

The Social Housing Registry of Ottawa

Additional Assessment Information – Youth Services Bureau

Please complete the questions as fully as possible and return to:

The Registry at 2197 Riverside Dr., 5th Floor, Ottawa, Ontario K1H 1A9

The Youth Services Bureau is a client-centred, choice-based, diversity positive organization. We appreciate you taking your time to answer the following questions as it will help them to assess your present housing and life situation so that ultimately they can provide the best service possible.

1. Housing Situation

a) Where are you presently living?

- | | | | |
|---------------|--------------------------|---------------------------|--------------------------|
| Shelter | <input type="checkbox"/> | With friend/couch surfing | <input type="checkbox"/> |
| On the street | <input type="checkbox"/> | Rooming house | <input type="checkbox"/> |
| In custody | <input type="checkbox"/> | Home/family | <input type="checkbox"/> |
| Homeless | <input type="checkbox"/> | | |

Other: _____

b) Is there anything about your present living situation that is hazardous, creates a safety issue for you, is stressful for you, impacts your health or that increases your worry?

2. Daily Activities

i) School: Number of credits completed _____

ii) Work:
Where? _____
How long? _____
Previous jobs? _____

iii) Volunteer or Other Activities:

3. Do you think that any of these issues have made it harder to live on your own or you have faced discrimination in securing a place to live?

	no	somewhat	yes
Physical Health issues (eg. generally poor, HIV, HEP C, epilepsy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health issues (ie. Depression, anxiety, bi-polar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Canadian or visible minority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of employment experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Past or current Abuse (physical, mental, emotional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with authority figures (parents, teachers, police)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of adult or family support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolation/loneliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have never lived on my own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Struggles with sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Struggles with gender identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic childhood experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

