



# 1999-2000 Transition Home Survey



**Please make any corrections to the address label here:**

Name of organization
Postal Address
City, Province
Postal Code

**PURPOSE OF THE TRANSITION HOME SURVEY:**

The purpose of the Transition Home Survey is to collect data on residential services for abused women and their children during the previous twelve months of operation, as well as to provide a one-day "snapshot" of the clientele being served on a specific date. The Transition Home Survey is distributed across Canada to all residential agencies serving women victims of family violence. While participation in this survey is voluntary, your cooperation is important to ensure that the information collected in this survey is as accurate and as comprehensive as possible. The information collected will be useful to service providers, non-profit organizations and governments in developing programs, policies and services for abused women and their children.

## SECTION 1 - FACILITY PROFILE : AS OF NOON APRIL 17th, 2000

**PLEASE READ THE ATTACHED INSTRUCTIONS & DEFINITIONS BEFORE COMPLETING THE QUESTIONNAIRE.**

**FACILITY:**

1. Please indicate which best describes your facility.

*Check only one. If there is more than one facility, for example a transition house and a second stage house, please complete two questionnaires.*

REFER TO GUIDE BOOK FOR DEFINITIONS.

- 1  Transition House
  - 2  Second Stage Housing
  - 3  Safe Home Network
  - 4  Satellite
  - 5  Women's Emergency Centre
  - 6  Emergency Shelter
  - 7  Rural Family Violence Prevention Centres (Alberta only)
  - 8  Interim Housing (Manitoba only)
  - 9  Family Resource Centre (Ontario only, residential)
  - 10  Other (please specify)
- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

2. What is the total number of residents your facility is licensed to house per day?

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**AREA:**

3. Please indicate the area(s) your facility serves (**Check all that apply**).

- 1  Urban/suburban (1,000 or more people)
- 2  Rural/Village (less than 1,000 people)
- 3  Reserve

### For Office Use Only

Date Received			Edited			Keyed			FSC
D/D	M/M	Y/Y/Y/Y	D/D	M/M	Y/Y/Y/Y	D/D	M/M	Y/Y/Y/Y	

4. Is your facility owned or operated by a band council? (Band council refers to a group of representatives elected by the on-reserve residents of the community.)

Yes No

- a) owned?  1  2
- b) operated?  1  2

5. Is your facility located on a reserve?

- 1 Yes
- 2 No

### SERVICES

6. Please indicate all services **your facility** provides on a regular basis to residents (column 1), to non-residents (column 2) and to ex-residents (column 3). If your facility does not distinguish between non-residents and ex-residents please use the non-resident column (column 2). In column 4, please indicate all services provided by **other agencies** to residents of your facility. (**Check all that apply**):

Services provided by your facility to			Services provided by other agencies to your residents	Not applicable
Residents of your facility	Non-residents of your facility	Ex-residents of your facility		

#### A) Services for Women

- |   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1) Individual short-term counselling  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   |
| 2) Individual long-term counselling   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   |
| 3) Group counselling  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   |
| 4) Family counselling programs (includes mother, child(ren) and partner)        | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   |
| 5) Crisis telephone line (staffed 24 hour line)                                 | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   |
| 6) Medical services (e.g., information or support)                              | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   |
| 7) Legal services (e.g., information or support, paralegal services)            | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   |
| 8) Financial assistance or welfare (e.g., information or support)               | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   |
| 9) Life skills (e.g., banking, groceries, day-to-day management)                | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   |
| 10) Job training or employment search   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   |
| 11) Parenting skills  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   |
| 12) Housing referral  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   |
| 13) Culturally sensitive services for Aboriginal women                          | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   |
| 14) Culturally sensitive services for ethno-cultural and visible minority women | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   |
| 15) Lesbian sensitive services  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   |
| 16) Services for women with disabilities  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   |
| 17) Recreation services   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>   |

**SERVICES (Continued)**

Services provided by your facility to			Services provided by other agencies to your residents	Not applicable
Residents of your facility	Non-residents of your facility	Ex-residents of your facility		

**A) Services for Women**

- 18) Advocacy on behalf of women 1  2  3  4  5
- 19) Services for older women (55+) 1  2  3  4  5
- 20) Other services for women (please specify)
- a) 1  2  3  4  5
- b) 1  2  3  4  5
- c) 1  2  3  4  5

**B) Services for Children**

- 21) Individual counselling 1  2  3  4  5
- 22) Group counselling or support 1  2  3  4  5
- 23) Programs for child witnesses or victims of abuse (e.g., play therapy) 1  2  3  4  5
- 24) Culturally sensitive services for Aboriginal children 1  2  3  4  5
- 25) Culturally sensitive services for ethno-cultural and visible minority children 1  2  3  4  5
- 26) School classes or tutoring for children 1  2  3  4  5
- 27) Child protection or family services 1  2  3  4  5
- 28) Supervised visiting for non-resident parent 1  2  3  4  5
- 29) Baby-sitting services 1  2  3  4  5
- 30) Outdoor recreation spaces for children 1  2  3  4  5
- 31) Indoor recreation spaces for children 1  2  3  4  5
- 32) Temporary placement of children without parents 1  2  3  4  5
- 33) Other services for children (please specify)
- a) 1  2  3  4  5
- b) 1  2  3  4  5
- c) 1  2  3  4  5

**C) Services for Abusive Partners**

- 34) Treatment or counselling services 1  2  3  4  5
- 35) Other (please specify)
- a) 1  2  3  4  5
- b) 1  2  3  4  5
- c) 1  2  3  4  5

**SERVICES (Continued)**

Services provided by your facility to			Services provided by other agencies to your residents	Not applicable
Residents of your facility	Non-residents of your facility	Ex-residents of your facility		

**D) General Services**

36) Information	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
37) Public education or prevention	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
38) Outreach programs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
39) Advocacy	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
40) Political or social action (e.g., writing letters to politicians, marches, protesting)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
41) Help with pet accommodation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
42) Food Bank	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
43) Clothing items	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
44) Furniture items	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
45) Other (please specify)					
a) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

**ACCESSIBILITY:**

7. In what languages can your facility provide services?

Include staff, volunteers or others who can **verbally communicate** in the languages listed or that you specify. **(Check all that apply)**

English	1 <input type="radio"/>
French	2 <input type="radio"/>
Arabic	3 <input type="radio"/>
Chinese	4 <input type="radio"/>
Cree	5 <input type="radio"/>
German	6 <input type="radio"/>
Greek	7 <input type="radio"/>
Italian	8 <input type="radio"/>
Polish	9 <input type="radio"/>
Portugese	10 <input type="radio"/>
Punjabi	11 <input type="radio"/>
Spanish	12 <input type="radio"/>
Tagalog (Philipino)	13 <input type="radio"/>
Ukrainian	14 <input type="radio"/>
Vietnamese	15 <input type="radio"/>
Other(s) language(s) (please specify) :	16 <input type="radio"/>
a) _____	
b) _____	

8. Is your building wheelchair accessible?

1  Completely ► **Go to Question 11**

2  Partially

3  Not accessible ► **Go to Question 11**

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9. Are any bedrooms within your facility wheelchair accessible?

1  Yes

2  No

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10. Are any bathrooms within your facility wheelchair accessible?

1  Yes

2  No

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11. Does your facility have services for people who are hearing impaired (e.g., TDD/TTY, sign language)?

1  Complete services

2  Partial services

3  No services

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12. Does your facility have services for people who are visually impaired (e.g., braille, large print)?

1  Complete services

2  Partial services

3  No services

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**VENTILATED SMOKING ROOM:**

13. Does your facility have a separate ventilated smoking room?

1  Yes

2  No

3  No, the residential facility is smoke-free

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**MALE YOUTH:**

14. Does your facility have an age limit for male youth?

1  Yes ► **14a)** What is the age limit?

2  No

3  Not applicable ► **Go to Question 17**

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15. Does your facility refer male youth elsewhere?

1  Yes

2  No ► **Go to Question 17**

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16. To what type of organization or agency does your facility refer male youth?  
**(Check all that apply)**

Type of organization or agency:  
*(exclude names and addresses)*

1  Youth shelter

2  Social services/child protection services

3  Family service centre

4  Youth centre

5  Other organization type *(please specify)*

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

**SECTION 2 - RESIDENT PROFILE AS OF NOON ON APRIL 17th, 2000**

The purpose of this section (Question 17 – 20) is to obtain a **one-day snapshot** of the clientele being served on a particular day in the year (i.e., April 17th, 2000). Appreciating that a number of residents to whom space has been assigned may be temporarily absent on April 17th, 2000, please include all **admitted** residents when completing the following questions including those who are temporarily absent.

17. For each adult woman residing in your facility **as of noon on April 17th, 2000**, please indicate the reason(s) she came to your facility.

**Counting as many as apply** for each adult resident, indicate the number of women who came to your facility for each of the reasons listed. For example, if you have 10 adult residents on April 17th, 2000, and all of them came because of physical abuse and threats because of physical abuse and threats write "10" in each of these two categories. If five of these 10 women also came because their child(ren) were physically abused, write "5" in the category "protection of her child(ren) - physical abuse".

Please ensure that only the women are counted. **Do not** count the children in this question.

Abuse:	Number
Physical abuse	1 <input type="text"/>
Sexual abuse	2 <input type="text"/>
Financial abuse	3 <input type="text"/>
Psychological abuse	4 <input type="text"/>
Threats	5 <input type="text"/>
Harassment	6 <input type="text"/>
Protection of her child(ren):	7a) <input type="text"/>
Physical abuse	7b) <input type="text"/>
Sexual abuse	7c) <input type="text"/>
Threats	7d) <input type="text"/>
Psychological abuse	7e) <input type="text"/>
Neglect	7f) <input type="text"/>
Witnessing abuse of mother	8a) <input type="text"/>
Other (abuse) (Please specify)	8b) <input type="text"/>
	8c) <input type="text"/>
	9a) <input type="text"/>
<b>Reasons other than abuse:</b>	
Housing problems	
Housing emergency ( e.g., had to leave last home because of eviction or damage caused by fire, flood or natural disaster)	9b) <input type="text"/>
Unable to find affordable housing	9c) <input type="text"/>
Short-term housing problem (e.g., on list for subsidized housing or waiting to move but unable to secure housing in the meantime)	10 <input type="text"/>
Mental health problems	11 <input type="text"/>
Drug and alcohol addiction	12a) <input type="text"/>
Other (please specify)	
	12b) <input type="text"/>
	12c) <input type="text"/>
	13 <input type="text"/>
Reason unknown/Don't know	

**Total number of residents (adults and children):**

18. Please indicate the number of women and children who were residing in your facility as of noon April 17th, 2000. (Enter "0" if there were none. **Count each adult and child only ONCE**):

Women \_\_\_\_\_

Children \_\_\_\_\_

**Total** \_\_\_\_\_

Number	
1	
2	
3	

**Total number of residents because of abuse (adults and children):**

19. Of the total number of residents (See Question 18) in your facility as of noon on April 17th, 2000, how many woman and accompanying children were there primarily because of abuse? (Enter "0" if there were none. **Count each adult and child only ONCE**):

Women \_\_\_\_\_

Children \_\_\_\_\_

**Total** \_\_\_\_\_

Number	
1	
2	
3	

**Total number of residents for reasons other than abuse (adults and children):**

20. Of the total number of residents (See Question 18) in your facility as of noon on April 17th, 2000, how many woman and accompanying children were there for reasons other than abuse (e.g., housing problem)? (Enter "0" if there were none. **Count each adult and child only ONCE**):

Women \_\_\_\_\_

Children \_\_\_\_\_

**Total** \_\_\_\_\_

Number	
1	
2	
3	

**SECTION 3 - QUESTIONS 21 to 25 APPLY ONLY TO PEOPLE WHO ARE RESIDING IN YOUR FACILITY AS OF NOON APRIL 17th, 2000 AND CAME BECAUSE OF ABUSE (See Question 19)**

**Characteristics:**

21. As of noon on April 17th, 2000, indicate the number of residents from abusive situations in each of the following age groups (*Count each adult and child only once*):

a.	Age categories of women	Number of women	Age categories of accompanying children:	Number of Female Children	Number of Male Children
			1		11
	15-19 years		Under 1 year		
		2		12	21
	20-24 years		1-4 years		
		3		13	22
	25-29 years		5-9 years		
		4		14	23
	30-34 years		10-12 years		
		5		15	24
	35-44 years		13-15 years		
		6		16	25
	45-54 years		16-18 years		
		7		17	26
	55-64 years		19-24 years		
		8		18	27
	65 years +		25-29 years		
		9		19	28
	Age unknown		Age unknown		
		10			29
	<b>Total (Should equal total number of women in Question 19)</b>		<b>Total Children (Should equal total number of children in Question 19)</b>		

b.	Number of women ( <i>Count each woman only once</i> ):	Number
	a) Admitted with their children	1
	b) Admitted without their children	2
	c) Who have no children or parenting responsibilities	3
	d) Facility doesn't know if they have children or parenting responsibilities	4
	<b>e) Total (Should equal total number of women in Question 19)</b>	5

c.	Number of residents with: [Count each adult and child as often as applies. Include residents with permanent and temporary physical disabilities (i.e., someone on crutches due to a broken leg)]	Women	Children
	a) Mobility disabilities	01	09
	b) Visual disabilities	02	10
	c) Hearing disabilities	03	11
	Other disabilities (specify):	04	12
	d) _____	05	13
	e) _____	06	14
	f) _____	07	15
	g) No disabilities	08	16
	h) Don't know		



**Relationship to abuser:**

22. As of noon April 17th, 2000, please indicate the relationship between each woman resident and her abuser. **(Count each woman only once. Do not include children):**

- a) Spouse (legally married)
- b) Common-law partner
- c) Ex-spouse or ex-common-law partner
- d) Dating relationship (couples who do not live together)
- e) Ex-dating relationship
- f) Relative (parent, child, others)
- g) Friend or acquaintance
- h) Caregiver (a non-relative responsible for taking care of the victim full or part-time. Caregivers who are also relatives should be categorized as "relative")
- i) Authority figure (professor, employer, person in a position of trust)
- j) Other (please specify) \_\_\_\_\_
- k) Don't know
- l) **Total (Should equal total number of women in Question 19)**

Number	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

**Involvement of the criminal justice system in the most recent abusive situation**

This question refers to the most recent abusive situation for which the woman was admitted to your facility. It DOES NOT refer to previous incidents of abuse for which the police may have been involved.

23. As of noon on April 17th, 2000, please answer the following questions in relation to the involvement of the criminal justice system for the **most recent abusive situation** of each woman **(Enter "0" if there were none. Count each adult as often as applies)**

In how many cases:

- a) was the incident reported to police?
- b) were charges laid against the abuser (e.g., by the woman, police or crown)?
- c) was an order obtained for the abuser to stay away (peace bond, restraint order, condition of probation, non-molestation order, emergency intervention order, emergency protection order, victim's assistance order, order to prevent stalking, etc.)?

	Yes (number)	No (number)	Don't know (number)	Total (Should equal total number of women in Question 19) (number)
a)	1	2	3	4
b)	1	2	3	4
c)	1	2	3	4

**Departures:**

24. How many women and children departed from your facility between midnight and noon on April 17th, 2000?

Women \_\_\_\_\_  
Children \_\_\_\_\_

**Total Departures** \_\_\_\_\_

Number

**If total departures equals ZERO  
Go to Question 26**

25. Upon departure where did the women go? (Count each woman only once. Do not count the children in this question.)

- a) Returned to spouse
- b) Returned home without spouse
- c) Second stage housing
- d) Another emergency shelter
- e) Out of province/territory shelter
- f) New accommodation without spouse
- g) Living with friends or relatives
- h) Hospital
- i) Residential services (e.g., group home, hostel, detox centre, addictions, rehabilitation centre or other adult care facility)
- Other (specify)
- j) \_\_\_\_\_
- k) \_\_\_\_\_
- l) \_\_\_\_\_
- m) Unknown

Number	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	

**Refusals:**

26. How many women and children were turned away from your facility between midnight and noon on April 17th, 2000?

Women \_\_\_\_\_

Children \_\_\_\_\_

**Total Refusals** \_\_\_\_\_

Number	
1	
2	
3	

**If total refusals equals ZERO, Go to Question 28**

27. Please list the reason(s) women and children were turned away. (Check all that apply)

- 1  Shelter was full
- 2  Alcohol and drug issues
- 3  Mental Health issues
- 4  Under age without parent
- 5  Non-admit or caution list
- 6  Other (please specify)

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

**SECTION 4 - SERVICES FOR NON-RESIDENTS AND EX-RESIDENTS**

The purpose of this section is to obtain information on contacts for assistance from non-residents and ex-residents. Questions 28 and 29 deal with contacts **on the day of April 17th, 2000** and contacts for an **average month**.

28. Please report the number of phone, letter, fax, walk-in or other contacts received from **non-residents**. This includes outreach services. **(Enter "0" if there were none. Count each contact for assistance)**

	a) Contacts on April 17th, 2000	b) Contacts for an average month
Housing related	1 <input type="text"/>	1 <input type="text"/>
Non-housing related	2 <input type="text"/>	2 <input type="text"/>
Other (please specify)	3 <input type="text"/>	3 <input type="text"/>
a) _____	4 <input type="text"/>	4 <input type="text"/>
b) _____	5 <input type="text"/>	5 <input type="text"/>
c) _____	6 <input type="text"/>	6 <input type="text"/>
<b>TOTAL</b>	<input type="text"/>	<input type="text"/>

29. Please report the number of phone, letter, fax, walk-in or other contacts received from **ex-residents**. This includes outreach services. **(Enter "0" if there were none. Count each contact for assistance)**

	a) Contacts on April 17th, 2000	b) Contacts for an average month
Housing related	1 <input type="text"/>	1 <input type="text"/>
Non-housing related	2 <input type="text"/>	2 <input type="text"/>
Other (please specify)	3 <input type="text"/>	3 <input type="text"/>
a) _____	4 <input type="text"/>	4 <input type="text"/>
b) _____	5 <input type="text"/>	5 <input type="text"/>
c) _____	6 <input type="text"/>	6 <input type="text"/>
<b>TOTAL</b>	<input type="text"/>	<input type="text"/>

**Outreach work: (REFER TO GUIDEBOOK FOR DEFINITIONS)**

30. How many hours per week are dedicated to doing outreach?  
 (Please note, if there are 3 staff each doing 20 hours of outreach work a week this would equal 60 hours. Include paid staff, volunteers and others.)  hours per week

**SECTION 5 - ANNUAL INFORMATION**

The purpose of Section 5 is to obtain annual information on your residential facility. This information is to be provided for the 12 month period ending March 31, 2000 or your own 12 month fiscal period. A space is provided for you to specify the 12 month reference period used.

**Reference Period.** Please specify the 12 month period used in providing information for this section:

From:  D/D  M/M  Y/Y  Y/Y  To:  D/D  M/M  Y/Y  Y/Y

31. Please indicate the total number of admissions between April 1st, 1999 and March 31st, 2000 or during the previous 12 month period if March 31st, 2000 is not your fiscal year end **(Enter "0" if there were none)**:

	Number
Number of women	1 <input type="text"/>
Total number of children	2 <input type="text"/>
<b>Total admissions</b>	3 <input type="text"/>

**SECTION 5 - ANNUAL INFORMATION** (continued)

**Physical repairs or improvements:**

The purpose of Questions 32 to 38 is to collect information on physical repairs or improvements that have been made to your facility in the last year as well as physical repairs or improvements that you may need in the next five years. In this section, **do not include** funds received from CMHC for the construction of new units.

**DO NOT INCLUDE REGULAR MAINTENANCE WHEN RESPONDING TO THESE QUESTIONS.** Regular maintenance refers to painting, repairing leaky faucets, furnace cleaning, etc.

32. Have any physical repairs or improvements been made to your facility in the past year?

- 1  Yes
- 2  No ► **Go to Question 36**

33. What types of physical repairs or improvements have been made to your facility in the past year?  
**(Check all that apply)**

- 1  Major  
Refers to defective plumbing or electrical wiring, structural repairs to walls, floors or ceilings, etc. In other words, there is a legal necessity to make these repairs so that your facility is in accordance with municipal building codes. These repairs are deemed essential for safety reasons and for meeting municipal standards.
- 2  Minor  
Refers to missing or loose floor tiles, bricks or shingles, defective steps, railing or siding, etc.
- 3  Structural Improvements  
Refers to improvements not required for safety reasons or meeting municipal standards, such as making rooms wheelchair accessible, adding a new security system, adding ramps, adding an outside play area for children, creating a ventilated inside smoking area.

34. How were the 1999/2000 physical repairs or improvements funded?  
**(Check all that apply)**

- 1  Shelter enhancement program (CMHC)
- 2  Other federal department funding
- 3  Provincial or Territorial government funding
- 4  Joint Federal/Provincial/Territorial agreement funding
- 5  Regional/Municipal government funding
- 6  Fundraising
- 7  Donations
- 8  Other (please specify)  
a) \_\_\_\_\_  
b) \_\_\_\_\_

35. How much did the 1999/2000 physical repairs or improvements cost (If the exact cost is not available please provide an accurate estimate)?

- a) Exact
- b) Estimate
- c) Don't know

1
2

36. Over the next five years, will you need to make any physical repairs or improvements to your facility?

- 1  Yes
- 2  No ► **Go to Question 39**
- 3  Don't know ► **Go to Question 39**

**SECTION 5 - ANNUAL INFORMATION** (continued)

37. Over the next five years, what type(s) of repairs or improvements will you need to make? (Check all that apply)

- 1  Major Refers to defective plumbing or electrical wiring, structural repairs to walls, floors or ceilings, etc. In other words, there is a legal necessity to make these repairs so that your facility is in accordance with municipal building codes. These repairs are deemed essential for safety reasons and for meeting municipal standards.
- 2  Minor Refers to missing or loose floor tiles, bricks or shingles, defective steps, railing or siding, etc.
- 3  Structural Improvements Refers to improvements not required for safety reasons or meeting municipal standards, such as making rooms wheelchair accessible, adding a new security system, adding ramps, adding an outside play area for children, creating a ventilated inside smoking area.

38. Over the next five years, how will you fund physical repairs or improvements to your facility? (Check all that apply)

- 1  Shelter enhancement program (CMHC)
- 2  Other federal department funding
- 3  Provincial or Territorial government funding
- 4  Joint Federal/Provincial/Territorial agreement funding
- 5  Regional government funding
- 6  Fundraising
- 7  Donations
- 8  Other (please specify)
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_

**Adult Males:**

The following questions refer to adult men, 15 years of age and over, who were admitted to a facility with or without their dependent children and refer to the time period between April 1st, 1999 and March 31st, 2000 or during the previous 12 month period if March 31st, 2000 is not your fiscal year end. **DO NOT include adult men who are admitted with their mothers.**

39. Does your facility have a policy on admitting adult men with or without children? (Check only one)

- 1  Policy allows adult men to be admitted
- 2  Policy does not allow adult men to be admitted ➤ **Go to Question 42**
- 3  There is no facility policy on admitting adult men

40. During the reference period, how many adult men were admitted to your facility? ( If no men were admitted, enter "0" )

Number of men

41. During the reference period (between April 1st, 1999 and March 31st, 2000 or during the previous 12 month period if March 31st, 2000 is not your fiscal year end), were any adult men admitted for reasons of abuse?

- 1  Yes
- 2  No

