



Métis Citizenship

- 1) What City or Town or rural area do you live in? _____
- 2) Are you a member of a Métis Local? If so which Local? _____
- 3) How many people in the household identify as Métis? _____
- 4) How many people in the household have updated Métis citizenship cards?

<input type="checkbox"/>	Female	16 - 19
<input type="checkbox"/>	Male	years
<input type="checkbox"/>	Female	20 - 44
<input type="checkbox"/>	Male	years
<input type="checkbox"/>	Female	45 - 64
<input type="checkbox"/>	Male	years
<input type="checkbox"/>	Female	65 years
<input type="checkbox"/>	Male	& older

- 5) How many people in the house have applied or are currently applying for their Métis cards? _____

Household Structure

- 5) How many people of each age and sex are there in your household? Are they ?

		Métis	Non Status	First Nation	Non-Indigenous
0 - 9 years	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 - 15 years	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 - 19 years	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 - 44 years	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45 - 64 years	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65 - 74 years	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75 years & older	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 6) Describe the household structure.
 - Single Person
 - Couple
 - Family (one adult with children)
 - Family (two adults with children)

Multi-Family - more than one family in the household

Blended family - a couple and children from this and previous relationships

Multi-generational family - more than two generations living under the same roof

Other: _____



Declaration of Income

7) What is the combined average total income of the household?

- Under \$5,000
- \$5,000 to \$9,999
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 and over

8) Please identify your source of income.

Employment income

- Full-time
- Part-time
- Seasonal
- Contract
- Employment Insurance
- E.I. Maternity Leave
- E.I. Disability
- Worker's Compensation
- Old Age Security
- Canada Pension Plan
- Social Assistance
- Student bursary/loan
- Veteran's Allowance
- Disability pension

9) Is there anyone in the house that is homeless or couch surfing? Homeless being defined as without a home or emergency sheltered, or unsheltered and living on the streets, or provisionally sheltered or at the risk of homelessness. Couch surfing is staying with other people short term.

- Yes
- No

If Yes, how many individuals _____



- 10) Is there anyone living in the household that is not homeless but requires additional support or service to maintain stable housing due to challenges with disabilities, mental health issues, addiction issues, behavioural issues, etc.

Yes
 No

- 11) Is there anyone living in the household who is homeless and requires additional support or service to maintain stable housing due to challenges with disabilities, mental health issues, addiction issues and/or behavioural issues, etc.

YES
 NO

Current Household Costs

- 12) How much does your household pay in rent/mortgage on a monthly bases?

Rent

Under \$299
 \$300 to \$499
 \$500 to \$749
 \$750 to \$999
 over \$1000

Mortgage

Under \$299
 \$300 to \$499
 \$500 to \$749
 \$750 to \$999
 over \$1000

- 13) What amount does your household currently contribute to utility expenses monthly?

Less than \$99
 \$100 to \$199
 \$200 to \$299
 \$300 to \$399
 \$400 to \$499
 More than \$500

Status of Current Home

- 14) How long has your household resided in the current home?

- Less than 1 year
- 1 - 3 years
- More than 3 years but less than 10 years
- More than 10 years



15) What type of home you are currently residing in?

- House
- Multi-unit (i.e. duplex, four-plex, townhouse, etc.)
- Apartment
- Mobile home
- Seniors complex
- Other: _____

16) Number of bedrooms in your current home?

- One
- Two
- Three
- Four or more

17) Number of bathrooms in current home?

- One
- Two
- Three
- Four or more

18) What type of heating system does your house operate on?

- Electric
- Propane
- Natural Gas
- Diesel Fuel
- Wood
- Other: _____



Home Living Status

19) Does the household own, rent, etc. the home?

- Own, with mortgage
- Own, without mortgage
- Rent, from housing corporation
- Rent, privately
- Staying with friends or family
- Nursing home
- Assisted living
- Group home
- Halfway house
- Hotel
- Homeless
- Other: _____

20) If given the opportunity to rent or own, which option would be preferred?

- Rent
- Rent to own
- Own
- Other

Home Condition

21) Please give the reasons if your current home does not meet your household needs.
Please choose all that applies.

- Too small
- Too large
- Needs major repair
- Unsuitable for physical needs
- Temporary accommodations
- Need to live closer to medical facilities
- Need to live closer to employment
- Overcrowding
- Need to live closer to family for care giving
- Other: _____
- None



22) Do you have any of the following housing related needs? Please choose all that apply?

- Home not safe
- Housing not affordable
- Additional space
- Handicap access or modification
- Mortgage or assistance
- Other medical related accommodations
- Pet friendly environment
- Utility assistance
- Neighbourhood not safe
- Other
- None

23) When was your current home built?

- Less than 2 years ago
- Between 2 and 10 years ago
- Between 10 and 20 years ago
- Over 20 years ago

24) Overall, describe the condition of the home?

- Good condition
- Fair condition
- Poor condition

25) If in poor condition, describe?

- Exterior wall
- Windows and doors
- Roof
- Eavestrough/downspouts
- Stairs, ramp and deck
- Foundation
- Interior walls
- Kitchen
- Bathroom (s)
- Bedrooms
- Flooring
- Plumbing



Housing Satisfaction

26) Please rate the level of satisfaction the household has with their current home.

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied

27) Has the household's housing situation improved or deteriorated in the last 5 years?

- Improved
- Deteriorated

28) Please identify any other challenges/issues with your housing needs.

Pathways to Wellness

Recreation

29) From the list below, indicate those facilities that your family (living in your household) used over the last year:

- Swimming pool
- Playground
- Baseball diamond
- Football field
- Soccer field
- Basketball court
- Volleyball court
- Tennis court
- Badminton court
- Gymnasium
- Golf course
- Other: _____



Household Education

30) From the list below, indicate those services that your family (living in your household) used over the last year.

- Daycare
- Pre-school
- Elementary School
- High-School
- Post-secondary
- Trades/ apprenticeship
- Upgrading
- Prenatal
- Parenting programs
- Other: _____

Senior's Care

31) From the list below, is long term care:

- a) Affordable
- Not affordable
- b) Available in your community
- Not available in your community
- c) Meets your needs
- Doesn't meet your needs

Comments: _____

32) From the list below, is assisted living:

- a) Affordable
- Not affordable
- b) Available in your community
- Not available in your community
- c) Meets your needs
- Doesn't meet your needs

Comments: _____



33) From the list below, is home care:

- a) Available in your community
- Not available in your community
- b) Meets your needs
- Doesn't meet your needs

Comments: _____

34) From the list below, are mental health services:

- a) Available in your community
- Not available in your community
- b) Meets your needs
- Doesn't meet your needs

Comments: _____

35) From the list below, is the elder's complex:

- a) Available in your community
- Not available in your community
- d) Affordable
- Not affordable
- c) Is full, on the waiting list
- Is full, not on the waiting list
- b) Meeting your needs
- Not meeting your needs

Comments: _____

