

# CITY OF ABBOTSFORD

Report on the 2024  
Point-in-Time Homeless Count



# Land Acknowledgements

The City of Abbotsford acknowledges that the Point-in-Time Count and this report have been conducted and prepared on the ancestral and traditional territory of the Stó:lō people, including the Semá:th First Nation, Máthxwí First Nation, and Leq'á:mel First Nation. These First Nations have called this land home since time immemorial. With respect and gratitude, we recognize the traditional lands on which we reside and work.

## Thank you

The City of Abbotsford's 2024 Point-in-Time Homeless Count was the result of the collaborative efforts of individuals and organizations in both the time they committed to this project, and their ongoing work in the communities they serve.

We would like to thank all those individuals experiencing homelessness who took their time to share their experience with us, and those individuals with lived and living experience of homelessness who made an invaluable contribution to planning and data collection.

Additionally, we would like to thank:

- 123 Walk In Clinic
- Abbotsford Division of Family Practice
- Abbotsford Police Department
- Archway Community Services
- BC Housing
- BC Ministry of Social Development and Poverty Reduction
- BC Yukon Association of Drug War Survivors
- CEDAR Outreach
- City of Abbotsford
- Cyrus Centre Ministries
- Division of Family Practice
- Fraser Health
- Fraser Valley Métis Association
- Gateway Church
- Lookout Housing + Health Society
- Mennonite Central Committee B.C.
- Pacific Community Resources Society
- Phoenix Society
- Rapid Relief Team
- Raven's Moon Resource Society
- Salvation Army
- SARA for Women
- Sparrow Community Care Society
- Sumas First Nation
- United Way BC
- Union Gospel Mission

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Reaching Home: Canada's  
Homelessness Strategy**

**Count Coordination  
provided by**

**Report prepared by**





## Methodology

The 2024 Point-in-Time Homeless Count (PiT Count) took place in the City of Abbotsford on the evening of October 8th and the daytime of October 9th.

PiT Counts provide a snapshot of people who are experiencing homelessness in a 24-hour period, their demographic characteristics, service use and other information.

For the purpose of this Count, an individual was defined as experiencing homelessness if they did not have a place of their own where they paid rent and could expect to stay for at least 30 days. This included people who:

- Stayed overnight on the night of the count in homeless shelters, including transition houses for women fleeing violence and youth safe houses, people with no fixed address (NFA) staying temporarily in hospitals, jails or detox facilities (defined as “sheltered”); and,
- Stayed outside in alleys, doorways, parkades, parks and vehicles or were staying temporarily at someone else’s place (couch surfing) and/or using homelessness services (defined as “unsheltered”).

## Limitations

PiT Counts are an undercount and represent only those individuals identified during a 24-hour period. While PiT Counts are an accepted methodological tool, the numbers are understood to be the minimum number of people who are experiencing homelessness on a given day in that community.

The PiT Count Planning Team asks that when you review this report, to remember that every number represents a person who is experiencing homelessness in the City of Abbotsford, and took the time to tell their story through the survey in hopes of helping to improve services for all.

Please also remember that not everyone experiencing homelessness is included in this Report, so decisions about projects or community investments should take into consideration other data sources and the lived experience of persons experiencing homelessness and the organizations who support them, particularly those representing communities made vulnerable, who will have perspectives and data that can complement this Report.

# ABBOTSFORD KEY FINDINGS



## 2024 Point-in-Time (PiT) Homeless Count & Survey

On October 8th and 9th, 2024, a Point-in-Time Homeless Count was conducted in the City of Abbotsford, funded by *Reaching Home: Canada's Homelessness Strategy*. The City of Abbotsford serves as the Reaching Home Community Entity and, as part of its federal responsibilities, is required to facilitate the PiT Count locally in alignment with national directives. This initiative builds on previous Fraser Valley Regional District tri-annual Point-in-Time Homeless Counts & Surveys, which have been conducted since 2004, with the most recent held on March 7th and 8th, 2023.

These Counts provide critical data on the scope and nature of homelessness, informing service improvements and monitoring homelessness prevention strategies.

The 2024 Count was facilitated by the Mennonite Central Committee B.C. (MCC) with funding from Reaching Home, which the City of Abbotsford administers. City staff, local agencies, and service providers actively participated in the process, ensuring a comprehensive approach to data collection and community engagement.

## ENUMERATION

# 465

individuals were identified as experiencing homelessness in Abbotsford on October 8-9, 2024.



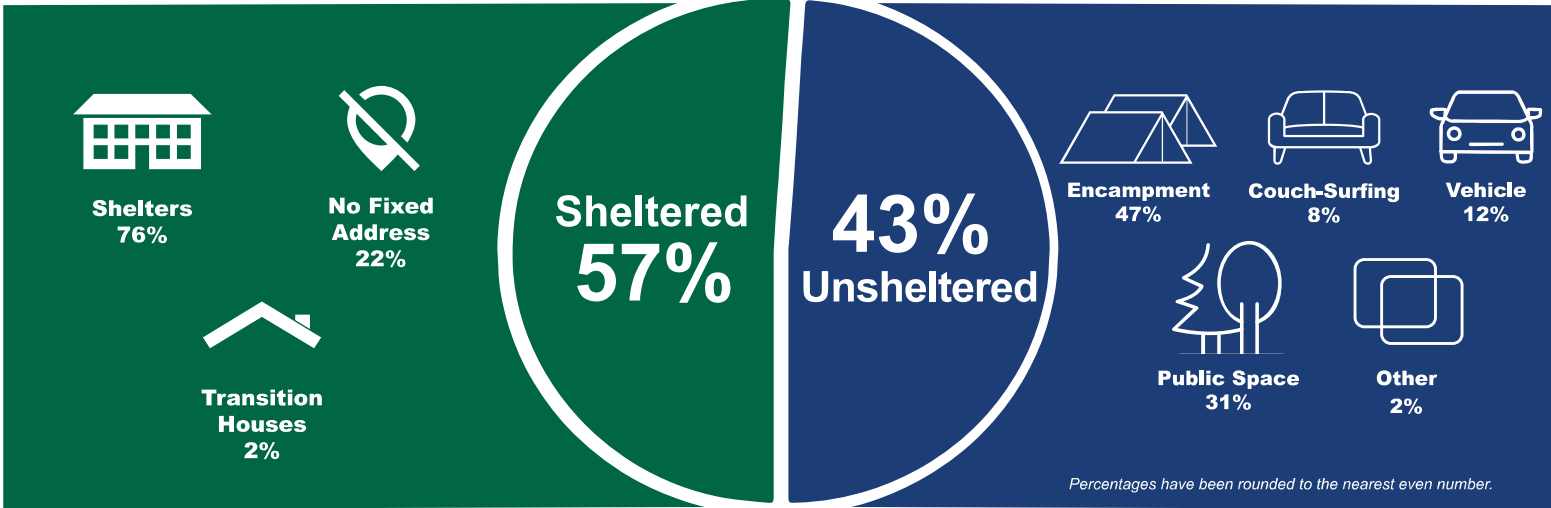
# 210

shelter beds existed at the time of the Count; 197 occupied.

- Out of 465 total people counted, 26 were observed<sup>1</sup> experiencing homelessness, which was not included in previous reports.
- 59 additional people experiencing homelessness were counted compared to 2023, an increase of 14.5%.
- 43% of people experiencing homelessness were unsheltered.
- 45% of people had lived in Abbotsford for more than 10 years.
- 70% of people had lived in Abbotsford when they became homeless most recently.

<sup>1</sup>Observed Homelessness: Individuals identified as experiencing homelessness during the Point-in-Time Count without direct survey participation. Inclusion is based on visible indicators, such as residing in tents, encampments, vehicles, or other unsheltered locations, with no evidence of rental or ownership tenure.

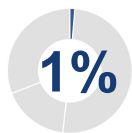
## OVERNIGHT LOCATIONS



Percentages have been rounded to the nearest even number.

# WHO IS EXPERIENCING HOMELESSNESS?

Abbotsford saw an increase of people experiencing homelessness between the ages of 30-49.



are age 19 or under, compared to 3% in 2023.



**50%** of those experiencing homelessness are between the ages of 30-49, compared to 48% in 2023.



are age 60 or older, compared to 16% of total respondents in 2023.

**34%**

identified as Indigenous compared to 5.2% of the general population<sup>2</sup>.

**54%**

of Indigenous respondents had themselves, one or more parents, or grandparents attended Indian residential school.

**36%**

have been in government care as a child or youth.

<sup>2</sup> [City of Abbotsford Demographic Profiles 2024](#).



**63%**  
Male



**36%**  
Female



**1%**

Transgender, two-spirit, non-binary, other.

There is an increase in women experiencing homelessness compared to 29% in 2023.

It is noted that women are already underrepresented in PiT Count data as they are more likely to experience hidden forms of homelessness.

## HEALTH CHALLENGES

**97%** reported experiencing at least one or more health challenges.

**55%**

Physical Disability

**59%**

Medical Conditions

**63%**

Mental Health Issue

**78%**

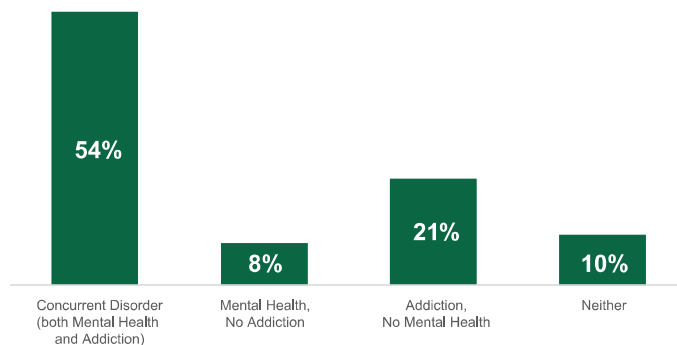
Addictions or Substance Use

**27%**

Acquired Brain Injury

**38%**

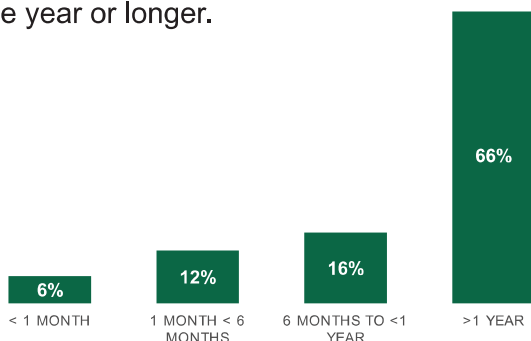
Learning or Cognitive Impairment



**54%** of people experiencing homelessness reported concurrent disorders.

## DURATION AND CAUSE

**66%** had experienced homelessness for one year or longer.



**33%** identified insufficient income to pay for housing as the reason for their most recent housing loss.

**32%**

Interpersonal and family issues including conflict, abuse and discrimination.

**27%**

Due to conflict, abuse or discrimination by landlord.

**26%**

Health Issues including physical, mental, and addiction or substance use.

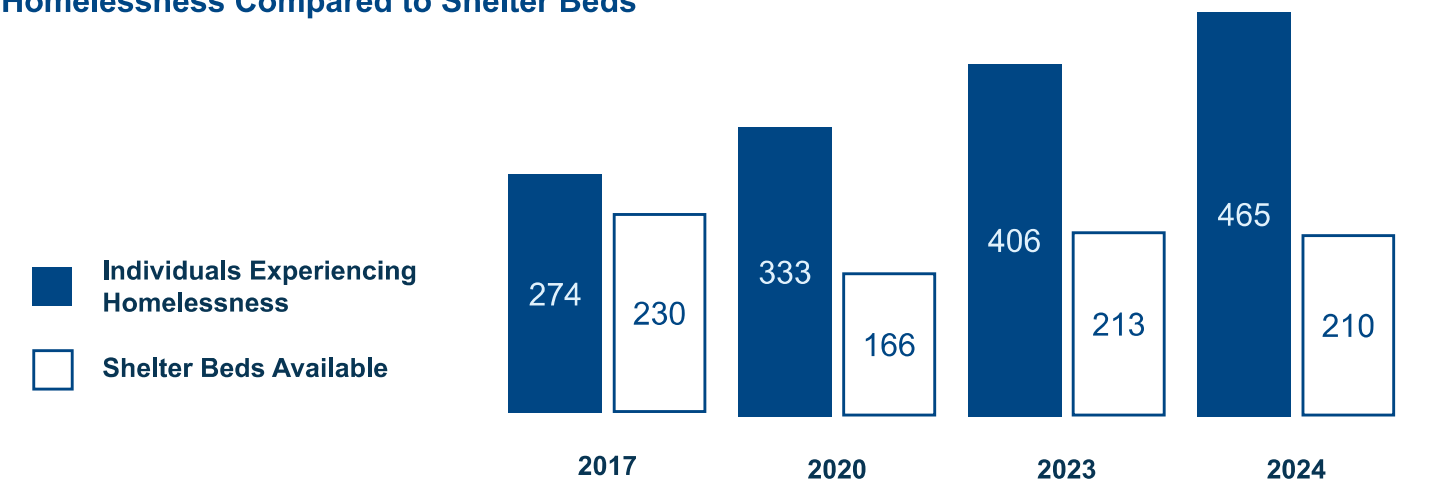
# Historical Comparisons and Demographic Analysis

On the night of October 8th, and during the day of October 9th, 2024, 465 individuals were identified as experiencing homelessness in Abbotsford. Out of 465 total people counted, 26 were observed experiencing homelessness<sup>1</sup>, which was not included in previous reports.

<sup>1</sup>Observed Homelessness: Individuals identified as experiencing homelessness during the Point-in-Time Count without direct survey participation. Inclusion is based on visible indicators, such as residing in tents, encampments, vehicles, or other unsheltered locations, with no evidence of rental or ownership tenure.

On the night of the Count, there were 210 shelter and transition house beds available, of which 197 were occupied.

Figure 1: Number of People Experiencing Homelessness Compared to Shelter Beds



In 2024, the percentage of respondents who identified as women increased to 36% compared to 29% in 2023; while the percentage of men decreased from 70% to 63%.

Table 1 - Gender Distribution of Respondents

	2017		2020		2023		2024	
	N	%	N	%	N	%	N	%
Man	166	63%	212	70%	252	70%	189	63%
Woman	95	36%	87	29%	104	29%	108	36%
Another Gender Identity (including multiple responses)	2	1%	3	1%	4	1%	4	1%

In 2024, the largest age category of respondents identified as 30-39 years of age (27%), compared to 24% in 2023.

**Table 2 - Age Distribution of Respondents**

	2017		2020		2023		2024	
	N	%	N	%	N	%	N	%
Less than 15	5	2%	1	0%	0	0%	2	1%
15 - 19	34	13%	22	7%	12	3%	4	1%
20 - 29	41	16%	64	20%	46	13%	32	11%
30 - 39	56	21%	93	30%	84	24%	81	27%
40 - 49	45	17%	49	16%	86	24%	71	24%
50 - 59	59	22%	58	18%	70	20%	59	20%
60 and over	24	9%	27	9%	56	16%	52	17%

Respondents were asked how old they were when they first experienced homelessness. A significant proportion (45%) of respondents experienced homelessness for the first time as a youth.

**Table 3 – Age of First Time Homeless**

	Sheltered		Unsheltered		Total	
	N	%	N	%	N	%
Youth (Under 25 Years)	46	38%	81	50%	127	45%
Adult (25-54 Years)	55	45%	63	39%	118	42%
Senior (55+)	21	17%	18	11%	39	14%
Total Respondents	122	100%	162	100%	284	100%
Don't Know/ No Answer	128		27		155	
<b>Total</b>	<b>250</b>		<b>189</b>		<b>439</b>	

Respondents were asked “Do you identify as Indigenous, including First Nations (with or without status, Treaty/NonTreaty), Métis, or Inuit, or do you have other North American Indigenous ancestry?”

<sup>1</sup>[\*City of Abbotsford Demographic Profiles 2024\*](#)

In total, 99 respondents (34%) identified as Indigenous, similar to 2023 (32%). It is important to note that Indigenous persons continue to be overrepresented in populations experiencing homelessness, compared to 5.2% of the general Abbotsford population<sup>1</sup>.

**Table 4 – Indigenous Identity**

	Sheltered		Unsheltered		Total	
	N	%	N	%	N	%
Indigenous	29	24%	70	41%	99	34%
Not Indigenous	91	76%	102	59%	193	66%
Total Respondents	120	100%	172	100%	292	100%
Don't Know/ No Answer	130		17		147	
Total	250		189		439	



# COMMUNITY ANALYSIS # 1

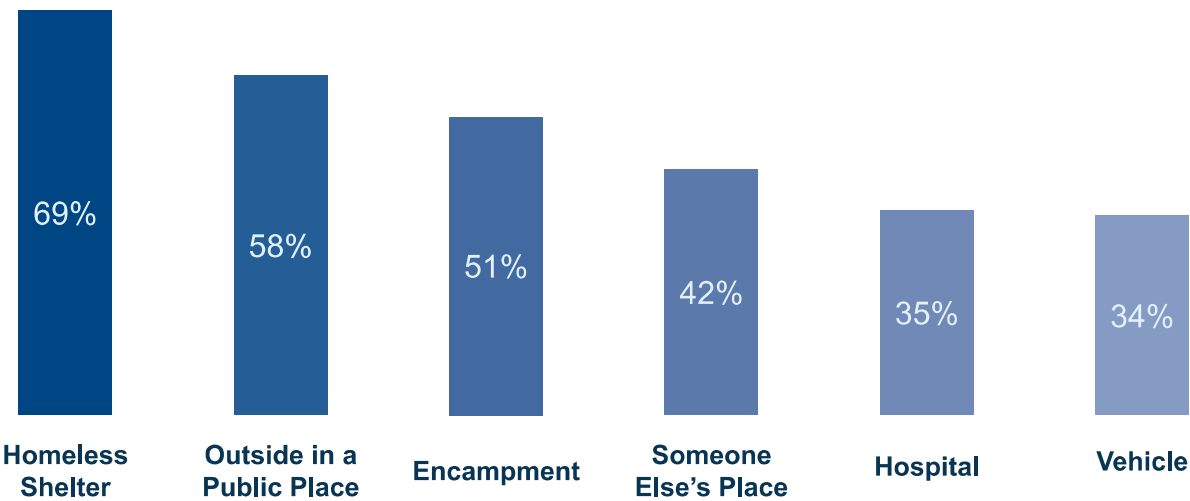
## Location Stayed in the Past Year

In addition to being asked where they stayed on the night before the Count, respondents were asked to indicate which of a list of other location types they had stayed in the past year. Respondents were instructed to “check all that apply” when answering this question, with many respondents selecting multiple response options.

In total, 51% of respondents reported staying in an encampment, and 34% reported staying in a vehicle--an increase from 10% in 2023, highlighting the growing number of people living in vehicles, RVs and travel trailers.

The top six responses are shown in Figure 2. Notably, “encampment” was introduced as a new option for the 2025 Count, defined as a group of two or more tents, makeshift shelters, or vehicles.

Figure 2: Locations Stayed in the Past Year



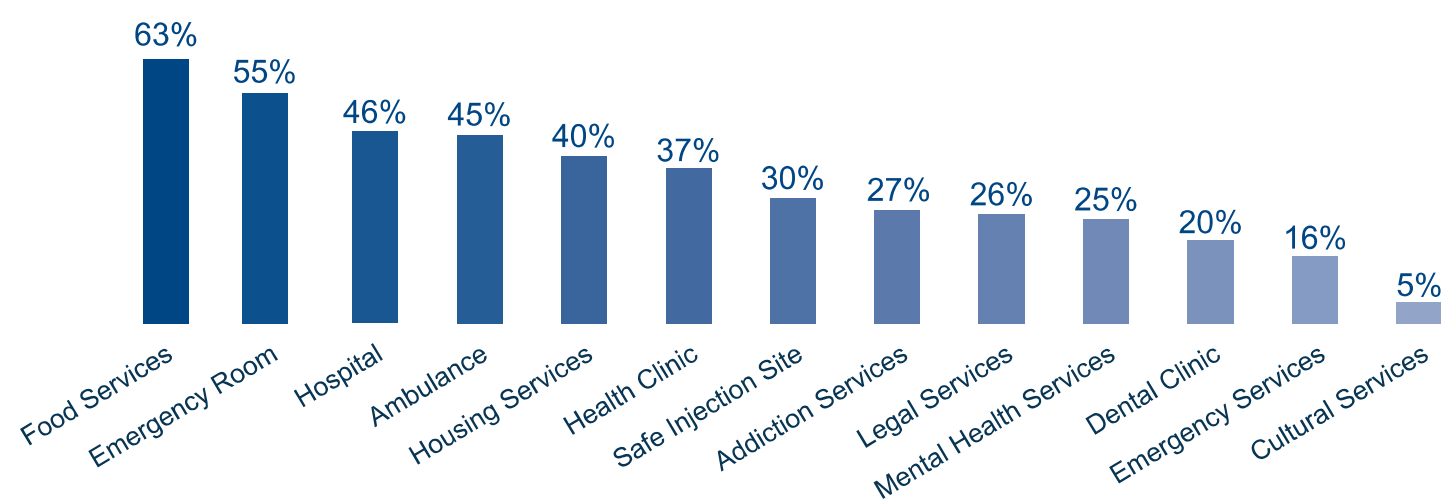
# COMMUNITY ANALYSIS # 2

## Services Accessed & Potential Use of a Day Space

Respondents were asked to identify, from a list, which services they accessed in the past year. Respondents were instructed to “check all that apply” when answering this question, with many respondents selecting multiple response options.

The most commonly access services were Food Services (63%), Emergency Room, Hospital and Ambulance (55%, 46% and 45%), and Housing Services (40%). The least accessed services included Dental Clinics (20%), Employment Services (16%), and Cultural Services (5%).

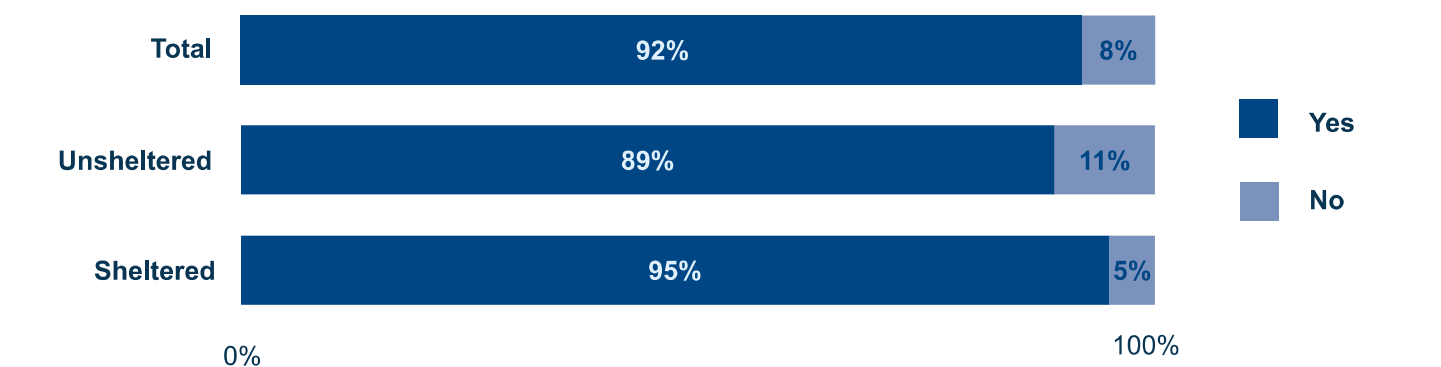
Figure 3: Services Accessed in the Last Year



Additionally, when respondents were asked if there were indoor day spaces available to stay warm, rest, and connect with services, if they would use them, 92% of respondents indicated yes, they would use them.

The response percentage was slightly higher amongst those respondents who were sheltered on the night of the Count (vs. unsheltered).

Figure 4: If there were Indoor Day Spaces Available, Would you Use One?



# COMMUNITY ANALYSIS # 3

## Health Challenges

Survey respondents were asked a series of questions about challenges with seven broad categories of health concerns: (a) illness or medical condition; (b) physical mobility; (c) learning, intellectual, developmental, or cognitive Function; (d) mental health (e) substance use; (f) senses; and (g) an acquired brain injury.

As noted in Figure 5, 97% of respondents reported at least one or more health challenges, and 72% reported at least three or more challenges. In comparison to respondents of the 2023 Count, where 59% of respondents reported at least one or more health challenges, and 22% reported at least three or more health challenges.

Of survey respondents, 66% reported that their current experience of homelessness was one year or more; 16% indicated that they had been homeless for more than 6 months, but less than a year; and 18% indicated that they had been homeless for less than 6 months. When comparing length of time homeless with responses regarding health challenges, there is a notable increase in health challenges for those who indicate they have been homeless for more than 6 months compared to those who have been homeless for less than 6 months.

Figure 5: Number of Health Challenges

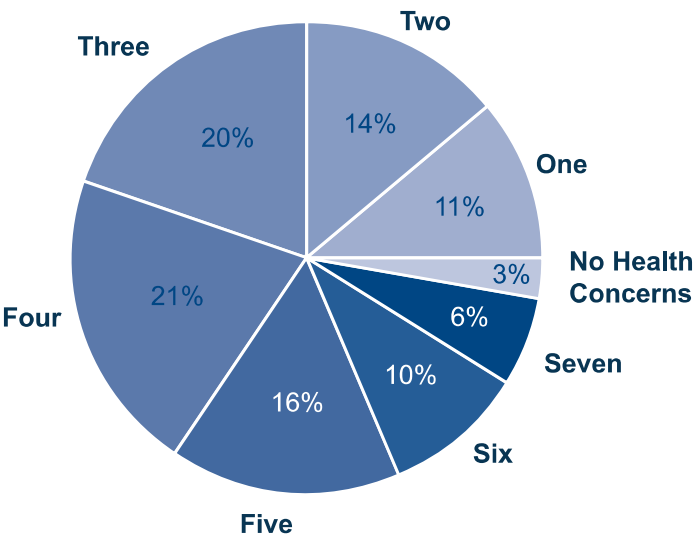
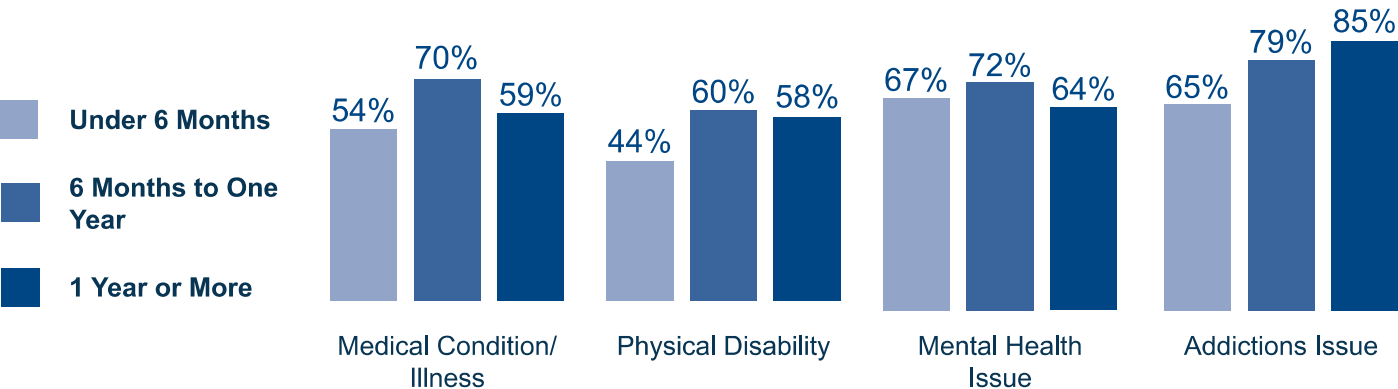


Figure 6: Length of Time Homeless and Select Health Challenges



## COMMUNITY ANALYSIS # 4

### Immigration

Of the 465 individual identified, 288 responded to the question about immigration status. Of those, 22 respondents (8%) indicated they had come to Canada as an immigrant, refugee, or asylum claimant. Among them, 80% reported having been in Canada for 10 years or more.

**Table 5 – Newcomers, Immigrants or Refugee**

	Sheltered		Unsheltered		Total	
	N	%	N	%	N	%
Immigrant or Refugee	10	8%	12	7%	22	8%
Non-Immigrant/ Refugee	111	92%	155	93%	266	92%
Total Respondents	121	100%	167	100%	288	100%
Don't Know/ No Answer	129		22		151	
<b>Total</b>	<b>250</b>		<b>189</b>		<b>439</b>	

**Table 6 – Newcomers and Length of Time in Canada**

	Sheltered	Unsheltered	Total
	%	%	%
Immigrant or Refugee	33	11	20%
Non-Immigrant/ Refugee	67	89	80%

## COMMUNITY ANALYSIS #5

### Length of Time in Abbotsford

Respondents were also asked how long they had been in Abbotsford, with more than half of respondents (57%) having been in Abbotsford for 5 years or more.

**Table 7 – Length of Time in Abbotsford**

	Sheltered		Unsheltered		Total	
	N	%	N	%	N	%
Under 1 Year	39	33%	23	14%	62	22%
1 Year to Under 5 Years	27	23%	35	21%	62	22%
5 Years to Under 10 Years	12	10%	21	13%	33	12%
10 Years or More	28	24%	61	36%	89	31%
Always Been Here	12	10%	28	17%	40	14%
Total Respondents	118	100%	168	100%	286	100%
Don't know / no answer	132		21		153	
<b>Total</b>	<b>250</b>		<b>189</b>		<b>439</b>	

**Appendix**  
**Surveys**

**SHELTERED SURVEY – October 8th**Unique Identifier: 

Unique Identifier: First name initial, Middle name initial, Month of birth

Location: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM  
 Interviewer: \_\_\_\_\_ Contact #: \_\_\_\_\_

**A. Have you already answered this survey today (with someone wearing a yellow button)?**

☐ YES (END)      ☐ NO (Go to B)      ☐ DON'T KNOW (END)      ☐ DECLINE TO ANSWER (END)

**B. Are you willing to participate in the survey?**

☐ YES (Go to C)      ☐ NO (END)

**C. Will you be sleeping here tonight?**

☐ YES (Go to C)      ☐ NO (END)

**INTERVIEWER:** The definition of “rent” is a fixed amount of money the person pays to be allowed to stay there for 30 days or more, and can expect to do so for the foreseeable future.

**D. Do you currently have a place to stay where you pay monthly rent? [check one]**

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

**BEGIN SURVEY****1. Have you spent at least one night in any of the following locations in the past year? (check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> HOMELESS SHELTER (e.g. emergency, family or domestic violence shelter)<br><input type="checkbox"/> SECOND STAGE HOUSING (AFTER Transition House)<br><input type="checkbox"/> SECOND STAGE HOUSING (AFTER Addictions Treatment)<br><input type="checkbox"/> HOTEL/MOTEL FUNDED BY CITY OR HOMELESS PROGRAM<br><input type="checkbox"/> TRANSITIONAL SHELTER/HOUSING<br><input type="checkbox"/> UNSHELTERED IN A PUBLIC SPACE (e.g. street, park, bus shelter, forest, or abandoned building)<br><input type="checkbox"/> ENCAMPMENT (e.g. group of tents, makeshift shelters, or other long-term outdoor settlement) | <input type="checkbox"/> VEHICLE (e.g. car, van, recreational vehicle (RV), truck, boat)<br><input type="checkbox"/> SOMEONE ELSE'S PLACE BECAUSE YOU HAD NOWHERE ELSE TO GO<br><input type="checkbox"/> HOSPITAL OR OTHER HEALTH FACILITY<br><input type="checkbox"/> JAIL, PRISON, OR OTHER CORRECTIONAL FACILITY<br><input type="checkbox"/> NONE OF THE ABOVE (SPECIFY _____)<br><input type="checkbox"/> DON'T KNOW<br><input type="checkbox"/> DECLINE TO ANSWER |
|---|--|

**2. Do you have family members or anyone else who is staying with you tonight? (Indicate survey number for partners. Check all that apply)**

<input type="checkbox"/> NONE <input type="checkbox"/> PARTNER - Survey #: _____ <input type="checkbox"/> CHILD(REN)/DEPENDENT(S) [indicate age for each child/dependent]      AGE	<input type="checkbox"/> PET(S) <input type="checkbox"/> OTHER ADULT (Can include other family or friends)																
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1	2	3	4	5	6	7	8										
<input type="checkbox"/> DECLINE TO ANSWER																	

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

☐ AGE \_\_\_\_\_ OR YEAR BORN \_\_\_\_\_      ☐ DON'T KNOW      ☐ DECLINE TO ANSWER

➔ For this survey, “homelessness” means any time when you have been without a permanent and secure place to live, and includes sleeping in shelters, on the streets, or living temporarily with others without having your own permanent housing (e.g. couch surfing).

**4. In total, for how much time have you experienced homelessness over the PAST YEAR (the last 12 months)? (Does not need to be exact. Best estimate.)**

☐ LENGTH \_\_\_\_\_ DAYS | WEEKS | MONTHS      ☐ DON'T KNOW      ☐ DECLINE TO ANSWER

**4b. In total, for how much time have you experienced homelessness over the PAST 3 YEARS? (Does not need to be exact. Best estimate.)**

☐ LESS THAN HALF      ☐ ABOUT HALF OR MORE      ☐ DON'T KNOW      ☐ DECLINE TO ANSWER

**5. How old were you the first time you experienced homelessness?**

☐ AGE \_\_\_\_\_      ☐ DON'T KNOW      ☐ DECLINE TO ANSWER

**SURVEY CONTINUES ON NEXT PAGE ➔**

**6. Did you come to Canada as an immigrant, refugee, asylum claimant (i.e. applied for refugee status after coming to Canada), or through another process?**

<input type="radio"/> YES, IMMIGRANT -----> <input type="radio"/> YES, REFUGEE -----> <input type="radio"/> YES, ASYLUM CLAIMANT IN CANADA -----> <input type="radio"/> YES, TEMPORARY FOREIGN WORKER -----> <input type="radio"/> YES, OTHER WORK PERMIT -----> <input type="radio"/> YES, STUDY PERMIT -----> <input type="radio"/> YES, TEMPORARY RESIDENT -----> <input type="radio"/> YES, OTHER (including undocumented) ----->	<b>If YES:</b>	<b>How long have you been in Canada?</b> <input type="radio"/> LENGTH: _____ DAYS   WEEKS   MONTHS   YEARS OR DATE: ____/____/____ DAY / MONTH / YEAR <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER
<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER

**7. How long have you been in Abbotsford?**

<input type="radio"/> LENGTH _____ DAYS / WEEKS / MONTHS / YEARS	<input type="radio"/> ALWAYS BEEN HERE	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
<b>Where did you live before you came here?</b> <input type="radio"/> CITY: _____   PROVINCE/TERRITORY/COUNTRY: _____			
<input type="radio"/> DECLINE TO ANSWER			

**8. Do you identify as First Nations (with or without status), Métis, or Inuit, or do you have other North American Indigenous ancestry? (if yes, check all that apply)**

<input type="radio"/> FIRST NATIONS, Specify: _____	<input type="radio"/> INUIT	<input type="radio"/> INDIGENOUS ANCESTRY	<input type="radio"/> DON'T KNOW
<input type="radio"/> MÉTIS	<input type="radio"/> NO	<input type="radio"/> DECLINE TO ANSWER	

**8b. In addition to your response in the question above, do you identify with any of the racial identities listed below? (Show or Read list. Select all that apply)**

<input type="checkbox"/> IDENTIFY AS INDIGENOUS ONLY <input type="checkbox"/> ARAB (e.g., Syrian, Egyptian, Yemeni) <input type="checkbox"/> ASIAN-EAST (e.g., Chinese, Korean, Japanese) <input type="checkbox"/> ASIAN- SOUTH-EAST (e.g., Filipino, Vietnamese, Cambodian, Malaysian, Laotian) <input type="checkbox"/> ASIAN-SOUTH OR INDO-CARIBBEAN (e.g., Indian, Pakistani, Sri Lankan, Indo-Guyanese, Indo-Trinidadian) <input type="checkbox"/> ASIAN-WEST (e.g., Iranian, Afghan) <input type="checkbox"/> BLACK-CANADIAN/AMERICAN	<input type="checkbox"/> BLACK-AFRICAN (e.g., Ghanaian, Ethiopian, Nigerian) <input type="checkbox"/> BLACK-AFRO-CARIBBEAN OR AFRO-LATINX (e.g., Jamaican, Haitian, Afro-Brazilian.) <input type="checkbox"/> LATIN AMERICAN (e.g., Brazilian, Mexican, Chilean, Cuban) <input type="checkbox"/> WHITE (e.g. European, French, Ukrainian, Euro-Latinx) <input type="checkbox"/> NOT LISTED (PLEASE SPECIFY): _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> DECLINE TO ANSWER
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**9. Have you ever served in the Canadian Military or RCMP? (Military includes Canadian Navy, Army, and Air Force, Regular and Reserve, Army Rangers including completing basic training)**

<input type="radio"/> YES, MILITARY	<input type="radio"/> BOTH MILITARY AND RCMP	<input type="radio"/> DON'T KNOW
<input type="radio"/> YES, RCMP	<input type="radio"/> NO	<input type="radio"/> DECLINE TO ANSWER

**10. As a child or youth, were you ever in foster care, in a youth group home, or on an Independent Living Agreement? (Note: This question applies specifically to child welfare programs.)**

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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**INTERVIEWER: The following question is sensitive and can be prefaced by asking for consent ("can I ask you a question about residential school?")**

**11. Did you, your parents, or grandparents ever attend Indian residential school? (if yes, check all that apply)**

<input type="checkbox"/> YES, I DID	<input type="checkbox"/> YES, ONE OR MORE GRANDPARENTS DID	<input type="radio"/> DON'T KNOW
<input type="checkbox"/> YES, ONE OR MORE PARENTS DID	<input type="radio"/> NO	<input type="radio"/> DECLINE TO ANSWER

**12. Have you been experiencing challenges related to any of the following?:**

	YES	NO	DON'T KNOW	DECLINE TO ANSWER
ILLNESS OR MEDICAL CONDITION (e.g. diabetes, tuberculosis (TB) or human immunodeficiency virus (HIV))	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PHYSICAL MOBILITY (e.g. spinal cord injury, arthritis, or limited movement or dexterity)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LEARNING, INTELLECTUAL/DEVELOPMENTAL, OR COGNITIVE FUNCTION (e.g. fetal alcohol spectrum disorder (FASD), autism, attention deficit hyperactivity disorder (ADHD), dyslexia or dementia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACQUIRED BRAIN INJURY (e.g. due to an accident, violence, overdose, stroke, or brain tumour)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MENTAL HEALTH [diagnosed/undiagnosed] (e.g. depression, post-traumatic stress disorder (PTSD), bipolar, or schizophrenia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SUBSTANCE USE (e.g. alcohol or opiates)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SENSES, SUCH AS SEEING OR HEARING (e.g. blindness or deafness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**SURVEY CONTINUES ON NEXT PAGE →**

**13. What gender do you identify with?** (Show list or read list and check one.)

<input type="radio"/> MAN	<input type="radio"/> NON-BINARY	<input type="radio"/> DON'T KNOW
<input type="radio"/> WOMAN	<input type="radio"/> AGENDER	<input type="radio"/> DECLINE TO ANSWER
<input type="radio"/> TWO-SPIRIT	<input type="radio"/> NOT LISTED: _____	

**14. Do you identify as someone with a trans experience (your gender identity is different than was assigned at birth)?**

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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**15. How do you describe your sexual orientation, for example straight, gay, lesbian?** (Show list or read list.)

<input type="radio"/> STRAIGHT/HETEROSEXUAL	<input type="radio"/> BISEXUAL	<input type="radio"/> ASEXUAL	<input type="radio"/> NOT LISTED: _____
<input type="radio"/> GAY	<input type="radio"/> TWO-SPIRIT	<input type="radio"/> QUEER	<input type="radio"/> DON'T KNOW
<input type="radio"/> LESBIAN	<input type="radio"/> PANSEXUAL	<input type="radio"/> QUESTIONING	<input type="radio"/> DECLINE TO ANSWER

**16. What happened that caused you to lose your housing most recently?** (Do not read the options. Check all that apply. "Housing" does not include temporary arrangements (e.g., couch surfing) or shelter stays. Follow up for the reason if the respondent says "eviction" or that they "chose to leave".)

<b>HOUSING AND FINANCIAL ISSUES</b> <input type="checkbox"/> NOT ENOUGH INCOME FOR HOUSING (e.g. loss of income, increased rent) <input type="checkbox"/> EXPIRED RENTAL SUPPLEMENT (e.g. HPP, HOP) <input type="checkbox"/> GUEST POLICY <input type="checkbox"/> UNFIT/UNSAFE HOUSING CONDITION <input type="checkbox"/> BUILDING SOLD OR RENOVATED <input type="checkbox"/> OWNER MOVED IN	<b>CONFLICT WITH:</b> <input type="checkbox"/> SPOUSE/PARTNER <input type="checkbox"/> PARENT/GUARDIAN/CAREGIVER <input type="checkbox"/> LANDLORD <input type="checkbox"/> OTHER (_____)	<b>EXPERIENCED DISCRIMINATION BY:</b> <input type="checkbox"/> SPOUSE/PARTNER <input type="checkbox"/> PARENT/GUARDIAN <input type="checkbox"/> LANDLORD <input type="checkbox"/> OTHER (_____)
<b>OTHER</b> <input type="checkbox"/> COMPLAINT (e.g. pets/noise/damage) <input type="checkbox"/> LEFT THE COMMUNITY/RELOCATED <input type="checkbox"/> DEATH OR DEPARTURE OF FAMILY MEMBER <input type="checkbox"/> PET(S) <input type="checkbox"/> OTHER REASON Specify: _____ _____	<b>EXPERIENCED ABUSE BY:</b> <input type="checkbox"/> SPOUSE/PARTNER <input type="checkbox"/> PARENT/GUARDIAN/CAREGIVER <input type="checkbox"/> CHILD/DEPENDANT <input type="checkbox"/> LANDLORD <input type="checkbox"/> OTHER (_____) <input type="checkbox"/> DON'T KNOW	<b>HEALTH OR CORRECTIONS</b> <input type="checkbox"/> PHYSICAL HEALTH ISSUE/DISABILITY <input type="checkbox"/> MENTAL HEALTH ISSUE <input type="checkbox"/> SUBSTANCE USE ISSUE <input type="checkbox"/> HOSPITALIZATION OR TREATMENT PROGRAM <input type="checkbox"/> INCARCERATION (jail or prison) <input type="checkbox"/> DECLINE TO ANSWER

**16b. How long ago did that happen (that you lost your housing most recently)?** (Best estimate)

<input type="radio"/> LENGTH _____ DAYS   WEEKS   MONTHS   YEARS	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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**16c. Was your most recent housing loss related to an eviction?**

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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**17. What are your sources of income?** (Reminder that this survey is anonymous. Read list and check all that apply)

<b>Formal or Informal Work</b> <input type="checkbox"/> FULL TIME EMPLOYMENT <input type="checkbox"/> PART TIME EMPLOYMENT <input type="checkbox"/> CASUAL EMPLOYMENT (e.g. contract work) <input type="checkbox"/> HONORARIA <input type="checkbox"/> INFORMAL INCOME SOURCES (e.g. bottle returns, panhandling) <input type="checkbox"/> SEX WORK	<b>Benefits</b> <input type="checkbox"/> EMPLOYMENT INSURANCE <input type="checkbox"/> DISABILITY BENEFIT (e.g. PWD, PPMB) <input type="checkbox"/> OLD AGE SECURITY (OAS) / GUARANTEED INCOME SUPPLEMENT (GIS) <input type="checkbox"/> CPP OR OTHER PENSION <input type="checkbox"/> WELFARE/INCOME ASSISTANCE <input type="checkbox"/> VETERAN/VAC BENEFITS <input type="checkbox"/> CHILD AND FAMILY BENEFITS <input type="checkbox"/> GST/HST REFUND	<b>Other</b> <input type="checkbox"/> YOUTH AGREEMENT <input type="checkbox"/> MONEY FROM FAMILY/FRIENDS <input type="checkbox"/> OTHER MONEY FROM A SERVICE AGENCY <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> NO INCOME <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> DECLINE TO ANSWER
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**18. What services have you used in the past 12 months?** (Read list and check all that apply)

<input type="checkbox"/> CULTURAL SUPPORTS	<input type="checkbox"/> SAFE CONSUMPTION SITE (e.g. OPS)	<input type="checkbox"/> HOUSING SERVICES
<input type="checkbox"/> AMBULANCE	<input type="checkbox"/> (OTHER) ADDICTIONS SERVICES	<input type="checkbox"/> OTHER SERVICES: Specify _____
<input type="checkbox"/> EMERGENCY ROOM	<input type="checkbox"/> HEALTH CLINIC	
<input type="checkbox"/> HOSPITAL (NON-EMERGENCY)	<input type="checkbox"/> FOOD SERVICES	<input type="checkbox"/> NO SERVICES IN LAST 12 MONTHS
<input type="checkbox"/> DENTAL CLINIC/DENTIST	<input type="checkbox"/> LEGAL SERVICES	<input type="checkbox"/> DON'T KNOW
<input type="checkbox"/> MENTAL HEALTH SERVICES	<input type="checkbox"/> EMPLOYMENT/FINANCIAL SERVICES	<input type="checkbox"/> DECLINE TO ANSWER

**19. Do you prefer to access services in English, French, or another language?**

<input type="radio"/> ENGLISH	<input type="radio"/> OTHER, Specify: _____	<input type="radio"/> DON'T KNOW
<input type="radio"/> FRENCH		<input type="radio"/> DECLINE TO ANSWER

**20. If there were indoor day spaces available where you could stay warm, rest, and connect with services, would you use one?**

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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**UNSHELTERED SURVEY – October 9<sup>th</sup>**

Unique Identifier: \_\_\_\_\_

Unique Identifier: First name initial, Middle name initial, Month of birth

Location: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM  
 Interviewer: \_\_\_\_\_ Contact #: \_\_\_\_\_

**A. Have you already answered this survey today or last night (with someone wearing a yellow button)?**

☐ YES (END)      ☐ NO (Go to B)      ☐ DON'T KNOW (END)      ☐ DECLINE TO ANSWER (END)

**B. Are you willing to participate in the survey?**

☐ YES (Go to C)      ☐ NO (END)

**INTERVIEWER: The definition of "rent" is a fixed amount of money the person pays to be allowed to stay there for 30 days or more, and can expect to do so for the foreseeable future.**

**C. Do you currently have a place to stay where you pay monthly rent? [check one]**

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

**D. Where did you stay last night?**

a. DECLINE TO ANSWER b. OWN APARTMENT/HOUSE: SPECIFY _____ c. PARENT/GUARDIAN'S HOUSE (PERMANENT)	<b>[THANK &amp; END SURVEY]</b>
d. PARENT'S/GUARDIAN'S HOUSE (TEMPORARY) e. SOMEONE ELSE'S PLACE OR COUCHSURFING f. HOTEL/MOTEL WHERE YOU PAY TO STAY FOR <30 DAYS g. HOSPITAL: NAME _____ h. TREATMENT CENTRE : NAME _____ i. JAIL, PRISON, REMAND CENTRE : NAME _____ j. A CLIENT'S PLACE	
k. HOMELESS SHELTER (e.g. emergency, family or domestic violence shelter) l. HOTEL/MOTEL PAID BY CITY OR HOMELESS PROGRAM m. TRANSITIONAL SHELTER/HOUSING: NAME _____ n. ENCAMPMENT (e.g. group of tents, makeshift shelters, or other long-term outdoor settlement) o. UNSHELTERED IN A PUBLIC SPACE (e.g. street, park, bus shelter, forest) p. ABANDONED/VACANT BUILDING q. VEHICLE (e.g. car, van, recreational vehicle (RV), truck, boat) r. UNSURE: INDICATE PROBABLE LOCATION (b. - q.)	<b>[Go to E]</b>

**D1. Do you have access to a permanent residence where you can safely stay as long as you want?**

a. Yes **[THANK & END SURVEY]**  
 b. No (not permanent AND/OR not safe) **[Go to E]**  
 c. Don't Know **[Go to E]**  
 d. Decline to answer **[THANK & END SURVEY]**

**E. Did you feel safe there?**

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

**BEGIN SURVEY****1. Have you spent at least one night in any of the following locations in the past year? (check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> HOMELESS SHELTER (e.g. emergency, family or domestic violence shelter)                        | <input type="checkbox"/> VEHICLE (e.g. car, van, recreational vehicle (RV), truck, boat) |
| <input type="checkbox"/> SECOND STAGE HOUSING (AFTER Transition House)   | <input type="checkbox"/> SOMEONE ELSE'S PLACE BECAUSE YOU HAD NOWHERE ELSE TO GO         |
| <input type="checkbox"/> SECOND STAGE HOUSING (AFTER Addictions Treatment)   | <input type="checkbox"/> HOSPITAL OR OTHER HEALTH FACILITY                               |
| <input type="checkbox"/> HOTEL/MOTEL FUNDED BY CITY OR HOMELESS PROGRAM  | <input type="checkbox"/> JAIL, PRISON, OR OTHER CORRECTIONAL FACILITY                    |
| <input type="checkbox"/> TRANSITIONAL SHELTER/HOUSING  | <input type="checkbox"/> NONE OF THE ABOVE (SPECIFY _____)                               |
| <input type="checkbox"/> UNSHELTERED IN A PUBLIC SPACE (e.g. street, park, bus shelter, forest, or abandoned building) | <input type="checkbox"/> DON'T KNOW  |
| <input type="checkbox"/> ENCAMPMENT (e.g. group of tents, makeshift shelters, or other long-term outdoor settlement)   | <input type="checkbox"/> DECLINE TO ANSWER   |

**2. Did any family members or anyone else stay with you last night? (Indicate survey number for partners. Check all that apply)**

<input type="checkbox"/> NONE	<input type="checkbox"/> PET(S)
<input type="checkbox"/> PARTNER - Survey #: _____	<input type="checkbox"/> OTHER ADULT (Can include other family or friends)
<input type="checkbox"/> CHILD(REN)/DEPENDENT(S) [indicate age for each child/dependent]	
AGE	
<input type="checkbox"/> DECLINE TO ANSWER	

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

☐ AGE \_\_\_\_\_ OR YEAR BORN \_\_\_\_\_      ☐ DON'T KNOW      ☐ DECLINE TO ANSWER

**SURVEY CONTINUES ON NEXT PAGE →**

➔ For this survey, “homelessness” means any time when you have been without a permanent and secure place to live, and includes sleeping in shelters, on the streets, or living temporarily with others without having your own permanent housing (e.g. couch surfing).

4. In total, for **how much time** have you experienced homelessness over the PAST YEAR (the last 12 months)?  
(Does not need to be exact. Best estimate.)

<input type="radio"/> LENGTH _____ DAYS   WEEKS   MONTHS	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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4b. In total, for **how much time** have you experienced homelessness over the PAST 3 YEARS? (Does not need to be exact. Best estimate.)

<input type="radio"/> LESS THAN HALF	<input type="radio"/> ABOUT HALF OR MORE	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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5. How old were you the first time you experienced homelessness?

<input type="radio"/> AGE _____	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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6. Did you come to Canada as an immigrant, refugee, asylum claimant (i.e. applied for refugee status after coming to Canada), or through another process?

<input type="radio"/> YES, IMMIGRANT -----> <input type="radio"/> YES, REFUGEE -----> <input type="radio"/> YES, ASYLUM CLAIMANT IN CANADA -----> <input type="radio"/> YES, TEMPORARY FOREIGN WORKER -----> <input type="radio"/> YES, OTHER WORK PERMIT -----> <input type="radio"/> YES, STUDY PERMIT -----> <input type="radio"/> YES, TEMPORARY RESIDENT -----> <input type="radio"/> YES, OTHER (including undocumented) ----->	<b>If YES:</b> <input type="radio"/> NO <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER	<b>How long have you been in Canada?</b> <input type="radio"/> LENGTH: _____ DAYS   WEEKS   MONTHS   YEARS OR DATE: ____/____/____ DAY / MONTH / YEAR <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER
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7. How long have you been in Abbotsford?

<input type="radio"/> LENGTH _____ DAYS / WEEKS / MONTHS / YEARS <input type="radio"/> ALWAYS BEEN HERE <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER	<b>Where did you live before you came here?</b> <input type="radio"/> CITY: _____   PROVINCE/TERRITORY/COUNTRY: _____ <input type="radio"/> DECLINE TO ANSWER
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8. Do you identify as First Nations (with or without status), Métis, or Inuit, or do you have other North American Indigenous ancestry? (if yes, check all that apply)

<input type="radio"/> FIRST NATIONS, Specify: _____ <input type="radio"/> MÉTIS	<input type="radio"/> INUIT <input type="radio"/> NO	<input type="radio"/> INDIGENOUS ANCESTRY <input type="radio"/> DECLINE TO ANSWER	<input type="radio"/> DON'T KNOW
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8b. In **addition** to your response in the question above, do you identify with any of the racial identities listed below? (Show or Read list. Select all that apply)

<input type="checkbox"/> IDENTIFY AS INDIGENOUS ONLY <input type="checkbox"/> ARAB (e.g., Syrian, Egyptian, Yemeni) <input type="checkbox"/> ASIAN-EAST (e.g., Chinese, Korean, Japanese) <input type="checkbox"/> ASIAN- SOUTH-EAST (e.g., Filipino, Vietnamese, Cambodian, Malaysian, Laotian) <input type="checkbox"/> ASIAN-SOUTH OR INDO-CARIBBEAN (e.g., Indian, Pakistani, Sri Lankan, Indo-Guyanese, Indo-Trinidadian) <input type="checkbox"/> ASIAN-WEST (e.g., Iranian, Afghan) <input type="checkbox"/> BLACK-CANADIAN/AMERICAN	<input type="checkbox"/> BLACK-AFRICAN (e.g., Ghanaian, Ethiopian, Nigerian) <input type="checkbox"/> BLACK-AFRO-CARIBBEAN OR AFRO-LATINX (e.g., Jamaican, Haitian, Afro-Brazilian.) <input type="checkbox"/> LATIN AMERICAN (e.g., Brazilian, Mexican, Chilean, Cuban) <input type="checkbox"/> WHITE (e.g. European, French, Ukrainian, Euro-Latinx) <input type="checkbox"/> NOT LISTED (PLEASE SPECIFY): _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> DECLINE TO ANSWER
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9. Have you ever served in the Canadian Military or RCMP? (Military includes Canadian Navy, Army, and Air Force, Regular and Reserve, Army Rangers including completing basic training)

<input type="radio"/> YES, MILITARY <input type="radio"/> YES, RCMP	<input type="radio"/> BOTH MILITARY AND RCMP <input type="radio"/> NO	<input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER
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10. As a child or youth, were you ever in foster care, in a youth group home, or on an Independent Living Agreement? (Note: This question applies specifically to child welfare programs.)

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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INTERVIEWER: The following question is sensitive and can be prefaced by asking for consent (“can I ask you a question about residential school?”)

11. Did you, your parents, or grandparents ever attend Indian residential school? (if yes, check all that apply)

<input type="checkbox"/> YES, I DID <input type="checkbox"/> YES, ONE OR MORE PARENTS DID	<input type="checkbox"/> YES, ONE OR MORE GRANDPARENTS DID <input type="checkbox"/> NO	<input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER
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SURVEY CONTINUES ON NEXT PAGE ➔

**12. Have you been experiencing challenges related to any of the following?:**

	YES	NO	DON'T KNOW	DECLINE TO ANSWER
ILLNESS OR MEDICAL CONDITION (e.g. diabetes, tuberculosis (TB) or human immunodeficiency virus (HIV))	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PHYSICAL MOBILITY (e.g. spinal cord injury, arthritis, or limited movement or dexterity)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LEARNING, INTELLECTUAL/DEVELOPMENTAL, OR COGNITIVE FUNCTION (e.g. fetal alcohol spectrum disorder (FASD), autism, attention deficit hyperactivity disorder (ADHD), dyslexia or dementia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACQUIRED BRAIN INJURY (e.g. due to an accident, violence, overdose, stroke, or brain tumour)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MENTAL HEALTH [diagnosed/undiagnosed] (e.g. depression, post-traumatic stress disorder (PTSD), bipolar, or schizophrenia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SUBSTANCE USE (e.g. alcohol or opiates)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SENSES, SUCH AS SEEING OR HEARING (e.g. blindness or deafness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**13. What gender do you identify with? (Show list or read list and check one.)**

<input type="radio"/> MAN	<input type="radio"/> NON-BINARY	<input type="radio"/> DON'T KNOW
<input type="radio"/> WOMAN	<input type="radio"/> AGENDER	<input type="radio"/> DECLINE TO ANSWER
<input type="radio"/> TWO-SPIRIT	<input type="radio"/> NOT LISTED: _____	

**14. Do you identify as someone with a trans experience (your gender identity is different than was assigned at birth)?**

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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**15. How do you describe your sexual orientation, for example straight, gay, lesbian? (Show list or read list.)**

<input type="radio"/> STRAIGHT/HETEROSEXUAL	<input type="radio"/> BISEXUAL	<input type="radio"/> ASEXUAL	<input type="radio"/> NOT LISTED: _____
<input type="radio"/> GAY	<input type="radio"/> TWO-SPIRIT	<input type="radio"/> QUEER	<input type="radio"/> DON'T KNOW
<input type="radio"/> LESBIAN	<input type="radio"/> PANSEXUAL	<input type="radio"/> QUESTIONING	<input type="radio"/> DECLINE TO ANSWER

**16. What happened that caused you to lose your housing most recently? (Do not read the options. Check all that apply. "Housing" does not include temporary arrangements (e.g., couch surfing) or shelter stays. Follow up for the reason if the respondent says "eviction" or that they "chose to leave".)**

<b>HOUSING AND FINANCIAL ISSUES</b> <input type="checkbox"/> NOT ENOUGH INCOME FOR HOUSING (e.g. loss of income, increased rent) <input type="checkbox"/> EXPIRED RENTAL SUPPLEMENT (e.g. HPP, HOP) <input type="checkbox"/> GUEST POLICY <input type="checkbox"/> UNFIT/UNSAFE HOUSING CONDITION <input type="checkbox"/> BUILDING SOLD OR RENOVATED <input type="checkbox"/> OWNER MOVED IN	<b>CONFLICT WITH:</b> <input type="checkbox"/> SPOUSE/PARTNER <input type="checkbox"/> PARENT/GUARDIAN/ CAREGIVER <input type="checkbox"/> LANDLORD <input type="checkbox"/> OTHER (_____)	<b>EXPERIENCED DISCRIMINATION BY:</b> <input type="checkbox"/> SPOUSE/PARTNER <input type="checkbox"/> PARENT/GUARDIAN <input type="checkbox"/> LANDLORD <input type="checkbox"/> OTHER (_____)
<b>OTHER</b> <input type="checkbox"/> COMPLAINT (e.g. pets/noise/damage) <input type="checkbox"/> LEFT THE COMMUNITY/RELOCATED <input type="checkbox"/> DEATH OR DEPARTURE OF FAMILY MEMBER <input type="checkbox"/> PET(S) <input type="checkbox"/> OTHER REASON Specify: _____ _____	<b>EXPERIENCED ABUSE BY:</b> <input type="checkbox"/> SPOUSE/PARTNER <input type="checkbox"/> PARENT/GUARDIAN/ CAREGIVER <input type="checkbox"/> CHILD/DEPENDANT <input type="checkbox"/> LANDLORD <input type="checkbox"/> OTHER (_____) <input type="checkbox"/> DON'T KNOW	<b>HEALTH OR CORRECTIONS</b> <input type="checkbox"/> PHYSICAL HEALTH ISSUE/DISABILITY <input type="checkbox"/> MENTAL HEALTH ISSUE <input type="checkbox"/> SUBSTANCE USE ISSUE <input type="checkbox"/> HOSPITALIZATION OR TREATMENT PROGRAM <input type="checkbox"/> INCARCERATION (jail or prison) <input type="checkbox"/> DECLINE TO ANSWER

**16b. How long ago did that happen (that you lost your housing most recently)? (Best estimate)**

<input type="radio"/> LENGTH _____ DAYS   WEEKS   MONTHS   YEARS	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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**16c. Was your most recent housing loss related to an eviction?**

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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**SURVEY CONTINUES ON NEXT PAGE →**

**17. What are your sources of income?** (Reminder that this survey is anonymous. **Read list** and check all that apply)

Formal or Informal Work	Benefits	Other
<input type="checkbox"/> FULL TIME EMPLOYMENT	<input type="checkbox"/> EMPLOYMENT INSURANCE	<input type="checkbox"/> YOUTH AGREEMENT
<input type="checkbox"/> PART TIME EMPLOYMENT	<input type="checkbox"/> DISABILITY BENEFIT (e.g. PWD, PPMB)	<input type="checkbox"/> MONEY FROM FAMILY/FRIENDS
<input type="checkbox"/> CASUAL EMPLOYMENT (e.g. contract work)	<input type="checkbox"/> OLD AGE SECURITY (OAS) / GUARANTEED INCOME SUPPLEMENT (GIS)	<input type="checkbox"/> OTHER MONEY FROM A SERVICE AGENCY
<input type="checkbox"/> HONORARIA	<input type="checkbox"/> CPP OR OTHER PENSION	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> INFORMAL INCOME SOURCES (e.g. bottle returns, panhandling)	<input type="checkbox"/> WELFARE/INCOME ASSISTANCE	<input type="checkbox"/> NO INCOME
<input type="checkbox"/> SEX WORK	<input type="checkbox"/> VETERAN/VAC BENEFITS	<input type="checkbox"/> DON'T KNOW
	<input type="checkbox"/> CHILD AND FAMILY BENEFITS	<input type="checkbox"/> DECLINE TO ANSWER
	<input type="checkbox"/> GST/HST REFUND	

**18. What services have you used in the past 12 months?** (Read list and check all that apply)

<input type="checkbox"/> CULTURAL SUPPORTS	<input type="checkbox"/> SAFE CONSUMPTION SITE (e.g. OPS)	<input type="checkbox"/> HOUSING SERVICES
<input type="checkbox"/> AMBULANCE	<input type="checkbox"/> (OTHER) ADDICTIONS SERVICES	<input type="checkbox"/> OTHER SERVICES: Specify _____
<input type="checkbox"/> EMERGENCY ROOM	<input type="checkbox"/> HEALTH CLINIC	<input type="checkbox"/> NO SERVICES IN LAST 12 MONTHS
<input type="checkbox"/> HOSPITAL (NON-EMERGENCY)	<input type="checkbox"/> FOOD SERVICES	<input type="checkbox"/> DON'T KNOW
<input type="checkbox"/> DENTAL CLINIC/DENTIST	<input type="checkbox"/> LEGAL SERVICES	<input type="checkbox"/> DECLINE TO ANSWER
<input type="checkbox"/> MENTAL HEALTH SERVICES	<input type="checkbox"/> EMPLOYMENT/FINANCIAL SERVICES	

**19. Do you prefer to access services in English, French, or another language?**

<input type="radio"/> ENGLISH	<input type="radio"/> OTHER, Specify: _____	<input type="radio"/> DON'T KNOW
<input type="radio"/> FRENCH		<input type="radio"/> DECLINE TO ANSWER

**20. If there were indoor day spaces available where you could stay warm, rest, and connect with services, would you use one?**

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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