcode.com/products/spdat/)

## **SPDAT Training Series**

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

### **Current SPDAT training available:**

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

### **Other related training available:**

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

## VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

CANADIAN VERSION 2.0

### Administration

<b>Interviewer's Name</b> _____	<b>Agency</b> _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
<b>Survey Date</b> DD/MM/YYYY ____/____/____	<b>Survey Time</b> ____:____ AM/PM	<b>Survey Location</b> _____

### Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT 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 a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- 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 or the assessor does not understand the question that 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

### Basic Information

<b>First Name</b> _____	<b>Nickname</b> _____	<b>Last Name</b> _____	
<b>In what language do you feel best able to express yourself?</b> _____			
<b>Date of Birth</b> DD/MM/YYYY ____/____/____	<b>Age</b> _____	<b>Social Insurance Number</b> _____	<b>Consent to participate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

**SCORE:**

## A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters  
 Couch Surfing  
 Outdoors  
 Other (specify): \_\_\_\_\_

Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", THEN SCORE 1.

SCORE:

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

IF THE PERSON HAS EXPERIENCED 6 OR MORE CONSECUTIVE MONTHS OF HOMELESSNESS, AND/OR 3+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

## 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

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

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

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

## VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

CANADIAN VERSION 2.0

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

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES**.

SCORE:

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

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION**.

SCORE:

### 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

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?  Y  **N**  Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

SCORE:

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

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

SCORE:

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

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

**VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)**

SINGLE ADULTS

CANADIAN VERSION 2.0

**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

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.** **SCORE:**

- 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

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.** **SCORE:**

- 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

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.** **SCORE:**

**IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.** **SCORE:**

**VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)**

SINGLE ADULTS

CANADIAN VERSION 2.0

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

**IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.** **SCORE:**

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

**IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.** **SCORE:**

### Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	<b>Score: Recommendation:</b> 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
<b>GRAND TOTAL:</b>	<b>/17</b>	

### Follow-Up Questions

<b>On a regular day, where is it easiest to find you and what time of day is easiest to do so?</b>	place: _____ time: ___: ___ or Morning/Afternoon/Evening/Night
<b>Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?</b>	phone: (____) _____ - _____ email: _____
<b>Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

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
- children that may reside with the adult at some point in the future
- safety planning

## Appendix A: About the VI-SPDAT

In communities getting the results required to end chronic and episodic homelessness, the introduction of a coordinated access and common assessment approach has proven to be essential for success. Many communities have struggled to find evidence informed tools and strategies, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need tools that enhance their ability to quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

### The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

### Version 2

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance using, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

## Appendix B: Where SPDAT products are being used in Canada

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is used in more communities than we know of. It is also being used in the United States and Australia. A partial list of regions in Canada where we know SPDAT products are being used includes:

**Alberta**

- Province-wide

**Manitoba**

- City of Winnipeg

**New Brunswick**

- City of Fredericton
- City of Saint John

**Newfoundland and Labrador**

- Province-wide

**Northwest Territories**

- City of Yellowknife

**Ontario**

- City of Barrie/Simcoe County
- City of Brantford/Brant County

- City of Greater Sudbury
- City of Kingston/Frontenac County
- City of Ottawa
- City of Windsor
- District of Kenora
- District of Parry Sound
- District of Sault Ste Marie

- Regional Municipality of Waterloo
  - Regional Municipality of York
- Saskatchewan**
- Saskatoon



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## Appendix I: VI-SPDAT for families

# **Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT)**

## **Prescreen Triage Tool for Families**

**CANADIAN VERSION 2.0**

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All versions are available online at

[www.orgcode.com/products/vi-spdatt/](http://www.orgcode.com/products/vi-spdatt/)

### SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

#### **Current versions available:**

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

[www.orgcode.com/products/spdat/](http://www.orgcode.com/products/spdat/)

## SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

### **Current SPDAT training available:**

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

### **Other related training available:**

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

## VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

CANADIAN VERSION 2.0

### Administration

<b>Interviewer's Name</b> _____	<b>Agency</b> _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
<b>Survey Date</b> DD/MM/YYYY ____/____/____	<b>Survey Time</b> ____ : ____ AM/PM	<b>Survey Location</b> _____

### Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT 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 a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- 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 that 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

### Basic Information

<b>PARENT 1</b>	<b>First Name</b> _____	<b>Nickname</b> _____	<b>Last Name</b> _____
	<b>In what language do you feel best able to express yourself?</b> _____		
	<b>Date of Birth</b> DD/MM/YYYY ____/____/____	<b>Age</b> _____	<b>Social Insurance Number</b> _____
			<b>Consent to participate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PARENT 2</b>	<input type="checkbox"/> No second parent currently part of the household		
	<b>First Name</b> _____	<b>Nickname</b> _____	<b>Last Name</b> _____
	<b>In what language do you feel best able to express yourself?</b> _____		
	<b>Date of Birth</b> DD/MM/YYYY ____/____/____	<b>Age</b> _____	<b>Social Insurance Number</b> _____
			<b>Consent to participate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.</b>			<b>SCORE:</b> <input type="text"/>

**VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)**

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CANADIAN VERSION 2.0

**Children**

1. How many children under the age of 18 are currently with you? \_\_\_\_\_  Refused
2. 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? \_\_\_\_\_  Refused
3. **IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant?  Y  N  Refused
4. Please provide a list of children’s names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN 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, THEN SCORE 1 FOR FAMILY SIZE.**

**SCORE:**

**A. History of Housing and Homelessness**

5. Where do you and your family sleep most frequently? (check one)
  - Shelters
  - Couch Surfing
  - Outdoors
  - Other (specify): \_\_\_\_\_
  - Refused

**IF THE PERSON ANSWERS ANYTHING OTHER THAN “SHELTER”, “TRANSITIONAL HOUSING”, OR “SAFE HAVEN”, THEN SCORE 1.**

**SCORE:**

6. How long has it been since you and your family lived in permanent stable housing? \_\_\_\_\_  Refused
7. In the last year, how many times have you and your family been homeless? \_\_\_\_\_  Refused

**IF THE FAMILY HAS EXPERIENCED 6 OR MORE CONSECUTIVE MONTHS OF HOMELESSNESS, AND/OR 3+ EPISODES OF HOMELESSNESS, THEN SCORE 1.**

**SCORE:**

**VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)**

FAMILIES

CANADIAN VERSION 2.0

**B. Risks**

8. 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 police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they 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.** **SCORE:**

- 9. Have you or anyone in your family been attacked or beaten up since they've become homeless?     Y     N     Refused
- 10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year?     Y     N     Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.** **SCORE:**

- 11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live?     Y     N     Refused

**IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.** **SCORE:**

- 12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?     Y     N     Refused
- 13. 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 they don't know, share a needle, or anything like that?     Y     N     Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.** **SCORE:**

### C. Socialization & Daily Functioning

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

15. 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?  **Y**  **N**  Refused

**IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT.** **SCORE:**

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?  **Y**  **N**  Refused

**IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.** **SCORE:**

17. 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?  **Y**  **N**  Refused

**IF "NO," THEN SCORE 1 FOR SELF-CARE.** **SCORE:**

18. 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?  **Y**  **N**  Refused

**IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.** **SCORE:**

### D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?  **Y**  **N**  Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  **Y**  **N**  Refused

21. 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?  **Y**  **N**  Refused

22. When someone in your family is sick or not feeling well, does your family avoid getting medical help?  **Y**  **N**  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.** **SCORE:**

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FAMILIES

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23. Has 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?  Y  N  Refused

24. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.**

**SCORE:**

25. 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?  Y  N  Refused

b) A past head injury?  Y  N  Refused

c) A learning disability, developmental disability, or other impairment?  Y  N  Refused

26. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.**

**SCORE:**

27. **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 substance use?  Y  N  N/A or Refused

**IF "YES", SCORE 1 FOR TRI-MORBIDITY.**

**SCORE:**

28. 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?  Y  N  Refused

29. 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?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.**

**SCORE:**

30. **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?  Y  N  Refused

**IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.**

**SCORE:**

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### E. Family Unit

31. Are there any children that have been removed from the family by a child protection service within the last 180 days?  Y  N  Refused

32. 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?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.

SCORE:

33. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?  Y  N  Refused

34. Has any child in the family experienced abuse or trauma in the last 180 days?  Y  N  Refused

35. *IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week?  Y  N  N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.

SCORE:

36. Have the 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?  Y  N  Refused

37. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.

SCORE:

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?  Y  N  Refused

39. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older?  Y  N  Refused

b) 2 or more hours per day for children aged 12 or younger?  Y  N  Refused

40. *IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?  Y  N  N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.

SCORE:

**VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)**

FAMILIES

CANADIAN VERSION 2.0

## Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	<b>Score: Recommendation:</b> 0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
E. FAMILY UNIT	/4	
<b>GRAND TOTAL:</b>	<b>/22</b>	

## Follow-Up Questions

<b>On a regular day, where is it easiest to find you and what time of day is easiest to do so?</b>	place: _____
	time: ___ : ___ or Morning/Afternoon/Evening/Night
<b>Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?</b>	phone: (____) _____ - _____
	email: _____
<b>Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

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

## Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need a practical, evidence-informed way to satisfy federal regulations while quickly implementing an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

### The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

### Version 2

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

## Appendix B: Where SPDAT products are being used in Canada

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is used in more communities than we know of. It is also being used in the United States and Australia. A partial list of regions in Canada where we know SPDAT products are being used includes:

**Alberta**

- Province-wide

**Manitoba**

- City of Winnipeg

**New Brunswick**

- City of Fredericton
- City of Saint John

**Newfoundland and Labrador**

- Province-wide

**Northwest Territories**

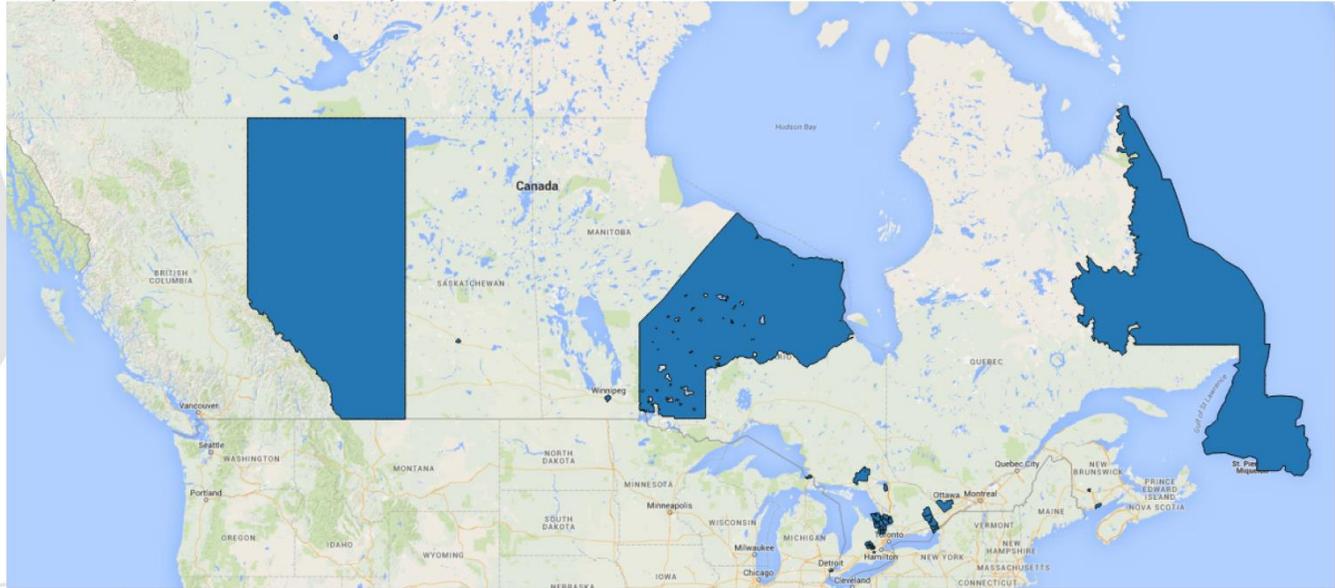
- City of Yellowknife

**Ontario**

- City of Barrie/Simcoe County
- City of Brantford/Brant County

- City of Greater Sudbury
- City of Kingston/Frontenac County
- City of Ottawa
- City of Windsor
- District of Kenora
- District of Parry Sound
- District of Sault Ste Marie

- Regional Municipality of Waterloo
  - Regional Municipality of York
- Saskatchewan**
- Saskatoon



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 1 (800) 355-0420 [info@orgcode.com](mailto:info@orgcode.com) [www.orgcode.com](http://www.orgcode.com)

## Appendix J: Weekly Update form

### By-Name List (BNL) Update Form

Email this form, with any applicable information by Wednesday's at 3pm, to \_\_\_\_\_.

Sender Name: \_\_\_\_\_ Sender Email: \_\_\_\_\_ Sender Agency: \_\_\_\_\_

Client ID:	First Name:	Last Name:	Date of Birth:
<b>Current State of Housing:</b> <input type="checkbox"/> Unsheltered (outdoors/public) <input type="checkbox"/> Emergency Sheltered <input type="checkbox"/> Couch Surfing <input type="checkbox"/> Institutionalized <input type="checkbox"/> Housed	<b>Details:</b>  If possible, provide start and end dates when changes occurred and specific changes to be made.	<b>Action Required:</b> <input type="checkbox"/> Update on BNL <input type="checkbox"/> Remove from List due to lack of contact <input type="checkbox"/> Remove from List due to rescinded consent  <b>Other:</b>	

Client ID:	First Name:	Last Name:	Date of Birth:
<b>Current State of Housing:</b> <input type="checkbox"/> Unsheltered (outdoors/public) <input type="checkbox"/> Emergency Sheltered <input type="checkbox"/> Provisionally Accommodated <input type="checkbox"/> Institutionalized <input type="checkbox"/> Housed	<b>Details:</b>  If possible, provide start and end dates when changes occurred and specific changes to be made.	<b>Action Required:</b> <input type="checkbox"/> Update on BNL <input type="checkbox"/> Remove from List due to lack of contact <input type="checkbox"/> Remove from List due to rescinded consent  <b>Other:</b>	

Client ID:	First Name:	Last Name:	Date of Birth:
<b>Current State of Housing:</b> <input type="checkbox"/> Unsheltered (outdoors/public) <input type="checkbox"/> Emergency Sheltered <input type="checkbox"/> Provisionally Accommodated <input type="checkbox"/> Institutionalized <input type="checkbox"/> Housed	<b>Details:</b>  If possible, provide start and end dates when changes occurred and specific changes to be made.	<b>Action Required:</b> <input type="checkbox"/> Update on BNL <input type="checkbox"/> Remove from List due to lack of contact <input type="checkbox"/> Remove from List due to rescinded consent  <b>Other:</b>	

## Appendix K: By-Name Prioritization list

### Housing First:

Priority 1 – High (Chronic Rough Sleepers)		
Chronic	Unsheltered Homeless Sleeping primarily in: <ul style="list-style-type: none"> <li>- Secluded encampments</li> <li>- Public spaces</li> <li>- Vehicles</li> </ul>	Tri-Morbid <ul style="list-style-type: none"> <li>- Mental health issues</li> <li>- Physical health issues</li> <li>- Substance use</li> </ul>
Sorted by: Current sleeping arrangement, VI-SPDAT score, tri-morbidity, and date added to the list.		

Priority 2 – High (Chronic Emergency Shelter Users)		
Chronic	Unsheltered Homeless Sleeping primarily in: <ul style="list-style-type: none"> <li>- Emergency shelters</li> <li>- Short term shelters</li> </ul>	Tri-Morbid <ul style="list-style-type: none"> <li>- Mental health issues</li> <li>- Physical health issues</li> <li>- Substance use</li> </ul>
Sorted by: Current sleeping arrangement, VI-SPDAT score, tri-morbidity, and date added to the list.		

Priority 3 – Low (Chronic Unsafe Couch Surfers)		
Chronic	Sleeping primarily in: <ul style="list-style-type: none"> <li>- Short term couch surfing situations that are deemed unsafe due to criminal activities or domestic violence.</li> </ul>	Tri-Morbid <ul style="list-style-type: none"> <li>- Mental health issues</li> <li>- Physical health issues</li> <li>- Substance use</li> </ul>
Sorted by: Current sleeping arrangement, VI-SPDAT score, tri-morbidity, and date added to the list.		

Priority 4 – Low (Chronic Institution Sleepers)		
Chronic	Sleeping primarily in: <ul style="list-style-type: none"> <li>- An institution not meant as a permanent living arrangement. i.e., detox centre, hospital, prison, etc.</li> </ul>	Tri-Morbid <ul style="list-style-type: none"> <li>- Mental health issues</li> <li>- Physical health issues</li> <li>- Substance use</li> </ul>
Sorted by: Current sleeping arrangement, VI-SPDAT score, tri-morbidity, and date added to the list.		

Priority 5 – Low (Chronic Hotel Users)		
Chronic	Sleeping primarily in: <ul style="list-style-type: none"> <li>- A hotel or motel room that is not meant as a permanent living arrangement.</li> </ul>	Tri-Morbid <ul style="list-style-type: none"> <li>- Mental health issues</li> <li>- Physical health issues</li> <li>- Substance use</li> </ul>
Sorted by: Current sleeping arrangement, VI-SPDAT score, tri-morbidity, and date added to the list.		

Priority 5 – Low (Chronic Safe Couch Surfers)		
Chronic	Sleeping primarily in: <ul style="list-style-type: none"> <li>- Short term couch surfing situations that are deemed safe due to no criminal activities or no domestic violence.</li> </ul>	Tri-Morbid <ul style="list-style-type: none"> <li>- Mental health issues</li> <li>- Physical health issues</li> <li>- Substance use</li> </ul>

Sorted by: Current sleeping arrangement, VI-SPDAT score, tri-morbidity, and date added to the list.

## Rapid Re-Housing:

### Priority 1 – High (Episodic Rough Sleepers)

Episodic	Unsheltered Homeless Sleeping primarily in: <ul style="list-style-type: none"> <li>- Secluded encampments</li> <li>- Public spaces</li> <li>- Vehicles</li> </ul>	Tri-Morbid <ul style="list-style-type: none"> <li>- Mental health issues</li> <li>- Physical health issues</li> <li>- Substance use</li> </ul>
Sorted by: Current sleeping arrangement, VI-SPDAT score, tri-morbidity, and date added to the list.		

### Priority 2 – High (Episodic Emergency Shelter Users)

Episodic	Unsheltered Homeless Sleeping primarily in: <ul style="list-style-type: none"> <li>- Emergency shelters</li> <li>- Short term shelters</li> </ul>	Tri-Morbid <ul style="list-style-type: none"> <li>- Mental health issues</li> <li>- Physical health issues</li> <li>- Substance use</li> </ul>
Sorted by: Current sleeping arrangement, VI-SPDAT score, tri-morbidity, and date added to the list.		

### Priority 3 – Low (Episodic Unsafe Couch Surfers)

Episodic	Sleeping primarily in: <ul style="list-style-type: none"> <li>- Short term couch surfing situations that are deemed unsafe due to criminal activities or domestic violence.</li> </ul>	Tri-Morbid <ul style="list-style-type: none"> <li>- Mental health issues</li> <li>- Physical health issues</li> <li>- Substance use</li> </ul>
Sorted by: Current sleeping arrangement, VI-SPDAT score, tri-morbidity, and date added to the list.		

### Priority 4 – Low (Episodic Institution Sleepers)

Episodic	Sleeping primarily in: <ul style="list-style-type: none"> <li>- An institution not meant as a permanent living arrangement. i.e., detox centre, hospital, prison, etc.</li> </ul>	Tri-Morbid <ul style="list-style-type: none"> <li>- Mental health issues</li> <li>- Physical health issues</li> <li>- Substance use</li> </ul>
Sorted by: Current sleeping arrangement, VI-SPDAT score, tri-morbidity, and date added to the list.		

### Priority 5 – Low (Episodic Hotel Users)

Episodic	Sleeping primarily in: <ul style="list-style-type: none"> <li>- A hotel or motel room that is not meant as a permanent living arrangement.</li> </ul>	Tri-Morbid <ul style="list-style-type: none"> <li>- Mental health issues</li> <li>- Physical health issues</li> <li>- Substance use</li> </ul>
Sorted by: Current sleeping arrangement, VI-SPDAT score, tri-morbidity, and date added to the list.		

### Priority 5 – Low (Episodic Safe Couch Surfers)

Episodic	Sleeping primarily in: <ul style="list-style-type: none"> <li>- Short term couch surfing situations that are deemed safe due to no criminal activities or no domestic violence.</li> </ul>	Tri-Morbid <ul style="list-style-type: none"> <li>- Mental health issues</li> <li>- Physical health issues</li> <li>- Substance use</li> </ul>
Sorted by: Current sleeping arrangement, VI-SPDAT score, tri-morbidity, and date added to the list.		

## Appendix L: Canadian Immigration Stats and Homeless Support reference guide

This following chart can help identify if an individual will qualify for the Housing First programs or emergency Shelters based on citizenship status;

Canadian Immigration Status and Homeless Support/Housing First

IMMIGRATION STATUS	DEFINITION	DOCUMENTATION	ELIGIBLE FOR INCOME SUPPORT	ELIGIBLE FOR EMERGENCY SHELTERS	ELIGIBLE FOR HOUSING FIRST	NOTE
Canadian citizen	A person who is Canadian by birth or has a Canadian Citizenship Certificate from Citizenship and Immigration Canada (CIC).	YES will have access to a birth certificate or citizenship card	YES	YES	YES	If they have become Canadian citizens and have gone through the Canadian Immigration system, Citizenship and Immigration Canada will have records of their landing, and their permanent resident status. Should be a <u>fairly straightforward</u> process for obtaining replacement documentation.
permanent resident/ landed immigrant	Person who is legally in Canada on a permanent basis as an immigrant or refugee, but not yet a Canadian citizen (formerly known as landed immigrant).	YES will have access to a permanent resident card	YES	YES	YES	As they have gone through the Canadian Immigration system, Citizenship and Immigration Canada will have records of their landing, and their permanent resident status. Should be a <u>fairly straightforward</u> process for obtaining replacement documentation.
Refugee claimant	A refugee claimant is a person who requests refugee protection status.  If a refugee claimant receives a final determination that he or she has been determined to be a Convention refugee, he or she may then apply for permanent residence.  If they are determined to not meet the definition of a refugee and are not in need of protection, they will be provided with notification, and orders for removal, and will be required to leave Canada.	YES Should have documentation provided by the Canadian government which states their status and allows them to access SIN cards, work permits, and health care.	YES	YES	NO As their claim is still in process they do not yet have access to all the rights that a permanent resident would.	Should refer refugee claimants to Citizenship and Immigration Canada (CIC), as their permits and their right to access support and services are within the mandate of CIC.  Citizenship and Immigration Canada (CIC) <a href="http://www.cic.gc.ca">www.cic.gc.ca</a> CIC Call Centre: 1-888-242-2100  Immigration and Refugee Board (IRB) <a href="http://www.irb-cisr.gc.ca">www.irb-cisr.gc.ca</a>

Canadian Immigration Status and Homeless Support/Housing First

IMMIGRATION STATUS	DEFINITION	DOCUMENTATION	ELIGIBLE FOR INCOME SUPPORT	ELIGIBLE FOR EMERGENCY SHELTERS	ELIGIBLE FOR HOUSING FIRST	NOTE
temporary foreign worker (TFW)	A foreign national who has been authorized to enter and remain in Canada, on a temporary basis, as a worker.	YES the TFW should have documentation such as a temporary SIN number which begins with 'g', a work permit, which states who they work for, a temporary resident permit/visa in their passport which states how long they are allowed to stay in Canada	NO although they are eligible for EI as they have paid into it, they are not eligible for any other forms income support	NO The temporary resident visa requires the persons provide evidence that they can support themselves, as such they are not eligible for income or social assistance/support  Emergency shelters are viewed as a form of income support. Therefore, TFWs are not eligible for accommodation in emergency shelters.  Their employer must ensure that the TFW housing which is 30% of income. If they are no longer working, their employer should have provided them with a ticket to return to their home country, or they should have the means to support themselves and/or return to their own country.	NO	Refer TFWs in need of support to the Temporary Foreign Worker Advisory Office (TFWAO). The TFWAO Office is there to assist and provide advice to TFWs in need.  Temporary Foreign Worker Advisory Office <a href="http://employment.alberta.ca/immigration/4548.html">http://employment.alberta.ca/immigration/4548.html</a>  South Location – Calgary 6th floor, John J. Bowlen Building 620 - 7th Avenue SW Calgary AB T2P 0Y8 Tel: 403-476-4540  North Location – Edmonton 3rd floor, City Centre 10242 - 105 Street Edmonton AB T5J 3L5 Tel: 780-644-2584  Email: <a href="mailto:tfwadvisory.office@gov.ab.ca">tfwadvisory.office@gov.ab.ca</a>  Toll Free - 1-877-944-9955

Canadian Immigration Status and Homeless Support/Housing First

IMMIGRATION STATUS	DEFINITION	DOCUMENTATION	ELIGIBLE FOR INCOME SUPPORT	ELIGIBLE FOR EMERGENCY SHELTERS	ELIGIBLE FOR HOUSING FIRST	NOTE
temporary resident (visitor, student)	A foreign national who has been authorized to enter and remain in Canada, on a temporary basis, as a visitor, as a student or as a worker, depending on their permit status.  If they are a student or a worker they must also have a student permit, or a work permit.	YES Should have a temporary resident permit in their passport which states how long they can remain in Canada.	NO Part of the <u>granting temporary resident status</u> requires the person to be able to support themselves	NO The temporary resident visa requires the persons provide evidence that they can support themselves, as such they are not eligible for income or social assistance/support	NO	Citizenship and Immigration Canada (CIC) <a href="http://www.cic.gc.ca">www.cic.gc.ca</a>  CIC Call Centre: 1-888-242-2100
illegal immigrant - out of status	A person who has entered a country without a valid temporary resident visa or who has overstayed the duration of their temporary resident visa.	NO they will either have no documentation, or they will have a temporary resident permit which has expired	NO They do not have a legal right to be in Canada, and so they do not have any right to access income or other social supports	NO They do not have a legal right to be in Canada, and so they do not have any right to access income or other social supports	NO They do not have a legal right to be in Canada, and so they do not have any right to access income or other social supports	Contact Canada Border Services Agency if you believe the person to be illegal in Canada.  The CBSA investigates immigration violations and removes persons who do not have a right to enter or stay in Canada.  All individuals have the right to due process before a removal order becomes effective or can be enforced. However, once individuals have exhausted all avenues available to them, they are expected to obey Canadian law.  Canada Border Services Agency – <a href="http://www.cbsa-asfc.gc.ca/">www.cbsa-asfc.gc.ca/</a>  Tel: 1-800-461-9999

## Appendix M: Coordinated Access System Team - Terms of Reference

### **Introduction**

The Coordinated Access System Team (CAST) was formed in June 2019. This team is made up of a group of experts from within our community who work directly and primarily with individuals and families experiencing homelessness or at risk of homelessness. The team members are best identified for their knowledge, insight and ideas on how to end chronic homelessness.

The purpose of this document is to: define the roles and responsibilities of the team members, outline the composition of the team and to act as a guideline in the governance and decision-making processes.

### **Function**

This standing team will focus on the Coordinated Access System (CAS) service delivery within our region. Decision making, sharing information, education, awareness, identifying emerging issues related to homelessness, and identifying opportunities and strategies for addressing these issues are vital to the success of the team in the initial steps of developing how CAS should work and will remain valuable to the continuation of the team.

### **Scope**

#### **Sharing of Information**

The community agencies and the Community Based Organization (CBO) and the Community Entity (CE) representatives at the table will share with one another, projects they are currently involved with that deal with issues of homelessness. It is expected, where possible, that agencies will partner with one another for more effective and efficient service delivery. The social program advisor shall be apprised of the ongoing projects/programs of individual agencies and will facilitate and promote partnerships between agencies. The social program advisor will be the liaison between the CBO and the Coordinated Access System Team.

#### **Awareness**

The team will work with the CBO/CE to maintain communications that support ongoing public awareness regarding issues related to homelessness.

#### **The team will:**

- Increase community awareness
- Facilitate information and education sessions
- Aid in mobilizing community resources to address existing and emerging issues
- Develop, review and maintain policies and procedures
- Advocate for funding for Coordinated Access in the community

#### **Sub Groups**

The Team may form a sub group to deal with any emerging issues. With support from the social program advisor, the sub group will meet on an “as needed basis” and be dissolved when no longer required.

#### **Member Representation**

There is an expectation that members regularly attend and participate in meetings, as this team will be the knowledge experts who are legally bound by a confidential information sharing agreement, sending a designate in a member’s absence will not be applicable. The Team may seek the assistance of external expert advisers in the course of their work, where appropriate.

**Membership** - Membership will include but not be limited to representation from the following agencies:

Wood Buffalo Wellness Society – Centralized Intake

CBO/CE – one/two members

Staff Lead from each community access point

Team Leader from Centralized Intake

Frontline service provider from Centralized Intake

Frontline service provider representing the funded housing programs

### **CAST Structure**

Chair

Co-Chair

Minimum of seven (7) members

### **Roles**

#### **Role of Individual Members**

1. Understand the implications and outcomes of Coordinated Access.
2. Provide input and information from their organization's perspective
3. Make collective decisions in the best interest of the community
4. Attend meetings regularly, consider issues and ideas raised, and advise accordingly

#### **Role of Chair**

1. Facilitate and lead monthly meetings
2. Maintain an appearance of impartiality

#### **Role of Co-Chair**

Act in the absence of the Chair

#### **Role of CBO/CE**

1. Prepare the agenda
2. Circulate the agenda at least 2 working days prior to the meeting
3. Provide a meeting space
4. Establish meeting schedule and notify the Team
5. Provide information, education and answer inquiries from the Team
6. Facilitate the meeting if requested.
7. Oversee program/project administration and development
8. Provide necessary support to the team
9. Facilitate education and information sessions
10. Advocate for community agencies participation
11. Report to Built for Zero in collaboration with the team
12. Attend Built for Zero In-Person Sessions and report back to group
13. Communicate action items, task assignments, and decision-making post meeting.

**Agenda Items**

All agenda items must be forwarded to the CBO/CE at [cph@rmwb.ca](mailto:cph@rmwb.ca) at least one week prior to the next scheduled meeting. The Chair makes the final decision regarding inclusion of an agenda item; however, members may raise an item during the meeting under “additions to agenda”.

**Meeting Minutes**

Minutes will not be recorded in a formal matter, as there may confidential matters discussed. To ensure consistency and accuracy, all action items, task assignments, or decisions made will be captured by the CBO/CE and sent out via email within one week after the meeting has taken place.

**Duration**

The Team will meet monthly on the last Wednesday of each month at 3:00pm at the Jubilee Building at 9909 Franklin Avenue unless otherwise arranged. The meeting will be cancelled or rescheduled if two or less members are able to attend.

**Review**

The ToR will be reviewed annually

## Appendix N: Coordinated Access FAQ

### Coordinated Access Frequently Asked Questions (FAQ)



#### What is Coordinated Access?

It is a process through which individuals and families experiencing homelessness or at risk of homelessness, are provided access to housing and support services, based on a standardized set of procedures for the individuals or family intake, assessment of need and matching and referral to housing.

There are four key objectives:

1. Help communities ensure fairness and prioritize people most in need of assistance
2. Help people move through the system faster
3. Reduce the number of new entries into homelessness
4. Improve data collection and quality

#### What is a Coordinated Access System?

A Coordinated Access System is an essential element of any effort to prevent and end homelessness.

Coordinated Access Systems are designed to streamline the process for people experiencing homelessness to access the housing and support services needed to permanently end their homelessness.

#### What are Coordinated Access Points (CAP's)?

Multiple community agencies serving as a single-entry point where people experiencing homelessness in the region can receive supports and resources. At these locations, individuals can receive information on housing supports, be assessed using a common assessment tool and, if they choose, be put on a By-Name List for housing. The provision of community access points of multiple service providers outside of housing initiatives, where near homeless or homeless individuals and families can go to get information, resources, referrals, complete assessments and be put on a by-name list for housing if necessary.

#### What is a By-Name List (BNL)?

The By-Name List is a prioritized list of individuals experiencing homelessness.

#### How is the BNL priority determined?

The priority of individuals on the list is determined by a standardized process implemented at the community access points.

**What is the reason for the BNL?** The goal of the list is to target resources to the most vulnerable individuals. Individuals are then matched to and offered housing appropriate for their needs or provided a referral to other community resources.

### **Is my personal information secure on the BNL?**

Yes, the By-Name list is a secure document that is password protected and can only be accessed by coordinated access point volunteers

### **Is my personal information shared with other agencies?**

Yes, your information is placed on a By-Name list that is accessible by all community access point agencies.

### **Am I guaranteed housing if my name is on the BNL?**

Not necessarily. If there is an opening available with a housing agency and you are ranked high on the prioritization (By-Name) list you will be contacted for housing.

### **How do I find out what agencies are access points?**

There is a list of access points, where they are located, and their hours of operation. This list will be in various locations around town and will provide all the details needed to find an access point within the region.

### **Can I sleep at the access points?**

Some access points will be shelters that provide a place to sleep, a meal, and a place to shower.

### **Will access points store my goods?**

Each access point will have different regulations around storing an individual's goods.

### **Can I phone one of the access point agencies and make an appointment?**

Yes you can, you can also walk into the doors during operating hours to speak to an access point

### **How do I access one of the agencies?**

Call or walk into one of the agencies that are listed as access points.

### **What happens when I walk in to one of the community agencies for help?**

The access point will complete necessary forms with you, and then complete an assessment tool

### **Can I refer a friend to an access point?**

Yes

### **Can I bring a friend to an access point?**

Yes

### **If someone tells me to go to a certain location because it is an access point, how do I know that it is an access point?**

A list of access points will be displayed in community agencies.

## Appendix O: Referral List

### Program Requirements

If an individual does not fall into all 4 of these categories then they will not qualify for Housing First, Rapid Re-Housing, or Permanent Supportive Housing.

- Homeless or Risk of homelessness (eviction notice must be provided if they are at risk of homelessness)
- Does not own land or a house
- Live in Alberta for 3 consecutive months.
- Canadian Resident or has Permanent Residency card.

If an individual does not qualify for the programs, it is not necessary to complete a VI-SPDAT, but it is important to assess their needs (through conversation) and determine where they can be referred elsewhere to within the community.

Housing Support		
Centre of Hope- Captains place	Housing support for up to 3 Males – who have been diagnosed or suspected of with FASD (Fetal Alcohol Spectrum Disorder)	(780)743-3912
Centre of Hope- Eviction Prevention	Provides financial support, advocacy, and resources for those at risk of eviction	(780) 215- 1622
Ross Residence	Sober living house for men with supports to maintain sobriety	(780) 357-7677
Support Through Housing (STHT)	Provides Case management, life skills coaching, and housing supports	(780) 838-8484
Waypoints Second Stage Housing	Long term housing supports for women fleeing domestic violence	(587) 537-8903
Wood Buffalo Wellness Society- Outreach	Support with searching for housing/employment/income	(780)-881-2840
Wood Buffalo Wellness Society- Centralized Intake	Initial intake for individual wanting to be on the waitlist for Housing First, Rapid Re-Housing, and Permanent Supportive Housing	(780) 742-4003

Shelter		
Centre of hope- Drop in Centre	Day-time drop in program with free access of laundry, shower, basic first aid, and personal care items	(780) 743-3912

The Salvation Army- Mens Shelter	Shelter for men that are seeking work, with a stay of 21 days. Breakfast, Supper, and showers provided	(780) 743-4135
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The Salvation Army- Mat program	Nightly homeless shelter with a 35-mat capacity for both men and women. Breakfast, supper, and showers provided	(780) 743-4135
Waypoints- Unity House	The Regions only emergency women and children's shelter. Designed to provide shelter for up to 21 days, Unity House has 45 bedrooms.	(780) 743-4691
Woods Homes	short-term shelter for youth aged 12-17 to stay who are not living at home for various reasons.	(780) 750-2252

### Affordable Housing

Salvation Army- START program	Providing 24-hour support homes, employment, independent living skills and community resources for adults with development disabilities	(780) 743-4135
Wood Buffalo Housing Development Corporation	Affordable and social housing	(780) 799-4050

### Food Support

NorthLife Soup Kitchen	Open Monday-Friday serving free meals from 11:30AM-12:30PM	(780)743-3747
The Salvation Army- Community response unit	Mobile Canteen that is used for emergency disasters as well as Outreach services to the homeless	(780)743-4135
The Salvation Army Soup Kitchen	Providing lunches and dinners	(780) 743-4135
Wood Buffalo Food Bank	Distributing food hampers for qualifying families or singles	(780) 743-1125

### Clothing and Household Items

The Salvation Army- Community Services	Emergence frontline support for families and individuals to support with rent/utilizes	(780)743-4135
The Salvation Army- Thrift Store	Providing used clothing and household items at a reasonable price	(780) 791-9903

### Health Services

After Hours Clinic	Open 7 days a week	(780)714-2193
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Family Health Services	Primary health care includes all the services in your community that support the day-to-day health	(780) 791-6247
Northern Lights Regional Hospital	Wide range of health care services and a 24/7 emergency department	(780)791-6161
Primary Care Network	includes screening for early detection of disease, immunizations, care for common illnesses, and management of ongoing health problems	(780)714-2193

<b>Mental Health Support</b>		
Access Mental Health	Over the telephone support to assist individuals to navigate the addiction and mental health system	(403) 943-1500
Canadian Mental Health association	Providing mental health support in the home, workplace, and community	(780)743-1053
Mental Health Helpline	Confidential and anonymous services to support individuals with mental health concerns	1-877-303-2642
Mental Health Services	Support for Mental Health issues	(780) 793-8360
Some Other Solutions	Support for grief and loss, suicide prevention, and programming to support students	(780) 743-8605
Some Other Solutions	24/7 Crisis Line	(780) 743-4357
Waypoints- Sexual Trauma Support line	24 hours a day support for those who are experiencing or have experienced sexual trauma	(780)791-6708
Waypoints- Family violence crisis line	24 hours a day support for those who are experiencing or have experienced family violence	(780)743-1190
Waypoints- Trauma Counselling	Free individual counselling to all genders, age 3 and older to focus on developing skill to manage trauma related symptoms	(780) 743-4691

<b>Addiction Counselling/Treatment</b>		
Alcoholics Anonymous	Self-supporting group for individuals who need support with alcohol use	(780)732-0099
Addiction Services Helpline	Toll-free and confidential service that provides alcohol, tobacco, and other substances support.	1-866-332-2322

Alberta Health Services- Recovery Centre	A residential, short-term (20 to 42 days) intensive treatment program for adults with substance issues	(780) 793-8300
Addiction and Mental Health Services	Community Counselling services for individuals, families, and youth to support with substance use and gambling	(780) 793-8360
Cocaine Anonymous	Self-supporting group for individuals who need support to stop using cocaine	(780)425-2715
Gamblers Anonymous	Self-supporting group for individuals who need support to stop gambling	(780)463-0892
Mark Amy Treatment Centre	Residential Treatment center focused around Indigenous values and beliefs	(587) 334-2398

Narcotics Anonymous	Self-supporting group for individuals who need support with drug and alcohol use	
Pastew Detox	A 24/7 service that assist with individuals that are detoxifying from alcohol and other drugs in a safe, controlled setting	(780)791-2525

<b>Community Supports</b>		
Alberta Health Services- Street Connect	Comprises of a healthcare team is delivering a wide range of services to homeless individuals, including; mental health support, addictions, self-harm reduction, and primary care.	(780) 793-8360
Alberta Health Services- Assertive Outreach	Various supports for individuals to live independently in the community, supports include; counselling, crisis intervention, budgeting, medication management.	(780) 793-8360
Blue Heron Support Services Association	Support for children, adults and seniors with developmental disabilities and Adults living with an acquired brain injury	(780) 791 3342
Legal Aid Society of Alberta	Based on legal issues and financial eligibility, clients are eligible to receive services for referrals, information, legal advice, and legal services	1-866-845-3425
Nistawoyou Association Friendship Centre	Offering a broad selection of programs and services for all age groups that build upon traditional aboriginal values and culture	(780) 743-8555

North East Alberta FASD network (NEFAN )	FAS prevention and Support. Various programming/services available	(780) 750-6678
North Reach	Supporting people living or affected by HIV/AIDS, promoting public awareness, providing harm reduction information/kits	(780) 791-3391
St Aidan's Society	Support and programming for seniors	(780)-743-4370

Waypoints- Domestic-family violence Outreach program	Waypoints works to end domestic violence, sexual assault, and abuse in the community. They can assist individuals with community supports, advocacy, and provide them with direct support	(780)791-5143
Waypoints- Rural Domestic-family violence Outreach program	The program works to end domestic violence by providing supports and services in the rural and urban communities of the region	(587) 537-8903
Wood Buffalo Regional Library	Providing free access to materials and online databases for knowledge and pleasure	(780) 743-7800

<b>Family Support</b>		
Northeast Alberta Child and Family Services Authority	Providing support for families by helping them have safe and nurturing environments for their children	(780) 743-4716
Multicultural Association	Cultural/newcomer support for individuals and families	(780) 791-5186
McMan- Youth, family and community services	Provides quality care and support to children, youth, and families	(780) 743-9721
McMan- Community Based Care Program	Supports and promotes the dignity and self-esteem of youth	(587) 276-4432
The Hub family resource center	Provides drop in play, family support, developmental screenings, parenting programs, prenatal programming, and supervised visits and exchanges	(780) 791-7110
YMCA	Family Support	(780) 743-9600

YMCA- Home visitation	The program empowers and strengthens family connections within the home	(587) 537-5019
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### Employment/Education

Choices Association of Fort McMurray	Providing employment support and expanding opportunities for individuals with barriers and disabilities	(780) 791-3009
YMCA- Bridging the gap program	20-week paid employment program for youth between 15-30	(780) 743-9600
YMCA- Employment link program	French and English career and employment services	(780) 791-1115
YMCA- Temporary Foreign Worker Support Program	Support Services to individuals on work permits	(780) 743-2970

### Financial Assistance

Alberta Works	Providing employment and income support	(780) 743-6232
Assured Income for the Severely Handicapped (AISH)	Financial assistance for individuals with permanent medical condition	(780) 743-7100
Income Support Contact Centre	Financial help for Albertans who don't have resources to meet their basic needs	1-866-644-5135
Service Canada Centre	Provides Canadians with a single point of access to a wide range of government services and benefits	1-800-622-6232

## Appendix P: Current Access Points

### Coordinated Access Points

#### **Alberta Health Services- Street Connect**

Tuesday and Thursday- Centre of Hope Drop in Centre  
Monday, Wednesday and Fridays Wood Buffalo Addiction & Mental Health Services  
Unit 120 339 Powder Drive Fort McMurray, AB, T9K 0M3  
Phone 780-788-1556

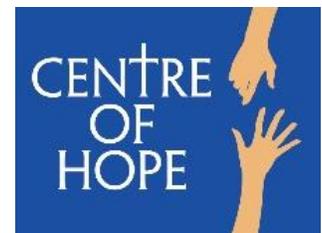


#### **Alberta Health Services- Inpatient Psychiatry**

Northern Lights Regional Health Centre, Fort McMurray, Alberta  
Open: Monday-Friday 8:15AM-4:15PM  
Phone Number: 780-788-1746  
\*No walk ins, services available for inpatient psychiatry clients

#### **Centre of Hope- Drop in Centre**

1 McLeod Street Fort McMurray, AB T9H 1Z4  
Open: Daily from 8:30AM-4:00PM Closed from 11:30AM-12:30PM  
Phone Number: 780-743-3912



#### **Centre of Hope- Outreach Program**

1 McLeod Street Fort McMurray, AB T9H 1Z4  
Open: Daily from 8:30AM-4:00PM Closed from 11:30AM-12:30PM  
Phone Number: 780-743-3912

#### **Choices Association of Fort McMurray**

10010 Franklin Avenue Fort McMurray, AB T9H 2K6  
Open Monday-Friday 8:30AM-4:30PM Closed from 12:00PM-1:00PM  
Phone Number: 780-791-3009



#### **The Salvation Army- Mat Program**

9919 MacDonald Avenue, Fort McMurray, T9H 1S7  
Open Daily from: 4:30PM-7:30A Closed from: 7:30AM-4:30PM  
Phone Number: 780-743-4135 ext: 34

#### **The Salvation Army- Mens Program**

9919 MacDonald Avenue, Fort McMurray, T9H 1S7  
Open Daily: 5:30PM-7:45AM Closed from: 7:45AM-5:30PM  
Office Hours: 8:30AM-4:30PM  
Phone Number: 780-791-3234



***The Salvation Army- Community Response Unit***

9919 MacDonald Avenue, Fort McMurray, T9H 1S7

Phone Number: 587-646-0298

***Waypoints- Unity House***

\*No walk ins- service available for Unity House clients.

***Waypoints- Second Stage Housing***

\*No walk ins- service available for Second Stage clients.

***Waypoints- Outreach Program***

\*No walk ins

Phone: 780-750-8650 to make an appointment



***Wood Buffalo Wellness Society- Centralized Intake***

214-9914 Morrison Street Fort McMurray, AB T9H 4A4

Open: Monday-Friday 8:30AM-4:30PM Closed from 12:00PM-1:00PM

Phone Number: 780-742-4003

***Wood Buffalo Wellness Society- Outreach Program***

214-9914 Morrison Street Fort McMurray, AB T9H 4A4

Open: Monday-Friday 8:30AM-4:30PM Closed from 12:00PM-1:00PM

Phone Number: 780-881-2840



***Wood Buffalo Wellness Society- Mark Amy Treatment Centre***

Box 5748, Fort McMurray, AB T9H 4V9

Phone Number: 780- 334-2398

\*No walk ins

## Appendix Q: VI-SPDAT guidance tool

### VI-SPDAT Guidance Tool- Single Adult

This document breakdowns alternative ways to retrieve answers to the VI-SPDAT questions, should they cause any confusion. It is important to note that the questions should be asked as written in the VI-SPDAT Assessment Tool, unless they are creating confusion, or it is expected they will create confusion. The following questions are only to be used as a means of clarifying what you are asking, not as alternatives to the actual VI-SPDAT questions.

It is also important to note that these questions are meant to help you when clarifying what they are saying. See example below.

Correct way to clarify what you are asking vs what they are saying:

- You: "Where do you sleep most frequently?"
- Them: "What do you mean, frequently?"
- You: "In the last 6 months, where did you stay overnight the most?"
- Them: "oh, in shelter mostly."

Incorrect way to clarify what you are asking vs they are saying:

- You: "Where do you sleep most frequently?"
- Them: "What do you mean, frequently? I stay overnight at shelter sometimes and sometimes I couch surf."
- You: "So you are saying you stay at the shelter mostly?"
- Them: "Yeah I guess so."

The reason behind one being the correct way and one the incorrect way, is the first way is you are rewording what you are asking them to help them better understand how to answer the question. The second way listed above is you assuming their answers without asking a follow up question, such as one of the optional asks listed below.

The follow up question to the second way could be "so you stay in shelter and also couch surf, in the last 6 months, which one would you say you did more often?" or "how many of those nights did you actually stay in the shelter and not couch surf?".

### VI-SPDATs Single Adult

#### Part A: History of Housing and Homelessness

1. Where do you sleep most frequently?
  - a. Optional Ask: In the last 6 months, where did you stay overnight the most?
  - b. Optional Ask: Where do you sleep most often?
  - c. Optional Ask: Do you stay in shelter often?
    - i. If so, which shelter?
  - d. Optional Ask: If in institution or treatment, ask where were you living before treatment?
    - i. What is your plan after treatment?

2. How long has it been since you lived in permanent stable housing?
  - a. Optional Ask: When was the last time you paid rent, or you had a lease?
  - b. Optional Ask: In the last year, have you had a lease, owned or home, or paid rent somewhere?
3. In the last year, how many times have you been homeless?
  - a. Optional Ask: How many times have you moved or changed housing situations in the last year?
    - i. Were you homeless any of those times or in between any of those times?
  - b. Optional Ask: In the last year, were you homeless constantly or were there periods of housing?

**Part B: Risks**

4. In the past six months, how many times have you...
  - a. Received health care at an emergency department/room?
    - i. Optional Ask: How many times have you been to the Emergency Room for anything. i.e., flu, doctor follow up.
  - b. Taken an ambulance to the hospital?
  - c. Been hospitalized as an inpatient?
    - i. Optional Ask: Have you stayed overnight in the hospital?
  - d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centres and suicide prevention hotlines?
  - 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?
    - i. Optional Ask: Did you talk to police or did police talk to you?
  - 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.
    - i. Clarify that the drunk tank counts
5. Have you been attacked or beaten up since you've become homeless?
  - i. Optional Ask: Have you been jumped?
6. Have you threatened to or tried to harm yourself or anyone else in the last year?
  - i. Optional Ask: Do you have any physical fights with others.
  - ii. Optional Ask: Have you tried to harm yourself?
  - iii. Optional Ask: Have you tried to fight anyone
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?
  - i. Optional Ask: Do you have charges against you?
    1. Do you have court dates set?
  - ii. Mention: This does not include child and family concerns.
  - iii. Optional Ask: Do you have any outstanding fines?
  - iv. Optional Ask: Do you have any warrants for your arrest?
    1. What is it for and how will it affect your housing?
8. Does anybody force or trick you to do things that you do not want to do?
  - a. Optional Ask: Does anyone use you for money?
  - b. Optional Ask: Do you get forced to steal or buy drugs?
  - c. Optional Ask: Do you get forced to prostitute?

9. Do you ever do things that may be considered risky? (NOTE: if they say yes to one you can stop asking the questions) i.e.
- Exchange sex for money
  - Run drugs for someone
  - Have unprotected sex with someone you don't know
  - Share a needle
  - Or anything like that

### **Part 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?
- Optional Ask: Do you owe any money to friends?
  - Optional Ask: Do you owe any money for rent?
  - Optional Ask: Do you owe any money to utility companies (cell phone, etc.)
  - Optional Ask: Do you owe any money for taxes?
11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?
- Optional Ask: Do you have any income from AB works?
  - Optional Ask: Do you have income from anywhere?
  - Optional Ask: Do you work part time? Bottle collecting? Full time?
12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?
- Optional Ask: Do you have any planned legal activities? i.e., The gym, movies, hobbies, volunteering, etc.
13. Are you currently able to take care of basic needs like bathing, changing clothes, using the restroom, getting food and clean water and other things like that?
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?
- Optional Ask: Are there any domestic issues at home?
  - Optional Ask: Do you have friends or family that often come and stay?

### **Part D. Wellness**

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?
- Optional Ask: Do you have any serious physical health that made you have to leave housing or a shelter?
  - Optional Ask: Do you have any physical limitations that might prevent you from using services or accessing housing?
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?
- Optional Ask: Do you have serious health issues that may be life threatening?
  - Optional Ask: Do you have serious health issues that affect your daily functioning?
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 need help?

- a. Optional Ask: Do you have any physical limitations that might prevent you from using services or accessing housing i.e., Using stairs
  - b. Optional Ask: Does someone need to be with you to support with daily functioning?
18. When you are sick or not feeling well, do you avoid getting help?
- a. Optional Ask: When you fall sick, do you go to a doctor or do you ignore it?
19. Female – are you currently pregnant?
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?
- a. Optional Ask: Have you ever been kicked out because of drinking or partying in the past?
  - b. When possible, avoid saying “Has **your** drinking or drug use...” If they have not yet said they drink or use drugs, so you don’t imply they drink or use drugs.
21. Will drinking or drug use make it difficult for you to stay housed or afford your housing?
- a. Optional Ask: Does drinking or drug use take priority overpaying rent? (Specify on case notes)
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?
    - i. Optional Ask: Have you ever been kicked out because of your behaviors related to your mental health?
  - b. A past head injury?
    - i. Optional Ask: Have you ever been kicked out because of your behaviors related to a head injury?
  - c. A learning disability, developmental disability, or other impairment?
    - i. Optional Ask: Have you ever been kicked out because of your behaviors related to FASD or a learning disability?
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?
- a. Optional Ask: Do you think you need support to maintain your housing because of mental health or brain injury?
24. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?
- a. Optional Ask: Have you been prescribed something that you are not taking because you choose not to or can’t afford to get it filled?
25. Are there any medications like painkillers that you don’t take the way the doctor prescribed or where you sell the medication?
- a. Optional Ask: Do you sell, give away, or get high with medications that have been prescribed to you by a doctor?
26. NOTE: This is a YES or NO question: 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 may have experienced?
- a. Optional Ask: Have you ever experienced abuse or trauma?

## VI-SPDAT Guidance Tool- Families

This document breakdowns alternative ways to retrieve answers to the family VI-SPDAT questions, should they cause any confusion. It is important to note that the questions should be asked as written in the VI-SPDAT Assessment Tool, unless they are creating confusion, or it is expected they will create confusion. The following questions are only to be used as a means of clarifying what you are asking, not as alternatives to the actual VI-SPDAT questions.

It is also important to note that these questions are meant to help you when clarifying what they are saying. See example below.

Correct way to clarify what you are asking vs what they are saying:

- You: "Where do you sleep most frequently?"
- Them: "What do you mean, frequently?"
- You: "In the last 6 months, where did you stay overnight the most?"
- Them: "oh, in shelter mostly."

Incorrect way to clarify what you are asking vs they are saying:

- You: "Where do you sleep most frequently?"
- Them: "What do you mean, frequently? I stay overnight at shelter sometimes and sometimes I couch surf."
- You: "So you are saying you stay at the shelter mostly?"
- Them: "Yeah I guess so."

The reason behind one being the correct way and one the incorrect way, is the first way is you are rewording what you are asking them to help them better understand how to answer the question. The second way listed above is you assuming their answers without asking a follow up question, such as one of the optional asks listed below.

The follow up question to the second way could be "so you stay in shelter and also couch surf, in the last 6 months, which one would you say you did more often?" or "how many of those nights did you actually stay in the shelter and not couch surf?".

## Children

27. How many children under the age of 18 are currently with you?
  - a. Optional Ask: How many children do you have custody of, stay with you at your currently sleeping arrangement?
28. 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?
  - a. Optional Ask: Do you have custody of your children, but they are currently staying with friends, family, or in care?
    - i. Do you have confirmation they will move in with you when you are housed?
  - b. Optional Ask: Do you have children, but they are currently in someone else's custody?
    - i. Do you have confirmation they will move in with you when you are housed?
29. If Household includes a female: Is any member of the family currently pregnant?

30. Please provide a list of children's names and ages:
- a. Number of children and their ages are the most important piece of information here if they don't wish to share names and birthdays.

### **Part A: History of Housing and Homelessness**

31. Where do you and your family sleep most frequently?
- a. Optional Ask: In the last 6 months, where did you stay overnight the most?
  - b. Optional Ask: Where do you sleep most often?
  - c. Optional Ask: Do you stay in shelter often?
    - i. If so, which shelter?
  - d. Optional Ask: If in institution or treatment, ask where were you living before treatment?
    - i. What is your plan after treatment?
32. How long has it been since you and your family lived in permanent stable housing?
- a. Optional Ask: When was the last time you paid rent, or you had a lease?
  - b. Optional Ask: In the last year, have you had a lease, owned or home, or paid rent somewhere?
33. In the last year, how many times have you and your family been homeless?
- a. Optional Ask: How many times have you moved or changed housing situations in the last year?
    - i. Were you homeless any of those times or in between any of those times?
  - b. Optional Ask: In the last year, were you homeless constantly or were there periods of housing?

### **Part B: Risks**

34. In the past six months, how many times have you or anyone in your family...
- a. Received health care at an emergency department/room?
    - i. Optional Ask: How many times have you been to the Emergency Room for anything. i.e., flu, doctor follow up.
  - b. Taken an ambulance to the hospital?
  - c. Been hospitalized as an inpatient?
    - i. Optional Ask: Have you stayed overnight in the hospital?
  - d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centres and suicide prevention hotlines?
  - e. Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them they must move along?
    - i. Optional Ask: Did you talk to police or did police talk to you?
  - 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.
    - i. Clarify that the drunk tank counts
35. Have you or anyone in your family been attacked or beaten up since they've become homeless?
- i. Optional Ask: Have you been jumped?
36. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year?
- i. Optional Ask: Do you have any physical fights with others.
  - ii. Optional Ask: Have you tried to harm yourself?

- iii. Optional Ask: Have you tried to fight anyone
- 37. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live?
  - i. Optional Ask: Do you have charges against you?
    - 1. Do you have court dates set?
  - ii. Mention: This does not include child and family concerns.
  - iii. Optional Ask: Do you have any outstanding fines?
  - iv. Optional Ask: Do you have any warrants for your arrest?
    - 1. What is it for and how will it affect your housing?
- 38. Does anybody force or trick you or anyone in your family to do things that you do not want to do?
  - a. Optional Ask: Does anyone use you for money?
  - b. Optional Ask: Do you get forced to steal or buy drugs?
  - c. Optional Ask: Do you get forced to prostitute?
- 39. Do you or anyone in your family ever do things that may be considered risky? (NOTE: if they say yes to one you can stop asking the questions) i.e.
  - a. Exchange sex for money
  - b. Run drugs for someone
  - c. Have unprotected sex with someone they don't know
  - d. Share a needle
  - e. Or anything like that

### **Part C: Socialization & Daily Functioning**

- 40. 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?
  - a. Optional Ask: Do you owe any money to friends?
  - b. Optional Ask: Do you owe any money for rent?
  - c. Optional Ask: Do you owe any money to utility companies (cell phone, etc.)
  - d. Optional Ask: Do you owe any money for taxes?
- 41. 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?
  - a. Optional Ask: Do you have any income from AB works?
  - b. Optional Ask: Do you have income from anywhere?
  - c. Optional Ask: Do you work part time? Bottle collecting? Full time?
- 42. Does everyone in your family have planned activities, other than just surviving, that make you feel happy and fulfilled?
  - a. Optional Ask: Do you have any planned legal activities? i.e., The gym, movies, hobbies, volunteering, etc.
- 43. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using the restroom, getting food and clean water and other things like that?
- 44. Is your families' current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused your family to become evicted?
  - a. Optional Ask: Are there any domestic issues at home?
  - b. Optional Ask: Do you have friends or family that often come and stay?

## Part D. Wellness

45. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?
  - a. Optional Ask: Do you have any physical limitations that might prevent you from using services or accessing housing?
  - b. Optional Ask: Do you have any physical limitations that might prevent you from using services or accessing housing i.e., Using stairs
46. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?
  - a. Optional Ask: Do you have serious health issues that may be life threatening?
  - b. Optional Ask: Do you have serious health issues that affect your daily functioning?
47. 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 need help?
  - a. Optional Ask: Do you have physical limitations that effect you from using services or accessing housing? i.e., Using stairs
  - b. Optional Ask: Does someone need to be with you to support with daily functioning?
48. When someone in your family is sick or not feeling well, does your family avoid getting help?
  - a. Optional Ask: When you fall sick, do you go to a doctor or do you ignore it?
49. Has drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?
  - a. Optional Ask: Have you ever been kicked out because of drinking or partying in the past?
50. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?
  - a. Optional Ask: Does drinking or drug use take priority overpaying rent? (Specify on case notes)
51. 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?
    - i. Optional Ask: Have you ever been kicked out because of your behaviors related to your mental health?
  - b. A past head injury?
    - i. Optional Ask: Have you ever been kicked out because of your behaviors related to a head injury?
  - c. A learning disability, developmental disability, or other impairment?
    - i. Optional Ask: Have you ever been kicked out because of your behaviors related to FASD or a learning disability?
52. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because you'd need help?
  - a. Optional Ask: Do you think you need support to maintain your housing because of mental health or brain injury?
53. Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use?
54. 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?

- a. Optional Ask: Have you been prescribed something that you are not taking because you choose not to or can't afford to get it filled?
55. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where you sell the medication?
- a. Optional Ask: Do you sell, give away, or get high with medications that have been prescribed to you by a doctor?
56. NOTE: This is a YES or NO question: 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 may have experienced?
- a. Optional Ask: Have you ever experienced abuse or trauma?
57. Are there any children that have been removed from the family by a children protection service within the last 180 days?
58. Do you have any family legal issues that are being resolved in court that impact your housing or who may live within your housing?
59. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?
- a. Optional Ask: Do you have children staying with friends or family because of where you sleep at night?
60. Have any child in the family experienced abuse or trauma in the 180 days?
61. Do your children attend school more often than not each week?
- a. Optional Ask: Do your school age children go to school most days?
62. Have the members of your family changed in the last 180 days, due to things like:
- a. Divorce
  - b. Your kids coming back to live with you
  - c. Someone leaving for military service
  - d. Someone leaving for incarceration
  - e. A relative moving in
  - f. Or anything like that?
63. Do you anticipate any other adults or children coming to live with you within the first 180 days of being house?
- a. Optional Ask: Do you have any plans of letting anyone move in with you when you get housed? i.e., family, friends, children.
64. 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?
65. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult:
- a. 3 or more hours per day with children aged 13 or older?
  - b. 2 or more hours per day for children aged 12 or younger?
  - c. Optional Ask: Do your older children spend 3 or more hours per day with another responsible adult?
  - d. Optional Ask: Do your younger children spend 2 or more hours per day with another responsible adult?

66. Do your older kids spend 2 or more hours on a typical day helping younger siblings with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?
- a. Optional Ask: Do your older children help your younger children around the house?