



2005-2006 Youth Shelter Pilot Survey

Please complete and return by May 19, 2006

Please make any corrections to the address label here:

Name of contact	
Name of organization	
Postal Address	
City	
Province/Territory	Postal Code

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PURPOSE OF THE YOUTH SHELTER PILOT SURVEY

The purpose of the Youth Shelter Pilot Survey is to collect data on residential services for **abused and at-risk youth (aged 16 to 29)** during the previous 12 months of operation, as well as to provide a one-day "snapshot" of the clientele being served on a specific date. While participation in this survey is voluntary, your co-operation is important to ensure that the information collected in this survey is as accurate and as comprehensive as possible. The information collected by this pilot survey of youth shelters will help determine the feasibility of conducting a national survey of youth shelters. Information collected through a national survey will be used by service providers, non-profit organizations and governments to develop programs, policies and services for youth.

PLEASE READ THE ATTACHED GUIDEBOOK FOR INSTRUCTIONS AND DEFINITIONS BEFORE COMPLETING THE QUESTIONNAIRE.

SECTION 1 - FACILITY PROFILE AS OF NOON APRIL 19, 2006

FACILITY

1. Please indicate which best describes your facility.

(Check only one. If there is more than one facility, please complete a separate questionnaire for each facility type. For example, if there is an emergency shelter and a transition house, please complete 2 questionnaires.)

REFER TO THE ATTACHED GUIDEBOOK FOR DEFINITIONS

- 1 Transition house
- 2 Second stage housing
- 3 Safe home network
- 4 Home for pregnant teens & teen mothers
- 5 Drug & alcohol recovery
- 6 Emergency shelter
- 7 Supportive housing for at-risk youth
- 8 Group home for troubled youth
- 9 Other (please specify):

a) _____

<i>For Office Use only</i>										
Date Received		Edited		Keyed			FSC			
DD	MM	YYYY	DD	MM	YYYY	DD	MM	YYYY		

2. What is the total number of beds within your facility for:
(Count each bed, child's bed and crib. Do not count emergency beds [e.g. cots, sofas, sleeping bags, etc.] unless funded or licensed.)

	Number
Female youth?	1 <input type="text"/>
Male youth?	2 <input type="text"/>
Dependent children of youth?	3 <input type="text"/>
Total	4 <input type="text"/>

3. With respect to youth residents, which best describes the service delivery model of your facility:

- a) Basic crisis intervention services (e.g., shelter, food) 1
- b) A continuum of services (e.g., crisis intervention to self-sufficiency) 2
- c) Other (please specify): _____ 3

AREA

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

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

5. 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.)

- a) Owned by a band council? 1 Yes 2 No
- b) Operated by a band council? 1 Yes 2 No

6. Is your facility located on a reserve? 1 Yes 2 No

SERVICES

7. 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).*

	Column 1	Column 2	Column 3	Column 4	Column 5
	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 Youth					
1) Individual short-term counselling	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
2) Individual long-term counselling	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
3) Group counselling	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
4) Family counselling programs (includes youth & family members)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
5) Addiction counselling (e.g. information or support)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
6) Crisis telephone line (staffed 24 hour line)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
7) On-site health clinic or health care	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
8) Medical information (e.g., literature, videos)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
9) Mental health services (e.g. information or support)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

	Column 1	Column 2	Column 3	Column 4	Column 5
	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		
Services for Youth (continued)					
10) Legal services (e.g. information or support, paralegal services)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
11) Financial assistance or welfare (e.g. information or support)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
12) Independent living planning	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
13) Life skills (e.g. banking, groceries, day-to-day management)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
14) Education counselling or support (e.g. literacy, stay in school programs)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
15) Job training or employment search	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
16) Parenting skills	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
17) Housing referral	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
18) Culturally sensitive services for Aboriginal youth	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
19) Culturally sensitive services for ethno-cultural and visible minority youth	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
20) Services for youth with disabilities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
21) Recreation services	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
22) Advocacy on behalf of youth	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
23) Transportation/accompaniment (e.g. transportation to shelter, appointments, court)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
24) Other services for youth (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"/>
B) General Services					
25) Information	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
26) Public education or prevention	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
27) Outreach programs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
28) Advocacy	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
29) 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"/>
30) Help with pet accommodation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
31) Food bank	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
32) Clothing items	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
33) Furniture items	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
34) 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"/>

8. Are there any services that are currently needed but not offered or not offered at the level required to meet the needs of the residents, former residents or non-residents your facility serves? If so, please indicate the most important of these services (up to 3).

- 1) _____
- 2) _____
- 3) _____

ACCESSIBILITY

9. 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)

- | | |
|---|--|
| 1 <input type="radio"/> English | 11 <input type="radio"/> Ojibway |
| 2 <input type="radio"/> French | 12 <input type="radio"/> Polish |
| 3 <input type="radio"/> Arabic | 13 <input type="radio"/> Portuguese |
| 4 <input type="radio"/> Chinese
(Mandarin, Cantonese, Hakka) | 14 <input type="radio"/> Punjabi |
| 5 <input type="radio"/> Cree | 15 <input type="radio"/> Spanish |
| 6 <input type="radio"/> Dutch | 16 <input type="radio"/> Tagalog (Pilipino) |
| 7 <input type="radio"/> German | 17 <input type="radio"/> Ukrainian |
| 8 <input type="radio"/> Greek | 18 <input type="radio"/> Vietnamese |
| 9 <input type="radio"/> Inuktitut | 19 <input type="radio"/> Other language(s) (please specify): |
| 10 <input type="radio"/> Italian | a) _____ |
| | b) _____ |

10. Is at least one of your building entrances wheelchair accessible? (e.g. access ramps, street-level entrances, automatic or easy-to-open doors, etc.)

- 1 Yes
 2 No → **Go to Question 13**

11. Are any bedrooms within your facility wheelchair accessible? (e.g. widened doorways, automatic or easy-to-open doors, etc.)

- 1 Yes
 2 No

12. Are any bathrooms within your facility wheelchair accessible? (e.g. widened doorways, grab bars, automatic or easy-to-open doors, etc.)

- 1 Yes
 2 No

13. Does your facility have services for people who are deaf or hearing impaired, such as:

- a) TTY/TDD? (Teletypewriter, Telephone Device for Deaf) 1 Yes 2 No
 b) Sign language communication or interpretation? 1 Yes 2 No
 c) Other services? 1 Yes 2 No

(please specify): 1) _____
 2) _____

14. Does your facility have services for people who are blind or visually impaired, such as:

- a) Braille reading materials? 1 Yes 2 No
 b) Large print reading materials? 1 Yes 2 No
 c) Other services? 1 Yes 2 No

(please specify): 1) _____
 2) _____

SECTION 2 - RESIDENT PROFILE AS OF NOON ON APRIL 19, 2006

The purpose of Section 2 is to obtain a **one-day snapshot** of the clientele being served on a particular day in the year (i.e., April 19, 2006). Appreciating that a number of residents to whom space has been assigned may be temporarily absent on April 19, 2006, please include all **admitted** residents when completing the following questions including those who are temporarily absent.

15. For each male and female youth residing in your facility **as of noon on April 19, 2006**, please indicate the reason(s) he/she came to your facility.

Count all the reasons that apply. For example, a male youth or female youth suffering physical abuse, emotional abuse and threats who is also experiencing mental health problems would be counted once in each of the 4 corresponding categories.

Please ensure that only the male and female youth are counted.

Do not count the dependent children of youth in this question. Dependent children are individuals under the age of 18 years for whom the youth has primary parental responsibilities or legal guardianship.

	Number Male Youth	Number Female Youth	Number Total Youth
1) Physical abuse	1a	1b	1c
2) Sexual abuse	2a	2b	2c
3) Financial abuse	3a	3b	3c
4) Emotional/Psychological abuse	4a	4b	4c
5) Threats	5a	5b	5c
6) Harassment	6a	6b	6c
7) Protection of his/her dependent child(ren):	7a_a	7b_a	7c_a
a) Physical abuse	7a_b	7b_b	7c_b
b) Sexual abuse	7a_c	7b_c	7c_c
c) Threats	7a_d	7b_d	7c_d
d) Psychological abuse	7a_e	7b_e	7c_e
e) Neglect	7a_f	7b_f	7c_f
f) Witnessing abuse	8a_a	8b_a	8c_a
8) Other abuse (please specify):	8a_b	8b_b	8c_b
a) _____	8a_c	8b_c	8c_c
b) _____	9a_a	9b_a	9c_a
9) Housing problems			
a) Housing emergency due to family breakdown or conflict	9a_b	9b_b	9c_b
b) Other housing emergency (e.g. had to leave last home because of eviction or damage caused by fire, flood or natural disaster)	9a_c	9b_c	9c_c
c) Unable to find affordable housing	9a_d	9b_d	9c_d
d) Short-term housing problem (e.g., on list for subsidized housing or waiting to move but unable to secure housing in the meantime)	10a	10b	10c
10) Mental health problems	11a	11b	11c
11) Drug and alcohol addiction	12a_a	12b_a	12c_a
12) Other (please specify):	12a_b	12b_b	12c_b
a) _____	12a_c	12b_c	12c_c
b) _____	13a	13b	13c
c) _____			
13) Reason unknown/Don't know			

Number of residents (male youth and female youth, and their dependent children) as of noon on April 19, 2006

Dependent children are individuals under the age of 18 years for whom the youth has primary parental responsibilities or legal guardianship.

	Male Youth	Female Youth	Total Youth	Dependent Children	Total Youth & Children
16. Of the total number of residents in your facility as of noon on April 19, 2006, how many youth and dependent children were there primarily because they were the victims of ABUSE ? (Enter "0" if there were none.)	1	2	3	4	5
17. Of the total number of residents in your facility as of noon on April 19, 2006, how many youth and dependent children were there primarily for reasons OTHER THAN TO ESCAPE ABUSE (e.g. housing problem, those who are there because they are the perpetrators of abuse)? (Enter "0" if there were none.)	1	2	3	4	5

18. Please indicate the TOTAL number of youth and children who were residing in your facility as of noon April 19, 2006. (Enter "0" if there were none.)	1	2	3	4	5
--	---	---	---	---	---

19. What were the referral sources for each youth?
Count as many referral sources as apply for each youth.

	Number
1	
a) Self-referred only	
2	
b) Family/friend	
3	
c) Ministry for Children and Families	
4	
d) Ministry of Human Resources	
5	
e) Other Ministry	
6	
f) House resident (current or former)	
7	
g) Hospital, doctor, nurse, other health care practitioner or hospital social worker	

	Number
8	
h) Clergy, minister of religion	
9	
i) Police or RCMP	
10	
j) Other Transition House	
11	
k) Aboriginal or First Nations organization or reserve	
12	
l) Other community agency	
13	
m) Other	
14	
n) Don't know/no data	

TOTAL

15

20. a) Of the youth residents in the facility as of noon on April 19, 2006, how many had been there before? **Do not count the dependent children accompanying youth in this question.**

Number
1

If number of repeat residents equals ZERO Go to Question 21.

b) How many youth had been there:

1 time in the last 12 months?

Male Youth
1

Female Youth
7

Total
13

2-4 times in the last 12 months?

2

8

14

5+ times in the last 12 months?

3

9

15

How many youth have stayed in the facility in the last 12 months, for an unknown number of times?

4

10

16

How many youth have stayed in the facility before, but it has been more than 12 months since their last stay?

5

11

17

Total (Total for all youth should equal number of youth in Question 20 a)

6

12

18

QUESTIONS 21 to 23 APPLY ONLY TO PEOPLE WHO ARE RESIDING IN YOUR FACILITY AS OF NOON APRIL 19, 2006 AND CAME PRIMARILY BECAUSE THEY WERE THE VICTIMS OF ABUSE (See Question 16).

Characteristics

21. As of noon on April 19, 2006, indicate the number of residents from abusive situations in each of the following age groups (**Count each youth and child only once**):

A. Age categories of youth:

Number of Male Youth

	Number
	1
Under 16 years	2
16-17 years	3
18-19 years	4
20-21 years	5
22-24 years	6
25-29 years	7
30 years & over	8
Age unknown	
Total Male Youth	9

Number of Female Youth

	Number
	10
Under 16 years	11
16-17 years	12
18-19 years	13
20-21 years	14
22-24 years	15
25-29 years	16
30 years & over	17
Age unknown	
Total Female Youth	18

Total Youth

	Number
	19
Under 16 years	20
16-17 years	21
18-19 years	22
20-21 years	23
22-24 years	24
25-29 years	25
30 years & over	26
Age unknown	
Total Youth	27

(Total Male Youth, Female Youth and Total Youth should equal totals in Question 16).

B. Age categories of accompanying dependent children:

<u>Male Dependent Children</u>		<u>Female Dependent Children</u>		<u>Total Dependent Children</u>	
	Number		Number		Total
Under 1 year	1	Under 1 year	7	Under 1 year	13
1-4 years	2	1-4 years	8	1-4 years	14
5-9 years	3	5-9 years	9	5-9 years	15
10 years & over	4	10 years & over	10	10 years & over	16
Age unknown	5	Age unknown	11	Age unknown	17
Total Male Children	6	Total Female Children	12	Total Children	18

(Total Dependent Children should equal total number of dependent children in Question 16).

C. Number of youth
(Count each youth only once):

	Number
a) Who were admitted with their dependent children	1
b) Who were admitted without their dependent children	2
c) Who have no children or parenting responsibilities	3
d) Facility doesn't know if they have children or parenting responsibilities	4
e) Total (Should equal total number of youth in Question 16)	5

D. As of noon on April 19, 2006, indicate the number of residents with a disability.

	Number
Youth	1
Dependent Children	2
Total residents with a disability	3

(If total residents with a disability equals ZERO, go to Question 22)

Don't know → **Go to Question 22**

E. Number of residents with:
(Count each youth and dependent child as often as applies.
Include residents with permanent and temporary physical disabilities
[e.g. someone on crutches due to a broken leg])

	Youth	Dependent Children
a) Mobility disabilities	1	8
b) Visual disabilities	2	9
c) Hearing disabilities	3	10
Other disabilities (please specify):	4	11
d) _____	5	12
e) _____	6	13
f) _____	7	14
g) Don't know		

Relationship to abuser

22. As of noon April 19, 2006, please indicate the number of youth residents by the relationship with their abuser. **(Count each youth only once. Do not include dependent children):**

	Number		Number
a) Father or mother (biological or adoptive)	1	i) Ex-dating relationship	9
b) Step-mother or step-father	2	j) Friend or acquaintance	10
c) Other relative (grandparent, sibling)	3	k) Caregiver (a non-relative responsible for taking care of the victim full or part-time)	11
d) Boyfriend or girlfriend of parent	4	l) Authority figure (teacher, professor, employer, coach or other person in a position of trust)	12
e) Spouse (legally married)	5	m) Other (please specify):	13
f) Common-law partner	6		14
g) Ex-spouse or ex-common-law partner	7	n) Don't know	
h) Dating relationship (couples who do not live together)	8		
		o) Total (Should equal total number of youth in Question 16)	15

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

This question refers to the most recent abusive situation for which the youth 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 19, 2006, please answer the following questions in relation to the involvement of the criminal justice system for the **most recent abusive situation** of each youth **(Enter "0" if there were none.)**

In how many cases:	Yes (number)	No (number)	Don't know (number)	Total (Should equal total number of youth in Question 16) (number)
a) was the incident reported to police?	1	2	3	4
b) were charges laid against the abuser (e.g. by the youth, police or Crown)?	1	2	3	4
c) was an order obtained for the abuser to stay away (peace bond, restraining order, undertaking to keep the peace and have good conduct, conditions of probation, emergency intervention order, emergency protection order, victim's assistance order, order to abstain from persistently following a person about from place to place, etc.)?	1	2	3	4

QUESTION 24 APPLIES ONLY TO PEOPLE WHO ARE RESIDING IN YOUR FACILITY AS OF NOON APRIL 19, 2006 AND CAME PRIMARILY BECAUSE THEY WERE PERPETRATORS OF ABUSE.

Relationship to abuse victim

24. As of noon April 19, 2006, please indicate the relationship between each youth resident and the person he/she is accused of abusing. **(If the youth has multiple victims, identify the relationship between him/her and the person he/she is primarily accused of abusing. Count each youth only once.)**

	Number		Number
a) Father or mother (biological or adoptive)	1	i) Ex-dating relationship	9
b) Step-mother or step-father	2	j) Friend or acquaintance	10
c) Other relative (grandparent, sibling)	3	k) Caregiver (a non-relative responsible for taking care of the victim full or part-time)	11
d) Boyfriend or girlfriend of parent	4	l) Authority figure (teacher, professor, employer, coach or other person in a position of trust)	12
e) Spouse (legally married)	5	m) Other (please specify):	13
f) Common-law partner	6		14
g) Ex-spouse or ex-common-law partner	7	n) Don't know	
h) Dating relationship (couples who do not live together)	8		
		o) Total	15

SECTION 3 - DEPARTURES AND TURN-AWAYS: MIDNIGHT TO NOON ON APRIL 19, 2006

Questions 25 to 28 apply to departures and turn-aways that occurred between midnight and noon on April 19, 2006.

Departures

25. How many youth and dependent children departed from your facility between midnight and noon on April 19, 2006?

	Number
Youth	1
Dependent Children	2
Total Departures	3

If total departures equals ZERO, Go to Question 27.

26. Upon departure where did the youth go? This question refers to departures between **midnight and noon on April 19, 2006.** (Count each youth only once. Do not count dependent children in this question.)

	Number		Number
a) Returned home with parents	1	i) Hospital	9
b) Returned home with spouse/ common-law partner	2	j) Residential services (e.g. group home, hostel, detox centre, addictions rehabilitation centre or other care facility)	10
c) Returned home without spouse/ common-law partner	3	Other (specify):	11
d) Second stage housing	4	k) _____	12
e) Another emergency shelter	5	l) _____	13
f) Out of province/territory shelter	6	m) _____	14
g) New accommodation without family or spouse/ common-law partner	7	n) Unknown	15
h) Living with friends or relatives	8		
		o) Total <i>(Should equal number of youth in Question 25)</i>	

Turn-aways

27. How many youth and children were turned away from your facility between midnight and noon on April 19, 2006?

	Number
Male youth	1
Female youth	2
Total youth turn-aways	3
Total dependent children	4
Total turn-aways	5

If total turn-aways equals ZERO, Go to Question 29.

28. Please list the reason(s) youth and dependent children were turned away.
(Check all that apply)

- 1 Shelter does not serve male youth
- 2 Shelter does not serve female youth
- 3 Beds for male youth full
- 4 Beds for female youth full
- 5 Transportation issue
(e.g., no transportation to get to facility)
- 6 Accessibility issues
(e.g., not wheelchair accessible)
- 7 Language barrier
- 8 Alcohol and drug issues
- 9 Mental health issues
- 10 Under age without parent consent
- 11 Non-admit or caution list
- 12 Other (please specify):
 a) _____
 b) _____
 c) _____

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

The purpose of Section 4 is to obtain information on contacts for assistance from non-residents and ex-residents. Question 29 deals with contacts **on the day of April 19, 2006** and contacts for an **average month**.

29. Please report the number of phone, letter, e-mail, fax, walk-in or other contacts received from **non-residents and ex-residents for housing and non-housing needs.**
 This includes outreach services.
(Enter "0" if there were none. Count each contact for assistance)
(REFER TO THE GUIDEBOOK FOR DEFINITIONS)

	A.	B.
	Contacts on April 19, 2006	Contacts for an average month
Housing related (e.g. crisis, needs housing because of abuse; housing problem, non-abuse, etc.)	1	1
Other (non-housing related) (e.g. crisis, needs medical help; general information; emotional support; etc.)	2	2
	3	3
TOTAL		

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 per week this would equal 60 hours. Include paid staff, volunteers and others.)

Hours per week
1

SECTION 5 - ANNUAL INFORMATION

The purpose of Section 5 is to obtain annual information on admissions and physical repairs and improvements for your residential facility. This information is to be provided for a 12-month fiscal period, for example, April 1, 2005 to March 31, 2006.

A. Reference period: Please specify the 12-month period used in providing information for Section 5.

From: ¹

DD	MM	YYYY

 To: ²

DD	MM	YYYY

31. Please indicate the total number of admissions during the reference period.
(Enter "0" if there were none)

	Number
Male youth	1
Female youth	2
Total youth admissions	3
Total dependent children admissions	4
Total admissions of youth and dependent children	5

(Should equal total youth + total dependent children admissions)

B. Physical repairs or improvements

The purpose of Questions 32 to 35 is to collect information on physical repairs or improvements that have been made to your facility during the reference period. In this section, **do not include** funds received from Canada Mortgage and Housing Corporation (CMHC) for the **construction or addition 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 (e.g., new roof, flooring, windows, floor tiles, plumbing fixtures) been made to your facility during the reference period?

¹ Yes
² No → **Go to Question 36**

33. What types of physical repairs or improvements have been made to your facility during the reference period?
(Check all that apply)

¹ Major
² Minor
³ Structural Improvements

Major physical repairs or improvements 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.

Minor physical repairs or improvements refers to missing or loose floor tiles, bricks or shingles, defective steps, railing or siding, etc.

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 physical repairs or improvements made during the reference period 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) _____
- 9 Don't know

35. How much did the physical repairs or improvements made during the reference period cost?
(If the exact cost is not available please provide an accurate estimate.)

	Cost
a) Exact	1 \$ _____
b) Estimate	2 \$ _____
c) Don't know	3 <input type="radio"/>

36. Within the next 5 years, do you anticipate necessary physical repairs or improvements to your facility?
(Check all that apply)

Major physical repairs or improvements 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.

Minor physical repairs or improvements refers to missing or loose floor tiles, bricks or shingles, defective steps, railing or siding, etc.

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.

- 1 Major
- 2 Minor
- 3 Structural Improvements

37. Within the next 5 years, from which of the following do you anticipate funding for these necessary physical repairs or improvements?
(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) _____
- 9 Don't know

SECTION 6 - REVENUES AND EXPENDITURES

The purpose of Section 6 is to collect information on the revenues and expenditures of your facility for the reference period.

REVENUES

38. Please report the amounts received from each of the following sources of funding and the total revenue for your facility. *(You can provide either estimated or audited year end figures. Please round figures to the nearest dollar [e.g. \$457 rather than \$457.25].)*

	Dollar Amount
	1
1) Department of Indian and Northern Affairs Canada	\$
	2
2) Other federal departments	\$
	3
3) Provincial/Territorial government – Housing	\$
	4
4) Provincial/Territorial government – Social Services	\$
	5
5) Other provincial/territorial departments	\$
	6
6) Municipal government	\$
	7
7) Regional Authority	\$
	8
8) Foundations	\$
	9
9) Loans or grants for major repairs or improvements	\$
	10
10) United Way	\$
	11
11) Indian Bands	\$
	12
12) Resident fees	\$
	13
13) Provincial/Territorial lotteries (includes the Associated Entities Fund in Saskatchewan, Bingos, Nevada tickets)	\$
	14
14) Donations (money only)	\$
	15
15) Fundraising	\$
	16a
16) Other (please specify):	\$
a) _____	16b
b) _____	\$
	17
17) Total annual facility revenues	\$

EXPENDITURES

39. Please report the total annual expenditures for your facility and the dollar amount of your total annual expenditures spent on the following: **(You can provide either estimated or audited year end figures. Please round figures to the nearest dollar [e.g. \$457 rather than \$457.25].)**

	Dollar Amount
1) Salary costs (all salary and benefits, includes casuals and fee for service costs)	1 \$
2) Rent (e.g. outreach offices)	2 \$
3) Mortgage and taxes	3 \$
4) Regular maintenance	4 \$
5) Major repairs or improvements	5 \$
6) Other housing costs (house insurance, utilities, furniture, etc.)	6 \$
7) Administrative costs (e.g. staff and board insurance)	7 \$
8) Staff training (includes conferences)	8 \$
9) Office costs (office supplies, postage, etc.)	9 \$
10) Direct client costs (food, supplies, transportation, and disbursements to residents)	10 \$
11) Contributions to reserve fund (as required by CMHC)	11 \$
12) Other (please specify):	12a
a) _____	\$
b) _____	12b \$
13) Total annual facility expenditures	13 \$

40. Are the revenue and expenditure figures that were provided in questions 38 and 39 based on **(Check only one)**:

- 1 Estimated data
- 2 Audited financial data
- 3 Don't know

SECTION 7 - ISSUES AND CHALLENGES

41. A) What would you identify as the top three issues or challenges facing **your facility** in the upcoming year?

- 1) _____

- 2) _____

- 3) _____

B) What would you identify as the top three issues or challenges for **the youth using your facility** in the upcoming year?

- 1) _____

- 2) _____

- 3) _____

Questionnaire completed by

Questionnaire completed by (block letters):	Date	Telephone Area code	For office use only

Comments

Thank you for taking the time to complete this questionnaire. Please keep a copy of the completed pilot survey questionnaire in the event that Statistics Canada contacts you for clarification of information given. The information will assist us in the development of a national youth survey that will be used to better understand the services available within our community to address the needs of youth who are victims of abuse or who are at risk. Should you have any comments or questions regarding the questionnaire or the pilot survey itself, please do not hesitate to contact us at 1-888-659-8229. The following space is provided for those of you who would prefer to write down your comments. *Please print carefully.*

FOR INFORMATION ONLY