

## **Client Demographic Survey**

This survey and information is totally confidential. It is an anonymous survey; no name is required on this form.

## Please check the boxes that applies to you:

| 1.   | Age Group:  |    |  |  |  |  |  |
|--|---|----|--|--|--|--|--|
|  | $\square$ 18 – 24 $\square$ 25 – 40 $\square$ 41 – 64 $\square$ 65 and over                                       |    |  |  |  |  |  |
| 2.   | Gender:   |    |  |  |  |  |  |
|  | $\square$ Female $\square$ Transgendered $\square$ Non-Binary $\square$ I prefer not to say                       |    |  |  |  |  |  |
| 3.   | Housing Status:   |    |  |  |  |  |  |
|  | $\square$ Shelter $\square$ Respite/Drop-in $\square$ Homeless $\square$ Subsidized Housing                       |    |  |  |  |  |  |
|  | $\square$ Rooming House $\square$ Transitional Housing $\square$ Market rent $\square$ Living with family/friends |    |  |  |  |  |  |
| _  |   |    |  |  |  |  |  |
| 4.   |   |    |  |  |  |  |  |
|  | □ Ontario Works (OW) □ Ontario Disability Support Program (ODPS)  |    |  |  |  |  |  |
|  | □ No Income □ Employment Insurance (EI) □ OAS/CPP   |    |  |  |  |  |  |
|  | ☐ Workplace Safety and Insurance Board (WSIB) ☐ Employment (Full-time/Part-time)                                  |    |  |  |  |  |  |
|  | □ Other   |    |  |  |  |  |  |
|  |   |    |  |  |  |  |  |
| 5. Do you self-identify as a member of a designated group (s).                                 |   |    |  |  |  |  |  |
| $\square$ Aboriginal $\square$ New Immigrants and Refugees $\square$ Veteran $\square$ LGBTQ2S |   |    |  |  |  |  |  |
|  | $\square$ Person with disabilities $\square$ Francophone $\square$ Visible minority $\square$ Newcom              | er |  |  |  |  |  |
|  |   |    |  |  |  |  |  |
| 6.   | Involvement with the law  |    |  |  |  |  |  |
|  | □ Probation □ Parole □ Bail □ No involvement □ Other  |    |  |  |  |  |  |
| 7.   | '. How did hear about this program?   |    |  |  |  |  |  |
| ☐ Online ☐ Word of mouth ☐ Doctor ☐ Social/Community agency(na                                 |   |    |  |  |  |  |  |
|  | reet Haven □ Shelter □ Healthcare professional □ Housing □ Treatment  |    |  |  |  |  |  |
|  | □ Probation/parole □ Other  |    |  |  |  |  |  |
|  |   |    |  |  |  |  |  |
| 8.   | Level of education  |    |  |  |  |  |  |
| □ E  | Elementary □ Secondary □ Post-secondary □ GED   |    |  |  |  |  |  |

Thank you for your kind cooperation.



## STREET HAVEN ADDICTION SERVICES OUTREACH REFERRAL FORM

| Date: _  |  |                |               |  |
|----------|--|----------------|---------------|--|
| Referri  | ng Agency:   |                |               | Name of staff:                           |
| Agency   | Contact #:   |                |               |  |
| Client N | lame:  |                |               | Preferred Name:                          |
| Date of  | Birth (dd/mm/yy):  |                |               | Client Phone #:                          |
| Alterna  | te contact #:  |                |               | Safe to leave a message or text? YES/ NO |
| Client A | Address:   |                |               |  |
| Client E | Email Address:   |                |               |  |
| What is  | your current access to   | o resources fo | or virtual su | upport?                                  |
| Wifi     | Computer/Laptop  | Cell Phone     | Tablet        | Other                                    |
| Preser   | ting concerns:   |                |               |  |
|          | Substance use: Mental health: Income: Legal issues: Relapse prevention: Safety issues: Thoughts of suicide: Relationships: Housing |                |               |  |
|          |  |                |               | explained to me? YES / NO                |
| no Aor   | i currently have othe  | r supports? I  | -amily/trie   | ends/workers/doctor                      |