

Community Needs Assessment – Tenant Questionnaire

Opening Statements: *Thanks you for agreeing to participate in this survey about your health and service needs. First I would like to go over the consent form with you and answer any questions that you may have about the study.*

Do you have any questions for me before we begin?

What is your gender? Male _____ Female _____ Transgender _____ declined _____

What age are you now? _____

Service Area	Service Need	Service Provider Involvement	Time/Place & Other Services
<p>Food <i>I'm going to ask you some questions about food and food services.</i></p> <p><i>Do you get enough to eat?</i> Yes _____ No _____</p>	<p><i>Do you want/need help with accessing food?</i> Yes _____ No _____ Already Have _____</p> <p><i>Do you want/need help with access to meal programs?</i> Yes _____ No _____ Already Have _____</p> <p><i>*If no services received or wanted skip to next service area question.</i></p>	<p><i>Do you use any of the following services to access food? What are they?</i></p> <p>Food Bank provider: _____</p> <p>Food Box provider: _____</p> <p>Meal provider: _____</p> <p>Something else: _____</p>	<p><i>When was the last time you used one of those services?</i> _____</p>
<p><i>Do you make your own food?</i> Yes _____ No _____</p> <p><i>If you don't mostly make your own food, where do you eat most of the time?</i> _____</p> <p><i>Do your meals include fruits and vegetables?</i> Yes _____ No _____</p>	<p><i>Do you want/need help preparing food?</i> Yes _____ No _____ Already Have _____</p> <p><i>Do you want/need help with grocery shopping?</i> Yes _____ No _____ Already Have _____</p> <p><i>*If no services received or wanted skip to Home/Self Care Qs</i></p>	<p><i>Do you have support/help with preparing meals? Who/what are they?</i></p> <p>Meal preparation: _____</p> <p>Something else: _____</p>	<p><i>When was the last time you used one of those services?"</i> _____</p> <p><i>Is there a food service you don't currently use, but would like to? What is it?</i> _____</p>

<p>Home Care and Self Care: Now I'm going to ask you some questions about home care and self care.</p> <p>Are you able to do your own housekeeping/cleaning? Yes ___ No ___</p> <p>Are you able to do your own laundry? Yes ___ No ___</p> <p>Are you able to do your personal hygiene? Yes ___ No ___</p>	<p>Do you want/need help with housekeeping? Yes ___ No ___ Already Have ___</p> <p>Do you want/need help with personal hygiene: Yes ___ No ___ Already Have ___</p> <p>*If no services received or wanted skip to Mental Health Qs.</p>	<p>Do you have support/help with home care and self care? Who/what are they? Home care service provider: _____ Self care service provider: _____ Something else: _____</p>	<p>When was the last time you used those services? Home Care: _____ Self Care: _____ Is there a home or self care service you don't use, but would like to? What is it? _____</p>
<p>Mental Health Now I'm going to ask you questions about mental health and mental health services.</p>	<p>Do you want or need to receive help with mental health issues? Yes ___ No ___ Already Have ___</p> <p>*If no service received or wanted skip to individual support Q</p>	<p>Do you have support/help with mental health issues? Who/what are they? Mental health service provider: _____</p>	<p>When was the last time you used mental health services? Last time received service: _____ Last time visited at home: _____</p>
	<p>Do you want/need Individual support/counselling? Yes ___ No ___ Already Have ___</p> <p>*If no service received or wanted skip to group support Q</p>	<p>Do you have individual support/counselling? Who/what are they? Individual support/counselling service provider: _____</p>	<p>When was the last time you had individual support/counselling? Last time received service: _____ Last time visited at home: _____</p>

	<p><i>Do you want/need to participate in any support groups?</i> Yes ___ No ___ Already Have _____</p> <p><i>*If no service received or wanted skip to therapist Q</i></p>	<p><i>Do you go to a group for support? Who/what are they?</i> Group service provider: _____</p>	<p><i>When was the last time you went to a support group?</i> Last time received service: _____</p>
	<p><i>Do you want/need to see a Therapist/psychiatrist?</i> Yes ___ No ___ Already Have _____</p> <p><i>*If no service received or wanted skip to medication management Q</i></p>	<p><i>Do you have a therapist/psychiatrist? Who/where are they?</i> Therapist/psychiatrist provider: _____</p>	<p><i>When was the last time you saw a therapist/psychiatrist?</i> Last time received service: _____</p>
	<p><i>Do you want/need support with medication management?</i> Yes ___ No ___ Already Have _____</p> <p><i>*If no service received or wanted skip to crisis support Q</i></p>	<p><i>Do you receive medication management services? From where?</i> _____</p>	<p><i>When was the last time you received medication management?</i> Last time received service: _____ Last time received service at home: _____</p>
	<p><i>Do you have someone to contact or somewhere to go if you are in a crisis?</i> Yes ___ No ___</p>	<p><i>Who do you contact or where to you go when in crisis?</i> _____</p>	<p><i>When was the last time you used a crisis service?</i> _____</p>
	<p><i>Do you need/want services for Acquired Brain Injury/Cognitive Support?</i> Yes ___ No ___ Already Have _____</p> <p><i>*If no service received or wanted skip to ACT team Q</i></p>	<p><i>Do you receive service for Acquired Brain Injury/Cognitive support? Who/Where?</i> _____</p>	<p><i>When was the last time you used this service?</i> Last time received service: _____ Last time received service at home: _____</p>

	<p><i>Do you need/want support from an ACT Team?</i> Yes ___ No ___ Already Have ___</p> <p><i>*If no service received or wanted skip to peer support Q</i></p>		<p><i>When was the last time you met with your ACT Team?</i> Last time received service: _____</p> <p>Last time received this service at home: _____</p>
	<p><i>Do you need/want support from a peer worker for mental health support?</i> Yes ___ No ___ Already Have ___</p> <p><i>*If no service received or wanted skip to "other" Qs</i></p>	<p><i>Do you receive peer support for mental health? Who/Where?</i> _____</p>	<p><i>When was the last time you used peer support?</i> Last time received this service: _____</p> <p>Last time received this service at home? _____</p>
	<p><i>Do you need/want support for mental health issues from anywhere that we haven't spoken about yet?</i> Yes ___ No ___ Already Have ___</p>	<p><i>Where do you receive other services for mental health issues?</i> _____</p> <p><i>Have you ever done an OCAN?</i> Yes ___ No ___ Unsure ___</p> <p><i>Who did you do the OCAN with?</i> _____</p>	<p><i>When did you complete your last OCAN?</i> _____</p> <p><i>Is there a mental health service that you don't currently use, but would like to? What is it?</i> _____</p>
<p>Addictions <i>I'm now going to ask you about addictions and services related to addictions.</i></p> <p><i>I am asking about any addictions including: over-the-counter, prescription, and non-prescription drugs, alcohol, gambling, cigarettes, and other addictions</i></p>	<p><i>Do you need/want help with addictions:</i> Yes ___ No ___ Already Have ___</p> <p><i>*If no services received or wanted skip to Health Qs</i></p>	<p><i>Do you receive addictions services? Who/Where?</i> _____</p>	<p><i>When did you last receive addiction services?</i> Last time received service: _____</p> <p>Last time visited at home: _____</p> <p><i>When did you last receive this service?</i></p>
	<p><i>Do you need/want Individual support/counselling for addictions?</i> Yes ___ No ___ Already Have ___</p>	<p><i>Do you receive individual support/counselling for addictions? Who/Where?</i> _____</p>	<p>Last time received service: _____</p> <p>Last time visited at home: _____</p>

	<p><i>Do you need/want group support for addictions?</i> Yes ___ No ___ Already Have ___</p>	<p><i>Do you receive group support for addictions? Who/Where?</i> _____</p>	<p><i>When did you last receive this service?</i> Last time received service: _____ Last time visited at home: _____</p>
	<p><i>Do you need/want residential help to stop use?</i> Yes ___ No ___ Already Have ___</p>	<p><i>Do you receive residential treatment support? Who/Where?</i> _____</p>	<p><i>When did you last receive this service?</i> Last time received service: _____</p>
	<p><i>Do you need/want non-residential (community) services to help to stop use:</i> Yes ___ No ___ Already Have ___</p>	<p><i>Do you receive community treatment for addictions? Who/Where?</i> _____</p>	<p><i>When did you last use this service?</i> Last time received service: _____</p>
	<p><i>Do you need/want harm reduction support, such as clean needles or clean crack kits, peer support, or peer groups?</i> Yes ___ No ___ Already Have ___</p>	<p><i>Do you receive harm reduction services? Who/Where?</i> _____</p>	<p><i>When did you last use this service?</i> Last time received service: _____</p>
	<p><i>Do you need/want addiction/harm reduction services from a peer worker?</i> Yes ___ No ___ Already Have ___</p>	<p><i>Do you receive addiction/harm reduction services from a peer? Who/Where?</i> _____</p>	<p><i>When did you last use this service?</i> Last time received service: _____</p> <p>Last time visited at home: _____</p> <p><i>Is there an addiction/harm reduction services that you don't currently use, but would like to? What is it?</i> _____</p>

<p>Health <i>We're more than halfway through, thank you for answering the questions I've asked so far.</i></p> <p><i>I'm not going to ask you about your physical health and physical health services.</i></p>	<p><i>Do you need support for physical health services?</i> Yes ___ No ___ Already Have ___</p> <p><i>Do you have a doctor?</i> Yes ___ No ___</p> <p><i>Do you need support with a physical disability?</i> Yes ___ No ___ Already Have ___</p> <p><i>Do you need support with diabetes or other chronic illness?</i> Yes ___ No ___ Already Have ___</p> <p><i>Do you need support with dental?</i> Yes ___ No ___ Already Have ___</p> <p><i>Do you need support with eye health?</i> Yes ___ No ___ Already Have ___</p>	<p><i>Do you use services from a Community Health Centre?</i> Yes ___ No ___</p> <p><i>Do you have a Personal Support service provider? Who/Where?</i> _____</p>	<p><i>When did you last use this service?</i> Last time received service: _____</p> <p>Last time visited at home: _____</p> <p><i>Is there a physical health service that you don't currently use, but would like to? What is it?</i> _____</p>
<p>Employment and Income <i>I'm now going to ask you about employment and income supports.</i></p>	<p><i>Are you currently employed?</i> Yes ___ No ___</p> <ul style="list-style-type: none"> <i>(If no,) Are you interested in working?</i> Yes ___ No ___ <p><i>Do you need/want support to obtain employment?</i> Yes ___ No ___ Already Have ___</p> <p><i>Do you need/want support to upgrade education?</i> Yes ___ No ___ Already Have ___</p>	<p><i>Do you receive employment supports? Who/Where?</i> _____</p> <p><i>Do you receive training for employment? Who/Where?</i> _____</p>	<p><i>Is there an employment/training support services you don't currently use, but would like to? What is it?</i> _____</p>

	<p><i>Are you accessing all the income you are eligible for, eg. OW, ODSP, CPP, CPP-D, WSIB, Vets Benefits</i></p> <p>Yes _____ No _____</p> <p>Unsure _____</p> <p>Do you need/want support accessing entitlements?</p> <p>Yes _____ No _____</p> <p>Already Have _____</p>	<p><i>Do you receive support navigating income supports? Who? Where?</i></p> <p>_____</p>	<p><i>Is there an income support services you don't currently use, but would like to? What is it?</i></p> <p>_____</p>
<p>Immigration/Settlement <i>I'm now going to ask about immigration and settlement.</i></p> <p>Note - Newcomer defined as someone who has come to Canada within the last 5 years</p>	<p><i>Are you a newcomer to Canada?</i></p> <p>Yes _____ No _____</p> <ul style="list-style-type: none"> <i>(If yes,) do you need/want support with immigration?</i> <p>Yes _____ No _____</p> <p>Already Have _____</p> <p><i>Do you need/want support with settlement issues, such as ESL, integration into Canada?</i></p> <p>Yes _____ No _____</p> <p>Already Have _____</p> <p>*If no to both, skip to children</p>	<p><i>Do you receive services for immigrants/newcomers? Who/Where?</i></p> <p>_____</p>	<p><i>Is there an immigration/settlement service you don't currently use, but would like to? What is it?</i></p> <p>_____</p>

<p>Children/Youth</p>	<p><i>Are any members of your household 18 or younger?</i> Yes _____ No _____ *If no, skip to closing statements <i>Does your household need/want... ...access to youth/children's services?</i> Yes _____ No _____ Already Have _____ <i>...access to Anti-gang services?</i> Yes _____ No _____ Already Have _____ <i>... childcare?</i> Yes _____ No _____ Already Have _____ <i>... Children's/youth mental health services?</i> Yes _____ No _____ Already Have _____ <i>... children's/youth addiction services?</i> Yes _____ No _____ Already Have _____ <i>... education assistance?</i> Yes _____ No _____ Already Have _____ *If no services wanted or received skip to closing statements.</p>	<p><i>Does anyone in your household receive children/youth services? Who/Where?</i></p> <hr/>	<p><i>When was the last time someone in your household received children/youth services?</i></p> <p>Last time received service: _____</p> <p>Last time visited at home: _____</p> <p><i>Is there a children/youth service that your household is not currently using, but would like to? What is it?</i></p> <hr/>
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Closing Statements: Thank you for taking the time to complete this survey with me. We talked about a lot of different service needs and issues in this interview; I have a resource list of services in the neighbourhood that are available for you or anyone you know. If you have any questions about this survey/study you can contact any of the study staff listed on your consent form. *Fill out Honorarium Tracker and provide gift certificate. Bring completed interview package to _____.

TEMPLATE: 2 PAGES

Letter of Information and Consent to Participant in a Research Study

Please read this to help you decide if you want to take part.

Title: Community Needs Assessment

What is the study about?

We want to find out more about the supports that people need to live in their housing. Some examples of supports are:

- Mental health counselling and referral
- Addiction counselling and referral
- Help with housekeeping or home care
- Help with problems such as rent arrears
- Help with behaviour problems such as hoarding and other behavior that might make people lose their housing.

The organizations involved in this study are:

Do I have to take part in the study?

No. It is voluntary. If you are currently getting services from any of the organizations involved, this will continue unchanged. Feel free to discuss the study with your doctor, a family member, a close friend, or study staff before you decide.

What happens if I agree to take part?

Taking part means that you agree to be interviewed. The interview will take one 30 to 60 minutes. We will respect your privacy at all times.

We will ask you some general questions, such as your age, gender, name and address.

We will ask you about your support needs and the needs you have for services that are not being met.

We will use this information to help us plan how to provide better support.

How will you respect my privacy?

The study staff will use paper forms to record your answers. They will keep your name, and address and anything else that could identify you separate from your answers. No one will know who said what except the study team. They will compile all the answers in a report, with no names attached. The results of the study will group information about many people in a general way. For instance, they might group the number of people who need home care supports.

There is one exception to this privacy rule. If study staff believe that you are a risk to your own safety or to the safety of others, they must, by law, take steps to get you medical care and keep everyone safe.

What if I don't want to answer all the questions?

You can stop the interview or take a break if you feel uncomfortable about the questions. You can skip questions you do not want to answer. Staff will be available if you want to speak to someone.

Are there any risks if I take part in this study?

You might experience some sad feelings or some anxiety answering the questions. You can skip questions or take a break if you need, or you can stop participation in the research at any time.

Do I get anything for taking part in the study?

Who can I talk to if I have more questions about being in this study?

I have decided to take part. How do I give my consent?

Make sure that you understand all of the information on these two pages. If you have any questions, talk them over with staff, a close friend, or an advisor you trust. You can give your consent just by talking to a member of the study team and telling them that you consent to take part.

TEMPLATE
Frequently Asked Questions
Community Needs Assessment

1. Who are you with?

I am an interviewer with

2. Why did you choose this building?

There are staff from _____ that are now working in this building. We are conducting a needs assessment to find out what types of supports and services they should provide or partner with to make available to the tenants here.

3. Are you talking to people from other buildings?

Yes we are talking to tenants in one other building

4. Why did you choose to recruit me for the study?

We are inviting everyone in the building to participate. Tenants can choose themselves if they participate or not.

5. What is the primary purpose of this study?

There are staff from _____ that are now working in this building. We are conducting a needs assessment to find out what types of supports and services they should provide or partner with to make available to the tenants here.

6. Is there an honorarium for participating in this study?

Yes. Upon completion of the interview, you will receive

7. Who will see and hear my responses?

Only members of the research team will see and hear your responses. Your individual responses will be stored in a locked cabinet separately from any contact or identifying information that the study team has for you.

8. Who is the Principal Investigator on this study?

_____ is the Principal Investigator on this study. If you need to contact her, you may do so during business hours at

9. What good does this do? How do I benefit? Why should I do this?

This project will help create a better understanding of what the service needs are of tenants in this building. The final report will help inform the staff what supports they should provide and what services they should connect with to support tenants living in the building.

10. How long will this take?

The interview should take 30-60 minutes.

11. Is my participation one-time only?

Yes

12. What if I want to stop answering questions after I have started?

You may always request a break at any point during the interview.

13. I have a friend who might want to participate. Can I get them involved?

All tenants in the building are invited to participate.

14. I don't want to participate

Participation is voluntary. Choosing whether to participate or not, will not have an impact on your housing or services you receive.

15. Who can I talk about getting services now? There are support staff in your building. Their contact information is on a resource list I can give you. This list also includes other services in your area.

TEMPLATE – FILL IN WITH LOCAL SERVICES – CATEGORIES MATCH ASSESSMENT: 2 PAGES

Resource List

Community Needs Assessment

For emergency, call 911

Onsite Staff

Food Banks

- **Metropolitan United Church**
56 Queen Street East, Toronto
416-363-0331 ext 41 ; 416-363-0331 ext 43
Wed, Fri 10 am-2 pm
- **Allen Gardens Food Bank**
Saint Luke's United Church, 353 Sherbourne Street, Toronto
416-203-0050
Thu 12:30 pm-3:30 pm; Fri 10:30 am-12 noon, 1 pm-3:30 pm
- **St Paul's Basilica**
83 Power Street, Toronto, ON M5A 3A8
Open 2nd and 3rd week of each month -- Tue 10 am-11:30 am, Thu 1 pm-2:30 pm

Home/Self Care

- **Toronto Community Care Access Centre**
250 Dundas Street West, Suite 305, Toronto
416-506-9888
- **St. Christopher House**
248 Ossington Avenue, Toronto. (416) 532 - 4828

Mental Health and Addictions

- **Access Point**
661 Yonge Street, 4th Floor, Toronto. 416-640-1964

Psychiatric Crisis Intervention

- **CAMH Emergency Department**
250 College Street, Toronto. (416) 535-8501 (Main Switchboard)
- **Gerstein Centre**
100 Charles Street, Toronto. (416) 929-5200

Detox

- **Central Access**
416-864-5040

Physical Health

- **Ministry of Health and Long Term Care, Health Care Connect.**1-800-445-1822
- **Regent Park Community Health Centre**
465 Dundas St East, Toronto. 416-364-2261
- **Sherbourne Health Centre**
333 Sherbourne Street, Toronto. 416-324-4170

Employment & Income

- **Wellesley Place Employment and Social Services (OW)**
111 Wellesley Street East, Suite 100, Toronto. 416 392-5300, 416-392-5100
- **Downtown ODSP Office**
385 Yonge Street 2nd Floor, Toronto. 416 314-5700 - TDD/TTY 416 314-3393
- **Fred Victor Employment Office**
248 Queen St East, Toronto. 416-364-8986

Immigration/Settlement:

- **Refugees and Immigrants Information Centre**
240 Wellesley St East Ste 103, Toronto. 416-961-7027
- **Dixon Hall, Regent Park Learning Centre, Newcomer Settlement Program**
417 Gerrard St East, Toronto. 416-363-7026 ; Queen St site 416-956-4949

Children/Youth:

- **Regent Park Community Health Centre**
465 Dundas St East, Toronto. 416-364-2261
- **Central Neighbourhood House**
349 Ontario St, Toronto. 416-925-4363
- **Sherbourne Health Centre, Supporting our Youth**
333 Sherbourne Street, Toronto. 416-324-4170

TEMPLATE

Honorarium and Consent Tracker

Community Needs Assessment

Participant ID #: _____

Informed consent obtained and copy given to participant: (*check if yes*)

Honorarium provided: (*check if yes*)

Name of Interviewer: _____

Interviewer Signature: _____

Date of interview: _____

Post until:

Participate in a short survey about health and social service needs



**Researchers will be conducting a
survey and want to hear about your
health and service needs.**

**It will take about 30 to 60 minutes and your
participation will be greatly appreciated.**

You can contact:

At: _____ to schedule an interview.

