

POINT-IN-TIME COUNT REPORT APPENDIX

Reaching Home: Canada's National Homeless Count

OCTOBER 2021

APPENDIX A: COVID-19 Safety Protocol Scenarios

ENUMERATION UNSHELTERED: SCENARIO 2	ENUMERATION SHELTERED: SCENARIO 2
<ul style="list-style-type: none"> • Practising physical distancing • Masks/hand sanitizer/face shields • Smaller enumerations teams • Volunteers from within homeless-serving sector or emergency services only 	<ul style="list-style-type: none"> • No modifications
SURVEY UNSHELTERED: SCENARIO 2	SURVEY SHELTERED: SCENARIO 1
<ul style="list-style-type: none"> • Practising physical distancing • Masks/hand sanitizer/face shields • Smaller enumerations teams • Volunteers from within homeless-serving sector or emergency services only 	<ul style="list-style-type: none"> • Practising physical distancing • Masks/hand sanitizer/face shields • No volunteers (administered by staff)
PPE TOOLKIT PROVIDED TO ALL VOLUNTEERS	
<ul style="list-style-type: none"> • Hand sanitizer bottle • Disinfectant wipe x 2 • Face shield • Lanyard with volunteer badge 	<ul style="list-style-type: none"> • 4 pens • Important contact sheet • Face mask

APPENDIX B: Sheltered Survey

CITY OF KAMLOOPS SHELTERED SCREENING TOOL

Hello, my name is _____ and I'm a volunteer for the **City of Kamloops housing needs survey**. We are conducting a survey to provide better programs and services to people experiencing homelessness. The survey takes about 10 minutes to complete.

- **Participation is voluntary and your name will not be recorded.**
- You can choose to **skip any question** or to **stop the interview at any time**.
- Results will contribute to the understanding of homelessness across Canada, and will help with research to improve services.

A. Have you answered this survey with a person with this bright yellow tag?

[YES: Thank and tally] [NO: Go to B]

B. Are you willing to participate in the survey?

[YES: Go to C] [NO: Thank and tally]

C. Are you staying here tonight?

<input type="radio"/> YES [BEGIN SURVEY & NOTE h. - j. ON SURVEY, AS APPROPRIATE]	<input type="radio"/> NO [ASK RESPONDENT TO SPECIFY LOCATION]
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[Surveyor, specify overnight location]

a. DECLINE TO ANSWER b. OWN APARTMENT / HOUSE	[THANK & END SURVEY]
c. SOMEONE ELSE'S PLACE d. MOTEL/HOTEL (SELF FUNDED) e. HOSPITAL f. TREATMENT CENTRE g. JAIL, PRISON, REMAND CENTRE	C1. Do you have access to a permanent residence where you can safely stay as long as you want? a. Yes [THANK & END] b. No (not permanent AND/OR not safe) [BEGIN SURVEY] c. Don't Know [BEGIN SURVEY] d. Decline to answer [THANK & END]
h. HOMELESS SHELTER (EMERGENCY, FAMILY OR DOMESTIC VIOLENCE SHELTER) i. HOTEL/MOTEL (FUNDED BY CITY OR HOMELESS PROGRAM) j. TRANSITIONAL SHELTER/HOUSING k. UNSHELTERED IN A PUBLIC SPACE (E.G. STREET, PARK, BUS SHELTER, FOREST OR ABANDONED BUILDING) l. ENCAMPMENT (E.G. GROUP OF TENTS, MAKESHIFT SHELTERS OR OTHER LONG-TERM OUTDOOR SETTLEMENT) m. VEHICLE (CAR, VAN, RV, TRUCK, BOAT) n. UNSURE: INDICATE PROBABLE LOCATION _____ (b. - m.)	[BEGIN SURVEY]

- Thank you for agreeing to take part in the survey. Please note that you will receive a thank you kit for your participation.

6. Did you come to Canada as an immigrant, refugee or a refugee claimant (i.e. applied for refugee status after coming to Canada)?

<input type="radio"/> YES, IMMIGRANT -----> <input type="radio"/> YES, REFUGEE-----> <input type="radio"/> YES, REFUGEE CLAIMANT-----> <input type="radio"/> NO <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER	<p>6b. How long have you been in Canada?</p> <p>If YES: <input type="radio"/> LENGTH: _____ DAYS WEEKS MONTHS YEARS OR DATE: ____/____/____ DAY / MONTH / YEAR</p> <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER
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7. How long have you been in Kamloops?

<input type="radio"/> LENGTH _____ DAYS / WEEKS / MONTHS / YEARS <input type="radio"/> ALWAYS BEEN HERE	<input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER
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↪ **7b. Where did you live before you came here?**

CITY: _____ | PROVINCE/TERRITORY/COUNTRY: _____

DECLINE TO ANSWER

→ **7c. What is the main reason you came to Kamloops? [Do not read categories; select one]**

<input type="radio"/> TO ACCESS EMERGENCY SHELTER(S)	<input type="radio"/> EMPLOYMENT (SEEKING)	<input type="radio"/> RECREATION/SHOPPING
<input type="radio"/> TO ACCESS SERVICES AND SUPPORTS	<input type="radio"/> EMPLOYMENT (SECURED)	<input type="radio"/> OTHER: _____
<input type="radio"/> FAMILY MOVED HERE	<input type="radio"/> TO ATTEND SCHOOL	<input type="radio"/> DON'T KNOW
<input type="radio"/> TO VISIT FRIENDS/FAMILY	<input type="radio"/> FEAR FOR SAFETY	<input type="radio"/> DECLINE TO ANSWER
<input type="radio"/> TO FIND HOUSING		

8. Do you identify as First Nations (with or without status), Métis, or Inuit, or do you have North American Indigenous ancestry? [If yes, please specify]

<input type="radio"/> YES, FIRST NATIONS	<input type="radio"/> YES, MÉTIS	<input type="radio"/> NO	<input type="radio"/> DECLINE TO ANSWER
<input type="radio"/> YES, INUIT	<input type="radio"/> YES, INDIGENOUS ANCESTRY	<input type="radio"/> DON'T KNOW	

→ **8b. In addition to your response in the question above, do you identify with any of the racial identities listed below? [Show or Read list. Select all that apply]**

<input type="checkbox"/> ARAB (e.g., Syrian, Egyptian, Yemeni)	<input type="checkbox"/> BLACK-AFRO-CARIBBEAN OR AFRO-LATINX (e.g., Jamaican, Haitian, Afro-Brazilian)
<input type="checkbox"/> ASIAN-EAST (e.g., Chinese, Korean, Japanese)	<input type="checkbox"/> LATIN AMERICAN (e.g., Brazilian, Mexican, Chilean, Cuban)
<input type="checkbox"/> ASIAN- SOUTH-EAST (e.g., Filipino, Vietnamese, Cambodian, Malaysian, Laotian)	<input type="checkbox"/> WHITE (e.g. European, French, Ukrainian, Euro-Latinx)
<input type="checkbox"/> ASIAN-SOUTH OR INDO-CARIBBEAN (e.g., Indian, Pakistani, Sri Lankan, Indo-Guyanese, Indo-Trinidadian)	<input type="checkbox"/> NOT LISTED (PLEASE SPECIFY): _____
<input type="checkbox"/> ASIAN-WEST (e.g., Iranian, Afghan)	<input type="checkbox"/> IDENTIFY AS INDIGENOUS ONLY
<input type="checkbox"/> BLACK-CANADIAN/AMERICAN	<input type="checkbox"/> DON'T KNOW
<input type="checkbox"/> BLACK-AFRICAN (e.g., Ghanaian, Ethiopian, Nigerian)	<input type="checkbox"/> DECLINE TO ANSWER

9. Have you ever served in the Canadian Military or RCMP? [Military includes Canadian Navy, Army, or Air Force]

<input type="radio"/> YES, MILITARY	<input type="radio"/> BOTH MILITARY AND RCMP	<input type="radio"/> DON'T KNOW
<input type="radio"/> YES, RCMP	<input type="radio"/> NO	<input type="radio"/> DECLINE TO ANSWER

10. As a child or youth, were you ever in foster care or in a youth group home? [Note: This question applies specifically to child welfare programs.]

<input type="radio"/> YES (Ask 10b)	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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→ **10b. Have you ever experienced homelessness while being in care?**

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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11. Do you identify as having any of the following health challenges at this time:

ILLNESS OR MEDICAL CONDITION [e.g. diabetes, arthritis, TB, HIV]	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
PHYSICAL LIMITATION [e.g. challenges with mobility, physical abilities or dexterity]	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
LEARNING OR COGNITIVE LIMITATIONS [e.g. dyslexia, autism spectrum disorder, or as a result of ADHD or an acquired brain injury]	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
MENTAL HEALTH ISSUE [diagnosed/undiagnosed] [e.g. depression, Post traumatic stress disorder (PTSD), bipolar disorder]]	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
SUBSTANCE USE ISSUE [e.g. tobacco, alcohol, opiates]	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER

12. What gender do you identify with? [Show list.]

<input type="radio"/> MAN	<input type="radio"/> TRANS WOMAN	<input type="radio"/> NOT LISTED: _____
<input type="radio"/> WOMAN	<input type="radio"/> TRANS MAN	<input type="radio"/> DON'T KNOW
<input type="radio"/> TWO-SPIRIT	<input type="radio"/> NON-BINARY (GENDERQUEER)	<input type="radio"/> DECLINE TO ANSWER

13. How do you describe your sexual orientation, for example straight, gay, lesbian? [Show list.]

<input type="radio"/> STRAIGHT/HETEROSEXUAL	<input type="radio"/> BISEXUAL	<input type="radio"/> ASEXUAL	<input type="radio"/> NOT LISTED: _____
<input type="radio"/> GAY	<input type="radio"/> TWO-SPIRIT	<input type="radio"/> QUESTIONING	<input type="radio"/> DON'T KNOW
<input type="radio"/> LESBIAN	<input type="radio"/> PANSEXUAL	<input type="radio"/> QUEER	<input type="radio"/> DECLINE TO ANSWER

14. What happened that caused you to lose your housing most recently? [Do not read the options. Check all that apply. "Housing" does not include temporary arrangements (e.g., couch surfing) or shelter stays. Follow up for the reason if the respondent says "eviction" or that they "chose to leave".]

A: HOUSING AND FINANCIAL ISSUES	B: INTERPERSONAL AND FAMILY ISSUES	C: HEALTH OR CORRECTIONS
<input type="checkbox"/> NOT ENOUGH INCOME FOR HOUSING (E.G. LOSS OF BENEFIT, INCOME, OR JOB)	<input type="checkbox"/> CONFLICT WITH: SPOUSE / PARTNER	<input type="checkbox"/> PHYSICAL HEALTH ISSUE
<input type="checkbox"/> UNFIT/UNSAFE HOUSING CONDITION	<input type="checkbox"/> CONFLICT WITH: PARENT / GUARDIAN	<input type="checkbox"/> MENTAL HEALTH ISSUE
<input type="checkbox"/> BUILDING SOLD OR RENNOVATED	<input type="checkbox"/> CONFLICT WITH: OTHER (_____)	<input type="checkbox"/> SUBSTANCE USE ISSUE
<input type="checkbox"/> OWNER MOVED IN	<input type="checkbox"/> EXPERIENCED ABUSE BY: SPOUSE / PARTNER	<input type="checkbox"/> HOSPITALIZATION OR TREATMENT PROGRAM
<input type="checkbox"/> LANDLORD/TENANT CONFLICT	<input type="checkbox"/> EXPERIENCED ABUSE BY: PARENT / GUARDIAN	<input type="checkbox"/> INCARCERATION (JAIL OR PRISON)
<input type="checkbox"/> COMPLAINT (E.G. PETS/NOISE/DAMAGE)	<input type="checkbox"/> EXPERIENCED ABUSE BY: OTHER (_____)	
<input type="checkbox"/> LEFT THE COMMUNITY/RELOCATED	<input type="checkbox"/> DEPARTURE OF FAMILY MEMBER	
<input type="checkbox"/> OTHER REASON: _____	<input type="checkbox"/> EXPERIENCED DISCRIMINATION	
	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER

→ 14b. Was your most recent housing loss related to the COVID-19 pandemic?

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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→ 14c. How long ago did that happen (that you lost your housing most recently)? (Best estimate)

<input type="radio"/> LENGTH _____ DAYS WEEKS MONTHS YEARS	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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15. What are your sources of income? [Reminder that this survey is anonymous. Read list and check all that apply.]

<input type="checkbox"/> FULL TIME EMPLOYMENT	<input type="checkbox"/> EMPLOYMENT INSURANCE	<input type="checkbox"/> CHILD AND FAMILY TAX BENEFITS
<input type="checkbox"/> PART TIME EMPLOYMENT	<input type="checkbox"/> DISABILITY BENEFIT [Name of PROV. DISABILITY BENEFIT]	<input type="checkbox"/> GST/HST REFUND
<input type="checkbox"/> CASUAL EMPLOYMENT (E.G. CONTRACT WORK)	<input type="checkbox"/> SENIORS BENEFITS (E.G. CPP/OAS/GIS)	<input type="checkbox"/> OTHER MONEY FROM A SERVICE AGENCY
<input type="checkbox"/> INFORMAL INCOME SOURCES (E.G. BOTTLE RETURNS, PANHANDLING)	<input type="checkbox"/> WELFARE/SOCIAL ASSISTANCE [Prov. Benefit]	<input type="checkbox"/> OTHER SOURCE: _____
<input type="checkbox"/> MONEY FROM FAMILY/FRIENDS	<input type="checkbox"/> VETERAN/VAC BENEFITS	<input type="checkbox"/> NO INCOME
		<input type="checkbox"/> DECLINE TO ANSWER

16. Where do you mainly access food?

<input type="checkbox"/> SHELTER	<input type="checkbox"/> GROCERY STORE	<input type="checkbox"/> VENDING MACHINE	<input type="checkbox"/> CONVENIENCE STORE
<input type="checkbox"/> FOOD BANK	<input type="checkbox"/> FRIENDS / FAMILY	<input type="checkbox"/> CHURCH	<input type="checkbox"/> FAST FOOD
<input type="checkbox"/> AGENCY (I.E. MUSTARD SEED)	<input type="checkbox"/> COMMUNITY PROGRAM (I.E. Mount Paul Community Food Centre)	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER
<input type="checkbox"/> OUTREACH SERVICES		<input type="checkbox"/> OTHER: _____	

→ **16b. Do you have access to meal services in Kamloops for at least 2 meals per day?** [Equivalent to a sandwich]

<input type="radio"/> YES	<input type="radio"/> NO (Ask 16c)	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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→ **16c. What days do you feel you do not have access to meal services in Kamloops for at least 2 meals per day?** [Equivalent to a sandwich] Check all that apply.

<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> THURSDAY
<input type="checkbox"/> FRIDAY	<input type="checkbox"/> SATURDAY	<input type="checkbox"/> SUNDAY	<input type="checkbox"/> DON'T KNOW
<input type="checkbox"/> DECLINE TO ANSWER	<input type="checkbox"/> OTHER _____		

17. Are you a Pet owner?

<input type="radio"/> YES (Ask 17b)	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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→ **17b. Is/are your pet(s) with you?**

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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18. In the past year have you accessed medical care?

<input type="radio"/> YES (Ask 18b)	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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→ **18b. What type of medical care did you access?**

<input type="radio"/> AMBULANCE	<input type="radio"/> FAMILY DOCTOR	<input type="radio"/> COMMUNITY CLINIC
<input type="radio"/> WALK IN CLINIC	<input type="radio"/> HOSPITAL EMERGENCY	<input type="radio"/> TELEPHONE HEALTH LINE
<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER	<input type="radio"/> OTHER: _____

19. Do you currently have valid, government-issued ID?

<input type="radio"/> YES (Ask 19b)	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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20. What are the primary obstacles you have faced in attempting to secure ID?

<input type="radio"/> LACK OF SUPPORTING DOCUMENTS	<input type="radio"/> LACK OF MONEY	<input type="radio"/> TRANSPORTATION
<input type="radio"/> I DON'T KNOW WHERE TO BEGIN	<input type="radio"/> I DON'T KNOW THE PROCESS	<input type="radio"/> NO FIXED ADDRESS
<input type="radio"/> OTHER: _____		

APPENDIX C: Sheltered Enumeration

2021 Homeless Count SHELTER AND NIGHT-TIME STATISTICS FORM April 15th, 2021

Important: if you have more than one program/location, please use more than one form!

Full Organization Name:

Program/Location Name:

Type of program (please select one)

- | | |
|--------------------------------------------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Shelter (including Temporary Winter Shelters) | <input type="checkbox"/> Safe House |
| <input type="checkbox"/> EWR Shelter (opened in inclement weather, as per BC Housing guidelines) | <input type="checkbox"/> Transition House |
| | <input type="checkbox"/> Detox Centre |

Staff Contact Name:

Staff Phone Number:

Staff Email Address:

Please complete the following for your facility on **the night of April 15th, 2021**

Note: This information is confidential and anonymous. Responses will be aggregated and presented in a way so as not to identify an individual facility.

It is important that all information is filled accurately and complete.

TURN PAGE →

For the purpose of the Homeless Count, please use the following definitions and fill in the information:

- **Adult:** 25 years of age or older
- **Unaccompanied Youth:** age 16-24 years of age and **unaccompanied** by guardian or parent
- **Accompanied Children:** 18 years of age or younger and **accompanied** by guardian or parent
- **Capacity:** Number of beds/mats/spaces available as per your operational guidelines. Some facilities may have dedicated youth/children’s beds/spaces. Please indicate dedicated spaces below.

The **total** capacity of this program is .

Of these are reserved only for Adults

Of these are reserved only for Accompanied Children

Of these are reserved only for Unaccompanied Youth

- **Occupants:** Number of people who entered your facility on the above evening AND stayed overnight. In some extreme circumstances the number could exceed your capacity.

	Occupants	Notes (Anything of interest)
Adults (>25)		
Unaccompanied Youth		
Accompanied Children		
Total		

Were there any unusual events or circumstances that might have affected your operations this evening?

**If you have any questions or need assistance, please contact:
Meaghan Blakely, City of Kamloops, 250-572-1372**

Please include this form with the completed surveys in the envelope for pick-up by Meaghan Blakely.

APPENDIX D: Unsheltered Survey

CITY OF KAMLOOPS UNSHELTERED SCREENING TOOL

Hello, my name is _____ and I'm a volunteer for the **City of Kamloops housing needs survey**. We are conducting a survey to provide better programs and services to people experiencing homelessness. The survey takes about 10 minutes to complete.

- **Participation is voluntary and your name will not be recorded.**
- You can choose to **skip any question** or to **stop the interview at any time.**
- Results will contribute to the understanding of homelessness across Canada, and will help with research to improve services.

A. Have you answered this survey with a person wearing this bright yellow tag?

[YES: Thank and tally] [NO: Go to B]

B. Are you willing to participate in the survey?

[YES: Go to C] [NO: Thank and tally]

C. Where did you stay last night? [DO NOT READ CATEGORIES]

a. DECLINE TO ANSWER b. OWN APARTMENT / HOUSE	}	[THANK & END SURVEY]
c. SOMEONE ELSE'S PLACE d. MOTEL/HOTEL (SELF-FUNDED) e. HOSPITAL f. TREATMENT CENTRE g. JAIL, PRISON, REMAND CENTRE	}	C1. Do you have access to a permanent residence where you can safely stay as long as you want? a. Yes [THANK & END] b. No (not permanent AND/OR not safe) [BEGIN SURVEY] c. Don't Know [BEGIN SURVEY] d. Decline to answer [THANK & END]
h. HOMELESS SHELTER (EMERGENCY, FAMILY OR DOMESTIC VIOLENCE SHELTER) i. HOTEL/MOTEL (FUNDED BY CITY OR HOMELESS PROGRAM) j. TRANSITIONAL SHELTER/HOUSING k. UNSHELTERED IN A PUBLIC SPACE (E.G. STREET, PARK, BUS SHELTER, FOREST OR ABANDONED BUILDING) l. ENCAMPMENT (E.G. GROUP OF TENTS, MAKESHIFT SHELTERS OR LONG-TERM OUTDOOR SETTLEMENT) m. VEHICLE (CAR, VAN, RV, TRUCK, BOAT) n. UNSURE: INDICATE PROBABLE LOCATION _____ (b. - m.)	}	[BEGIN SURVEY]

- Thank you for agreeing to take part in the survey. Please note that you will receive a thank you kit for your participation.

UNSHELTERED SURVEY

Survey Number: «Unsheltered_Serial_Numbers»

Location: _____ Time: _____ AM/PM
 Interviewer: _____ Contact #: _____

C. [Surveyor: Indicate overnight location]

a. DECLINE TO ANSWER b. OWN APARTMENT / HOUSE	}	[THANK & END SURVEY]
c. SOMEONE ELSE'S PLACE d. MOTEL/HOTEL (SELF-FUNDED) e. HOSPITAL f. TREATMENT CENTRE g. JAIL, PRISON, REMAND CENTRE	}	C1. Do you have access to a permanent residence where you can safely stay as long as you want? a. Yes [THANK & END] b. No (not permanent AND/OR not safe) [BEGIN SURVEY] c. Don't Know [BEGIN SURVEY] d. Decline to answer [THANK & END]
h. HOMELESS SHELTER (EMERGENCY, FAMILY OR DOMESTIC VIOLENCE SHELTER) i. HOTEL/MOTEL (FUNDED BY CITY OR HOMELESS PROGRAM) j. TRANSITIONAL SHELTER/HOUSING k. UNSHELTERED IN A PUBLIC SPACE (E.G. STREET, PARK, BUS SHELTER, FOREST OR ABANDONED BUILDING) l. ENCAMPMENT (E.G. GROUP OF TENTS, MAKESHIFT SHELTERS OR OTHER LONG-TERM OUTDOOR SETTLEMENT) m. VEHICLE (CAR, VAN, RV, TRUCK, BOAT) n. UNSURE: INDICATE PROBABLE LOCATION ____ (b. - m.)	}	[BEGIN SURVEY]

BEGIN SURVEY

1. **Did you have any family members or anyone else who stayed with you last night?** [Indicate survey number for partners. Check all that apply]

<input type="checkbox"/> NONE	<input type="checkbox"/> OTHER (Can include other family or friends)
<input type="checkbox"/> PARTNER - Survey #: _____	<input type="checkbox"/> DECLINE TO ANSWER
<input type="checkbox"/> CHILD(REN)/DEPENDENT(S)	
[indicate gender and age for each]	
GENDER	AGE
	1 2 3 4 5 6 7 8

2. **How old are you? [OR] What year were you born?** [If unsure, ask for best estimate]

AGE _____ **OR** YEAR BORN _____ DON'T KNOW DECLINE TO ANSWER

➔ **For this survey, "homelessness" means any time when you have been without a permanent and secure place to live, including sleeping in shelters, on the streets, or living temporarily with others without having your own permanent housing (e.g. couch surfing).**

3. **How old were you the first time you experienced homelessness?**

AGE _____ DON'T KNOW DECLINE TO ANSWER

4. **In total, for *how much time* have you experienced homelessness over the PAST YEAR (the last 12 months)?** [Does not need to be exact. Best estimate.]

LENGTH _____ DAYS | WEEKS | MONTHS DON'T KNOW DECLINE TO ANSWER

➔ **4b. In total, *how many different times* have you experienced homelessness over the PAST YEAR? (the last 12 months)** [Best estimate.]

NUMBER OF TIMES _____ [Includes this time] DON'T KNOW DECLINE TO ANSWER

5. Have you stayed in a homeless shelter in the past year? For example, the Mustard Seed, Curling Club, the Emerald Centre.

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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→ **5b. If not, what are the main reasons?** [Do not read categories; select all that apply]

<input type="checkbox"/> TURNED AWAY (SHELTERS ARE FULL)	<input type="checkbox"/> FEAR FOR SAFETY	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> TURNED AWAY (BANNED)	<input type="checkbox"/> BED BUGS & OTHER PESTS	<input type="checkbox"/> DON'T KNOW
<input type="checkbox"/> LACK OF TRANSPORTATION	<input type="checkbox"/> CROWDED	<input type="checkbox"/> DECLINE TO ANSWER

6. Did you come to Canada as an immigrant, refugee or a refugee claimant (i.e. applied for refugee status after coming to Canada)?

<input type="radio"/> YES, IMMIGRANT -----> <input type="radio"/> YES, REFUGEE-----> <input type="radio"/> YES, REFUGEE CLAIMANT-----> <input type="radio"/> NO <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER	6b. How long have you been in Canada? If YES: <ul style="list-style-type: none"> <input type="radio"/> LENGTH: _____ DAYS WEEKS MONTHS YEARS OR DATE: ____/____/____ DAY / MONTH / YEAR <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER
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7. How long have you been in Kamloops?

<input type="radio"/> LENGTH _____ DAYS / WEEKS / MONTHS / YEARS	<input type="radio"/> ALWAYS BEEN HERE	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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↪ **7b. Where did you live before you came here?**

<input type="radio"/> CITY: _____ PROVINCE/TERRITORY/COUNTRY: _____
<input type="radio"/> DECLINE TO ANSWER

→ **7c. What is the main reason you came to Kamloops?** [Do not read categories; select one]

<input type="radio"/> TO ACCESS EMERGENCY SHELTER(S)	<input type="radio"/> EMPLOYMENT (SEEKING)	<input type="radio"/> RECREATION/SHOPPING
<input type="radio"/> TO ACCESS SERVICES AND SUPPORTS	<input type="radio"/> EMPLOYMENT (SECURED)	<input type="radio"/> OTHER: _____
<input type="radio"/> FAMILY MOVED HERE	<input type="radio"/> TO ATTEND SCHOOL	<input type="radio"/> DON'T KNOW
<input type="radio"/> TO VISIT FRIENDS/FAMILY	<input type="radio"/> FEAR FOR SAFETY	<input type="radio"/> DECLINE TO ANSWER
<input type="radio"/> TO FIND HOUSING		

8. Do you identify as First Nations (with or without status), Métis, or Inuit, or do you have North American Indigenous ancestry? [If yes, please specify]

<input type="radio"/> YES, FIRST NATIONS	<input type="radio"/> YES, MÉTIS	<input type="radio"/> NO	<input type="radio"/> DECLINE TO ANSWER
<input type="radio"/> YES, INUIT	<input type="radio"/> YES, INDIGENOUS ANCESTRY	<input type="radio"/> DON'T KNOW	

→ **8b. In addition to your response in the question above, do you identify with any of the racial identities listed below?** [Show or Read list. Select all that apply]

<input type="checkbox"/> ARAB (e.g., Syrian, Egyptian, Yemeni)	<input type="checkbox"/> BLACK-AFRO-CARIBBEAN OR AFRO-LATINX (e.g., Jamaican, Haitian, Afro-Brazilian)
<input type="checkbox"/> ASIAN-EAST (e.g., Chinese, Korean, Japanese)	<input type="checkbox"/> LATIN AMERICAN (e.g., Brazilian, Mexican, Chilean, Cuban)
<input type="checkbox"/> ASIAN- SOUTH-EAST (e.g., Filipino, Vietnamese, Cambodian, Malaysian, Laotian)	<input type="checkbox"/> WHITE (e.g. European, French, Ukrainian, Euro-Latinx)
<input type="checkbox"/> ASIAN-SOUTH OR INDO-CARIBBEAN (e.g., Indian, Pakistani, Sri Lankan, Indo-Guyanese, Indo-Trinidadian)	<input type="checkbox"/> NOT LISTED (PLEASE SPECIFY): _____
<input type="checkbox"/> ASIAN-WEST (e.g., Iranian, Afghan)	<input type="checkbox"/> IDENTIFY AS INDIGENOUS ONLY
<input type="checkbox"/> BLACK-CANADIAN/AMERICAN	<input type="checkbox"/> DON'T KNOW
<input type="checkbox"/> BLACK-AFRICAN (e.g., Ghanaian, Ethiopian, Nigerian)	<input type="checkbox"/> DECLINE TO ANSWER

9. Have you ever served in the Canadian Military or RCMP? [Military includes Canadian Navy, Army, or Air Force]

<input type="checkbox"/> YES, MILITARY	<input type="checkbox"/> BOTH MILITARY AND RCMP	<input type="checkbox"/> DON'T KNOW
<input type="checkbox"/> YES, RCMP	<input type="checkbox"/> NO	<input type="checkbox"/> DECLINE TO ANSWER

10. As a child or youth, were you ever in foster care or in a youth group home? [Note: This question applies specifically to child welfare programs.]

<input type="radio"/> YES (Ask 10b)	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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→ **10b. Have you ever experienced homelessness while being in care?**

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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11. Do you identify as having any of the following health challenges at this time:

ILLNESS OR MEDICAL CONDITION [e.g. diabetes, arthritis, TB, HIV]	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
PHYSICAL LIMITATION [e.g. challenges with mobility, physical abilities or dexterity]	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
LEARNING OR COGNITIVE LIMITATIONS [e.g. dyslexia, autism spectrum disorder, or as a result of ADHD or an acquired brain injury]	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
MENTAL HEALTH ISSUE [diagnosed/undiagnosed] [e.g. depression, Post traumatic stress disorder (PTSD), bipolar disorder]]	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
SUBSTANCE USE ISSUE [e.g. tobacco, alcohol, opiates]	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER

12. What gender do you identify with? [Show list.]

<input type="radio"/> MAN	<input type="radio"/> TRANS WOMAN	<input type="radio"/> NOT LISTED: _____
<input type="radio"/> WOMAN	<input type="radio"/> TRANS MAN	<input type="radio"/> DON'T KNOW
<input type="radio"/> TWO-SPIRIT	<input type="radio"/> NON-BINARY (GENDERQUEER)	<input type="radio"/> DECLINE TO ANSWER

13. How do you describe your sexual orientation, for example straight, gay, lesbian? [Show list.]

<input type="radio"/> STRAIGHT/HETEROSEXUAL	<input type="radio"/> BISEXUAL	<input type="radio"/> ASEXUAL	<input type="radio"/> NOT LISTED: _____
<input type="radio"/> GAY	<input type="radio"/> TWO-SPIRIT	<input type="radio"/> QUESTIONING	<input type="radio"/> DON'T KNOW
<input type="radio"/> LESBIAN	<input type="radio"/> PANSEXUAL	<input type="radio"/> QUEER	<input type="radio"/> DECLINE TO ANSWER

14. What happened that caused you to lose your housing most recently? [Do not read the options. Check all that apply. "Housing" does not include temporary arrangements (e.g., couch surfing) or shelter stays. Follow up for the reason if the respondent says "eviction" or that they "chose to leave".]

A: HOUSING AND FINANCIAL ISSUES	B: INTERPERSONAL AND FAMILY ISSUES	C: HEALTH OR CORRECTIONS
<input type="checkbox"/> NOT ENOUGH INCOME FOR HOUSING (E.G. LOSS OF BENEFIT, INCOME, OR JOB)	<input type="checkbox"/> CONFLICT WITH: SPOUSE / PARTNER	<input type="checkbox"/> PHYSICAL HEALTH ISSUE
<input type="checkbox"/> UNFIT/UNSAFE HOUSING CONDITION	<input type="checkbox"/> CONFLICT WITH: PARENT / GUARDIAN	<input type="checkbox"/> MENTAL HEALTH ISSUE
<input type="checkbox"/> BUILDING SOLD OR RENNOVATED	<input type="checkbox"/> CONFLICT WITH: OTHER (_____)	<input type="checkbox"/> SUBSTANCE USE ISSUE
<input type="checkbox"/> OWNER MOVED IN	<input type="checkbox"/> EXPERIENCED ABUSE BY: SPOUSE / PARTNER	<input type="checkbox"/> HOSPITALIZATION OR TREATMENT PROGRAM
<input type="checkbox"/> LANDLORD/TENANT CONFLICT	<input type="checkbox"/> EXPERIENCED ABUSE BY: PARENT / GUARDIAN	<input type="checkbox"/> INCARCERATION (JAIL OR PRISON)
<input type="checkbox"/> COMPLAINT (E.G. PETS/NOISE/DAMAGE)	<input type="checkbox"/> EXPERIENCED ABUSE BY: OTHER (_____)	
<input type="checkbox"/> LEFT THE COMMUNITY/RELOCATED	<input type="checkbox"/> DEPARTURE OF FAMILY MEMBER	
<input type="checkbox"/> OTHER REASON: _____	<input type="checkbox"/> EXPERIENCED DISCRIMINATION	
	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER

→ **14b. Was your most recent housing loss related to the COVID-19 pandemic?**

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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→ **14c. How long ago did that happen (that you lost your housing most recently)?** (Best estimate)

<input type="radio"/> LENGTH _____ DAYS WEEKS MONTHS YEARS	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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15. What are your sources of income? [Reminder that this survey is anonymous. **Read list** and check all that apply.]

<input type="checkbox"/> FULL TIME EMPLOYMENT	<input type="checkbox"/> EMPLOYMENT INSURANCE	<input type="checkbox"/> CHILD AND FAMILY TAX BENEFITS
<input type="checkbox"/> PART TIME EMPLOYMENT	<input type="checkbox"/> DISABILITY BENEFIT [Name of PROV. DISABILITY BENEFIT]	<input type="checkbox"/> GST/HST REFUND
<input type="checkbox"/> CASUAL EMPLOYMENT (E.G. CONTRACT WORK)	<input type="checkbox"/> SENIORS BENEFITS (E.G. CPP/OAS/GIS)	<input type="checkbox"/> OTHER MONEY FROM A SERVICE AGENCY
<input type="checkbox"/> INFORMAL INCOME SOURCES (E.G. BOTTLE RETURNS, PANHANDLING)	<input type="checkbox"/> WELFARE/SOCIAL ASSISTANCE [Prov. Benefit]	<input type="checkbox"/> OTHER SOURCE: _____
<input type="checkbox"/> MONEY FROM FAMILY/FRIENDS	<input type="checkbox"/> VETERAN/VAC BENEFITS	<input type="checkbox"/> NO INCOME
		<input type="checkbox"/> DECLINE TO ANSWER

16. Where do you mainly access food?

<input type="checkbox"/> SHELTER	<input type="checkbox"/> GROCERY STORE	<input type="checkbox"/> VENDING MACHINE	<input type="checkbox"/> CONVENIENCE STORE
<input type="checkbox"/> FOOD BANK	<input type="checkbox"/> FRIENDS / FAMILY	<input type="checkbox"/> CHURCH	<input type="checkbox"/> FAST FOOD
<input type="checkbox"/> AGENCY (I.E. MUSTARD SEED)	<input type="checkbox"/> COMMUNITY PROGRAM (I.E. Mount Paul Community Food Centre)	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER
<input type="checkbox"/> OUTREACH SERVICES		<input type="checkbox"/> OTHER: _____	

➔ **16b. Do you have access to meal services in Kamloops for at least 2 meals per day?** [Equivalent to a sandwich]

<input type="radio"/> YES	<input type="radio"/> NO (Ask 16c)	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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➔ **16c. What days do you feel you do not have access to meal services in Kamloops for at least 2 meals per day?** [Equivalent to a sandwich] Check all that apply.

<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> THURSDAY
<input type="checkbox"/> FRIDAY	<input type="checkbox"/> SATURDAY	<input type="checkbox"/> SUNDAY	<input type="checkbox"/> DON'T KNOW
<input type="checkbox"/> DECLINE TO ANSWER	<input type="checkbox"/> OTHER _____		

17. Are you a Pet owner?

<input type="radio"/> YES (Ask 17b)	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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➔ **17b. Is/are your pet(s) with you?**

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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18. In the past year have you accessed medical care?

<input type="radio"/> YES (Ask 19b)	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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➔ **18b. What type of medical care did you access?**

<input type="checkbox"/> AMBULANCE	<input type="checkbox"/> FAMILY DOCTOR	<input type="checkbox"/> COMMUNITY CLINIC
<input type="checkbox"/> WALK IN CLINIC	<input type="checkbox"/> HOSPITAL EMERGENCY	<input type="checkbox"/> TELEPHONE HEALTH LINE
<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER	<input type="checkbox"/> OTHER: _____

19. Do you currently have valid, government-issued ID?

<input type="radio"/> YES (Ask 19b)	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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20. What are the primary obstacles you have faced in attempting to secure ID?

<input type="checkbox"/> LACK OF SUPPORTING DOCUMENTS	<input type="checkbox"/> LACK OF MONEY	<input type="checkbox"/> TRANSPORTATION
<input type="checkbox"/> I DON'T KNOW WHERE TO BEGIN	<input type="checkbox"/> I DON'T KNOW THE PROCESS	<input type="checkbox"/> NO FIXED ADDRESS
<input type="checkbox"/> OTHER: _____		

APPENDIX E: Unsheltered Enumeration

UNSHELTERED TALLY SHEET

Area: _____ Time: _____ to _____

Interviewer: _____ Contact phone #: _____

Instructions: For those who are *not surveyed*, please fill in the sheet below indicating the reason. For those who DECLINE or are OBSERVED only, but who are clearly experiencing homelessness, please also indicate the reason you believe they are homeless (e.g., asleep outside with belongings).

#	Location (e.g., building, park, nearest intersection)	Reason not Surveyed				Observed Homeless	*Observed Homelessness
		Declined*	Already Responded	Screened Out (Response to C)	Observed*		Indicators of Homelessness
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
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26							

APPENDIX F: Resources List



Resources List

City of Kamloops

INTERIOR HEALTH

Alcohol and Drug Info: 1-800-663-1441

Mental Health and Substance Use Services:

Interior Crisis Line Network: 1-888-353-2273

235 Lansdowne St

Street Nurse Outreach:

250-851-7388

Wednesday 1:00-3:00PM

King Street Centre, 126 King Street

- Naloxone
- TB Skin Testing
- HIV/STI Testing
- Immunizations
- Links to resources
- Harm reduction supplies/teaching
- Pregnancy outreach
- Basic wound care
- Health promotion education

Supervised Consumption Site

Monday – Friday 10:00AM-6:00PM

Beside Crossroads Inn, 569 Seymour Street

- Harm reduction supply distribution and education
- Needle disposal
- Assessment and referral to services (methadone, suboxone, treatment options, housing)
- Basic nursing care
- Supervised consumption
- Drug checking

THE ASK WELLNESS SOCIETY

433 Tranquille Rd.

Main Phone Number

250-376-7558

Needle Clean Up Hotline

778-257-1292

INTERIOR COMMUNITY SERVICES

Youth Outreach

250-374-7435 or 250-819-0170

To connect street-entrenched youth to age-appropriate services and resources.

CANADIAN MENTAL HEALTH ASSOCIATION

250-374-0440 or kamloops@cmha.bc.ca

Emerald Centre Homeless Shelter

250-372-3031

Open 7 days per week, 365 days per year. Low barrier, co-ed shelter.

- Harm reduction supply distribution and education
- Case management and referral to services, including housing placement and stability

Clubhouse

250-374-0440

Services provided to 18+ who have been diagnosed with a mental illness and/or substance related disorder

- Vocation
- Leisure
- Recreation
- Health & Wellness
- Personal Education

Bounce Back

250-374-0440

Program to help adults experiencing mild to moderate depression or anxiety. Delivered via telephone.

Consumer Facilitation Fund

Funding allocated to individuals diagnosed with mental health and/or substance related issues.

KAMLOOPS ABORIGINAL FRIENDSHIP SOCIETY

Mini-storage

250-828-2555

48 Victoria Street West

7 Days a week, 11:00AM-5:00PM

- Mini-storage units
 - o Mini-storage Program: No cost storage of belongings. One bin per person. Clients must check in weekly.
- Laundry
- Mail
- Showers

KAFS Office

250-376-1296

125 Palm St.

- Youth & Education
- Health Services
- Elders & Cultural Services
- Child & Family Services
- Mental Health Clinician
- Alcohol & Drug Councillor

THE MUSTARD SEED OUTREACH CENTRE

Outreach Centre

181 Victoria St W

250-434-9898 ext. 120

Infokamloops@theseed.ca

KAMLOOPS Y

Y Women's Emergency Shelter

Call: 250-374-6162 Text: 250-682-7931

For a safe refuge, support for women and children, 24/7 phone support, referrals to community resources, and more. Our services are offered free of charge.

- Daily health screenings for staff and residents
- Private bedrooms and bathrooms available for women with or without children
- Rooms have fridges, kettles and toasters as well as coffee, tea and snacks provided for families that want to spend time in their room
- Meals that are prepared by Shelter staff in a clean and disinfected kitchen
- An isolation area for any families that need to quarantine

Stopping the violence Outreach Services

Call or text 250-320-3110

For community based support including referral and accompaniment to medical, legal and other service agencies, information and support to empower women who may prefer to navigate these systems and services on their own, individual as well as group and peer support.

PEACE Program

250-376-7800

For individual and group support for children, ages 4-19, who have witnessed violence, mother survivors of violence, and non-offending parents and caregivers. We offer a safe and supportive place to walk alongside those we serve to follow them on their healing journey. Check out our information on counseling, art therapy, groups, and summer day camps.

ELIZABETH FRY SOCIETY

Women and Youth Support

Legal Services & Rent Bank

877-374-2119

A WAY HOME KAMLOOPS

Youth Homelessness

653 Victoria St.
250-828-0446

A Way Home Kamloops is a leader and innovator in preventing and ending youth homelessness. We are a charitable non-profit that provides housing and support services to youth at risk of or experiencing

homelessness. Our organization provides a range of wraparound supports like:

- Prevention
- Housing
- Employment
- Education
- Support

Youth Outreach Services

250-214-1614

MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION

Community Integration Services

866-866-0800

PHOENIX CENTRE

Kamloops Society for Alcohol and Drug Services

250-374-4634

JOHN HOWARD SOCIETY

250-434-1700

JHS provides programs and services for individuals living with developmental disabilities, physical and mental health issues, addictions and homelessness as well as those who have been involved with the health, social and criminal justice systems.

THE LOOP

Community Resource Centre

A place to eat, learn, and gather.

405a Tranquille Rd.

PEOPLE IN MOTION

Community Resource for people with disabilities

250-376-7878

182B Tranquille Rd.

"Creating A Better Tomorrow" for people with disabilities since 1989 by providing fitness, recreational, educational and social programs and services. Our Para Transit bus picks up and provides transportation to our members so they can attend our programs and community events. It can also be chartered out to community.

KAMLOOPS PRIDE

A Safe Place for LGBTQIAP2S+

396 Tranquille Rd
(250) 371-3086

- Drop-in and individual appointments
- Weekly peer group meetings; workshops for community service providers and school groups on sexuality and gender
- E-mail outreach and support; Resource and lending library
- Referrals to other services

FOOD BANK

250-376-2252

171 Wilson St. Kamloops, B.C.

Kamloops Community Meals and Take Away February 2021 **Subject to change

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>Meal Train (city wide meal delivery) 9:00-11:00am 12:00-2:00pm</p> <p>The Loop 405a Tranquille Drop in breakfast 9:00-11:00am and lunch 9:00-11:00am</p> <p>PIT Stop (Kamloops United Church) 421 St Paul- Hot Meal to go 3pm-3:45pm</p> <p>The Mustard Seed 181 West Victoria Street Lunch and Dinner 9:00am – 7:00pm</p>	<p>Meal Train (city wide meal delivery) 9:00-11:00am 12:00-2:00pm</p> <p>The Loop 405a Tranquille Drop in breakfast 9:00-11:00am and lunch 12:00-4:00pm</p> <p>Terrific Takeaways Mount Paul Community Food Centre 12:00-1:00pm</p> <p>The Mustard Seed 181 West Victoria Street Lunch and Dinner 9:00am– 7:00pm</p>	<p>Meal Train (city wide meal delivery) 9:00-11:00am 12:00-2:00pm</p> <p>The Loop 405a Tranquille Drop in breakfast 9:00-11:00am and lunch 12:00-4:00pm</p> <p>Salvation Army Food Truck- The Duchess 12:00- 1:30pm</p> <p>The Mustard Seed 181 West Victoria Street Lunch and Dinner 9:00am – 7:00pm</p>	<p>Meal Train (city wide meal delivery) 9:00-11:00am 12:00-2:00pm</p> <p>The Loop 405a Tranquille Drop in breakfast 9:00-11:00am and lunch 12:00-4:00pm</p> <p>Meal Delivery Mount Paul Community Food Centre registration required 12:30-2:30pm</p> <p>Salvation Army Food Truck- Motel 6 <u>11:30- 12:00pm</u> Tournament Inn <u>12:00- 12:30pm</u> Storage Centeracross City Hall <u>12:30- 1:15pm</u></p> <p>The Mustard Seed - 181 West Victoria Street Lunch and Dinner 9:00am – 7:00pm</p>	<p>Meal Train (city wide meal delivery) 9:00-11:00am 12:00-2:00pm</p> <p>The Loop 405a Tranquille Drop in breakfast 9:00-11:00am and lunch 12:00-4:00pm</p> <p>Terrific Takeaways Mount Paul Community Food Centre 12:00-1:00pm</p> <p>The Mustard Seed 181 West Victoria Street Lunch and Dinner 9:00am - 7:00pm</p>	<p>Meal Train (city wide meal delivery) 9:00-11:00am 12:00-2:00pm</p> <p>The Loop 405a Tranquille Drop in breakfast 9:00-11:00am and lunch 12:00-4:00pm</p> <p>Meal Delivery Mount Paul Community Food Centre registration required 12:30-2:30pm</p> <p>The Mustard Seed 181 West Victoria Street Lunch and Dinner 9:00am- 7:00pm</p>	<p>Meal Train (city wide meal delivery) 9:00-11:00am 12:00-2:00pm</p> <p>The Loop 405a Tranquille (warming center Saturday eve 3pm-12pm) Drop in breakfast 9:00-11:00am and lunch Indigenous meal</p> <p>The Mustard Seed 181 West Victoria Street Lunch and Dinner 9:00am- 7:00pm</p>

Visit www.kamloopschangingthefaceofpovetry.com to view Kamloops Community Food Supports document

Kamloops Community Meals and Take Away February 2021 **Subject to change

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	<p>Youth</p> <p>Youth Street Outreach Meal Delivery (around City) 9:30- 11:30am 2:00- 9:30pm AND Meals to go (ages 13-24) 408 Seymour 1:00-3:00pm</p> <p>Boys and Girls ClubHot Meal (ages 11-18) AND The Necessities Nook- hampers (ages 11-24) 3pm-6pm Youth Room Door- John Tod Centre</p>	<p>Youth</p> <p>Youth Street Outreach Meal Delivery (around City) 9:30- 11:30am 2:00- 9:30pm AND Meals to go (ages 13-24) 408 Seymour 1:00-3:00pm</p> <p>Boys and Girls ClubHot Meal (ages 11-18) AND The Necessities Nook - hampers (ages 11-24) 3pm-6pm Youth Room Door- John Tod Centre</p>	<p>Youth</p> <p>Youth Street Outreach Meal Delivery (around City) 9:30- 11:30am 2:00- 9:30pm AND -Meals to go (ages 13-24) 408 Seymour 1:00-3:00pm</p> <p>Boys and Girls ClubHot Meal (ages 11-18) AND The Necessities Nook - hampers (ages 11-24) 3pm-6pm Youth Room Door- John Tod Centre</p>	<p>Youth</p> <p>Youth Street Outreach Meal Delivery (around City) 9:30- 11:30am 2:00- 9:30pm AND Meals to go (ages 13-24) 408 Seymour 1:00-3:00pm</p> <p>Boys and Girls ClubHot Meal (ages 11-18) AND The Necessities Nook - hampers (ages 11-24) 3pm-6pm Youth Room Door- John Tod Centre</p>	<p>Youth</p> <p>Youth Street Outreach Meal Delivery (around City) 9:30- 11:30am 2:00- 9:30pm AND Meals to go (ages 13-24) 408 Seymour 1:00-3:00pm</p> <p>Boys and Girls ClubHot Meal (ages 11-18) AND The Necessities Nook - hampers (ages 11-24) 3pm-6pm Youth Room DoorJohn Tod Centre</p> <p>Family Night Grab and Go Dinner 5:30-5:45 must pre-register Boys and Girls Club Facebook Page</p> <p>Friday Night Live (ages 13-18)- Drop in 8:30pm-11:30pm Boys & Girls Club</p>	

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