

RÉSO - Housing and shelter v.1.4, July 2015
Évaluation des besoins en Réinsertion SocialeTremblay, J., Blanchette-Martin, N., Sirois, M., Dorval, J., Drouin, M., & Leblanc, L.
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First Name (Please Print)

File Number

Date of Evaluation

 - -

Year

Month

Day

Last Name (Please Print)

Evaluator ID Number

Please rate the extent to which the client has the following skills, resources or characteristics:**1. a) In what housing type do you currently live in?**

(choose only one answer)

- apartment group home/Residential care home
- supervised apartment prison
- house (renter) no fixed residence
- house (owner) public housing (HLM)
- foster home housingcooperative
- roominghouse others, specify : _____
- hospital _____

b) How long have you been in this situation?

Date:

 - -

Year

Month

Day

c) Safety and cleanliness of residence

| <input type="radio"/> Not at all | <input type="radio"/> A little | <input type="radio"/> Partially | <input type="radio"/> Mostly | <input type="radio"/> Completely | <input type="radio"/> N/A |
|--|-----------------------------------|--|---------------------------------|---|------------------------------|
| The residence or the building is not safe (e.g.: missing banisters, weak floors, holes, non functional balcony, etc.). | | The residence or the building is somewhat safe (e.g.: missing a few banisters, weak floors, a few existing holes, non functional balcony, etc.). | | The residence or the building is safe.. | |
| The residence or the building is not clean (e.g.: presence of vermin, insects and mold). | | The residence or the building is not completely clean (e.g.: presence of vermin, insects and mold). | | The residence or the building is clean. | |

2. Client satisfaction with current place of residence

| To what extent is the client satisfied with... | Not at all | A little | Partially | Mostly | Completely | N/A |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| the place of residence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| the neighbourhood | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3. Desired type of housing (choose only one answer)

- apartment group home/residential care home
- Supervised apartment no fixed residence
- House (renter) public housing (HLM)
- house (owner) housingcooperative
- foster home Others, specify : _____
- Homing house _____
- hospital

4. How many times have you moved in the last 3 years?

Number of times :

5. Reasons for moving the last time? (you can fill in more than one circle)

- work
- separation
- to live with another person
- to change neighbourhoods
- to make a change
- price was too high
- was evicted from residence, specify why: _____
- unsafe or unclean living conditions
- others, specify : _____

6. Reasons for moving on previous occasions (Write the numbers that correspond to the three main moving reasons, from most recent to least recent, for the last three years)

- 1. work
- 2. separation
- 3. to live with another person
- 4. to change neighbourhoods
- 5. to make a change
- 6. price was too high
- 7. was evicted from residence
- 8. unsafe or unclean living conditions
- 9. others

| Approximate date (Try writing at least the year and the month) | | | Reasons | | |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|
| Year | Month | Day | 1 st | 2 nd | 3 nd |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

7. Desired environment in choosing place of residence?
(you can fill in more than one circle)

- CLSC
- Hospital
- Public transportation
- supermarket
- Pharmacy
- Laundromat
- Favorable conditions for abstinence
- Assistance with basic activities (meals, housekeeping, hygiene, etc.)
- Significant others
- School for children
- Daycare
- Recreation center
- Need to live in the country
- Need to live in an urban setting
- Others, specify : _____

8. Material needs

(you can fill in more than one circle)

- Stove
- Refrigerator
- Bed
- Mattress
- Dishware
- Kitchen table and chairs
- Living room furniture
- Others, specify : _____

9. Knowledge regarding the lease

| ○ Not at all | ○ A little | ○ Partially | ○ Mostly | ○ Completely | ○ N/A |
|---|---------------|---|-------------|---|----------|
| <p>Has little or no knowledge of the responsibilities attached to signing a lease.</p> <p>Has little or no knowledge of the rights attached to signing a lease.</p> | | <p>Has some knowledge of the responsibilities attached to signing a lease.</p> <p>Has some knowledge of the rights attached to signing a lease.</p> | | <p>Has adequate knowledge of the responsibilities attached to signing a lease.</p> <p>Has adequate knowledge of the rights attached to signing a lease.</p> | |

Comments: