EXPLORING YOUR LIFE INTENTIONS

Date: ____________________________

The purpose of this self-assessment is to help you:
- Identify housing; legal & advocacy; learning, training & skills; health & wellness; community & belonging; and/or employment & volunteering issues that you may be facing,
- Identify barriers that prevent you from resolving such issues, and
- Explore opportunities that may be a fit for you and decide on whether to pursue such supports.

This is part of a larger project that involves converting the paper *Life Intentions Self-Assessment* and *Guide to Services* to an electronic format that you can access by any phone, tablet or computer (e.g., public library). It is hoped that this will provide you with anytime access to more options for support.

It will take approximately 20-25 minutes to complete the full self-assessment. You may also choose to only complete a few sections of your choice.

**LIFE INTENTIONS**
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HOUSING

1. How long have you lived in the city of Vancouver? _____ _____ ____
   Days   Months   Years

2. Would you like to stay in the Vancouver area? □ Yes □ No □ Maybe

3. If No or Maybe, what community within BC or across Canada would you like to move to, if support was provided to help you get there? ________________________________

4. Why did you select this community? ________________________________

5. How long have you lived at your current address? ____ Months ____ Years

6. In the next year, would you like to move to other housing in the Vancouver area?
   □ Yes □ No □ Maybe

7. If Yes or Maybe, what neighborhood would you like to move to?

   _____________________________________________

8. What type of housing would you like to move into (e.g., basement suite, studio apartment, two-bedroom shared apartment with partner/roommate, other)?

   _____________________________________________
9. What supports would you require to reach your housing intentions?  
(Check all that apply)

☐ Apartment rental search  ☐ Transportation costs to move to another community
☐ First month’s rent and security deposit  ☐ Moving expenses (e.g., U-Haul truck rental)
☐ Modest household furnishings and kitchen essentials  ☐ Other: ____________________________

10. What personal knowledge, strengths and skills can you bring to support your housing intentions?

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______________________________________________________________________________
EMPLOYMENT

1. Are you currently working? □ Yes  □ No

2. If Yes, what do you currently do?  *(Please complete table)*

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<th>Job Title/Duties</th>
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3. In the next year, do you want to look for new paid employment?
   □ Yes  □ No  □ Maybe

4. If Yes or Maybe, what type of work would you prefer to do?  *(Check all that apply)*

- □ Landscaping
- □ Retail/Sales
- □ Front Desk/Security
- □ Arts
- □ Janitorial
- □ Restaurant/Hospitality
- □ Professional (e.g. teacher, accountant)
- □ Construction
- □ Skilled trade (e.g. plumber)
- □ Self-Employed
- □ Peer Support/Mentor
- □ Other: ________________

5. What supports would help you achieve your work intentions?  *(Check all that apply)*

- □ Career counselling
- □ Computer skills training
- □ Resume building
- □ Vocational training
- □ Help with job search
- □ Language classes
- □ Interview skills
- □ Clothing/equipment provided
- □ Flexible work schedule
- □ Upgrading certificates/high school
- □ Other: ________________

6. What personal knowledge, strengths and skills can you bring to support your work intentions?

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LEARNING, TRAINING & SKILLS

1. What is the highest level of learning or training you have completed?

☐ Highest grade completed (Please specify: ________________________________)

☐ Vocational training (Please specify: ________________________________)

☐ Partially completed college or university (Please specify: __________________)

☐ College/University graduate (Please specify: ________________________________)

☐ Trade/Technical designation (Please specify: ________________________________)

☐ Certificates completed (Please specify: ________________________________

______________________________________________________________)

2. Do you want to further your learning, training or skills in the next year?

☐ Yes  ☐ No  ☐ Maybe

3. If Yes or Maybe, what do you intend to do?

☐ Computer skills training  ☐ College/university classes

☐ Language classes (ESL)  ☐ Trade/technical/vocational training

☐ GED classes/finishing high school  ☐ Other: ________________________________

☐ Upgrading high school classes

4. What personal knowledge, strengths and skills can you bring to support your learning, training or skill development intentions?

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VOLUNTEERING

1. Are you currently volunteering?  ☐ Yes  ☐ No

2. If Yes, what do you currently do?  (Please complete table)

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3. Do you want to volunteer in the next year?
   ☐ Yes  ☐ No  ☐ Maybe

4. If Yes or Maybe, what type of volunteering would you prefer to do?  (Check all that apply)
   ☐ Arts & Culture
   ☐ Community Development & Housing
   ☐ Disability Services
   ☐ Education & Research
   ☐ Environment & Animals
   ☐ Family & Children
   ☐ Health & Social Services
   ☐ Immigrant Services
   ☐ Indigenous Services
   ☐ Law, Advocacy & Politics
   ☐ LGBTQ2S+
   ☐ Fundraising
   ☐ Religion & Spirituality
   ☐ Seniors
   ☐ Sports & Recreation
   ☐ Volunteer Coordination
   ☐ Women's Services
   ☐ Youth Development
   ☐ Other: ________________

5. What personal knowledge, strengths and skills can you bring to support your volunteer intentions?

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HEALTH & WELLNESS

**Physical Health**

1. How would you rate your current physical health? *(Please circle number)*

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2. Do you want to seek physical health services in the next year?

☐ Yes  ☐ No  ☐ Maybe

3. What personal knowledge, strengths and skills can you bring to support your physical health intentions?

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**Dental Health**

1. How would you rate your current dental health? *(Please circle number)*

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2. Do you want to seek dental health services in the next year?

☐ Yes  ☐ No  ☐ Maybe

3. What personal knowledge, strengths and skills can you bring to support your dental health intentions?

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**Hearing**

1. How would you rate your current hearing? *(Please circle)*

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<td>Serious hearing issues</td>
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</table>

2. Do you want to seek hearing health services in the next year?  
☐ Yes  ☐ No  ☐ Maybe

3. What personal knowledge, strengths and skills can you bring to support your hearing health intentions?
______________________________________________________________________
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**Eyesight**

1. How would you rate your current eyesight? *(Please circle)*

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<td>Serious eyesight issues</td>
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</table>

2. Do you want to seek eyesight health services in the next year?  
☐ Yes  ☐ No  ☐ Maybe

3. What personal knowledge, strengths and skills can you bring to support your eyesight health intentions?
______________________________________________________________________
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Substance Use

1. How would you rate your substance use (SU)? (Please circle)

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<td>Serious SU issues</td>
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</table>

2. Do you want to seek substance use services in the next year?

☐ Yes  ☐ No  ☐ Maybe

3. What personal knowledge, strengths and skills can you bring to support your substance use intentions?

______________________________________________________________________
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Mental Health

1. How would you rate your mental health (MH)? (Please circle)

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<td>Serious MH issues</td>
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</table>

2. Do you want to seek mental health services in the next year?

☐ Yes  ☐ No  ☐ Maybe

3. What personal knowledge, strengths and skills can you bring to support your mental health intentions?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
ADVOCACY & LEGAL

Advocacy (accessing benefits, finances, victim services, etc.)

1. Do you want to seek advocacy services in the next year?
   ◯ Yes   ◯ No   ◯ Maybe

2. If Yes or Maybe, in what area(s) do you need advocacy help? (Check all that apply)
   ◯ Accessing housing, employment, or benefits
   ◯ Victim services
   ◯ Filing taxes
   ◯ Help managing finances
   ◯ ID replacement
   ◯ Other: ______________

3. What personal knowledge, strengths and skills can you bring to support your advocacy intentions?
   _______________________________________________________________________
   _______________________________________________________________________

Legal

1. Do you want to seek legal assistance in the next year?
   ◯ Yes   ◯ No   ◯ Maybe

2. If Yes or Maybe, in what area(s) do you need legal help? (Check all that apply)
   ◯ Child custody
   ◯ Fines and pending charges (e.g., Criminal charges, unfiled taxes)
   ◯ Permanent resident status/immigration
   ◯ Criminal pardons
   ◯ Other: ______________

3. What personal knowledge, strengths and skills can you bring to support your legal intentions?
   _______________________________________________________________________
   _______________________________________________________________________


COMMUNITY & BELONGING

1. Do you want to find recreational, community, cultural or spiritual activities or resources in the next year?
   - Yes
   - No
   - Maybe

2. If Yes or Maybe, what would interest you? (Check all that apply)
   - “Things to do” or events around town
   - Access to city pools or skating rinks
   - Connect with the local community
   - Disability services & groups
   - Childcare and parenting resources
   - (English) language & immigration resources
   - Fitness
   - Cultural activities & learning
   - Music
   - Reading & writing
   - Technology & digital literacy
   - Movie nights
   - Connect with a religious or spiritual group or service
   - Seniors groups and events
   - Sports & recreation
   - Arts & crafts
   - Other: ____________

3. What personal knowledge, strengths and skills can you bring to support your community and belonging intentions?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
DEMOGRAPHICS

This information is requested to help us better understand the population and the resources that people are eligible for. Please remember, you can skip any questions you’d prefer not to answer.

1. What is your age?
   - Under 18
   - 18-24 years old
   - 25-54 years old
   - 55+
   - Prefer not to say

2. What gender do you most identify with?
   - Male
   - Female
   - Non-binary
   - Prefer not to say

3. Do you identify with any of the following minority groups? (Check all that apply)
   - Indigenous people (Status Indians, Non-status Indians, First Nations, Metis, Inuit)
   - People with disabilities
   - LGBTQ2S+ (lesbian, gay, bisexual, transgender, queer, two-spirited)
   - Other: ________________________________
   - Prefer not to say
MAKING CHANGES MY WAY

1. **My current goal**: *(Pick one area to work on)*
   - □ Housing
   - □ Employment
   - □ Learning, Training & Skills
   - □ Volunteering
   - □ Health & Wellness:
     - □ Physical
     - □ Dental
     - □ Mental Health
     - □ Eyesight
     - □ Substance Use
     - □ Hearing
   - □ Advocacy & Legal
   - □ Community & Belonging
   - □ Other: ________________________________________________

2. In terms of my focus, *within the next 1-3 months*, I would like to:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   *(e.g., have a job interview; have a pair of glasses; get new BC ID; etc.)*

3. What personal knowledge, strengths and skills can I bring to support my focus?

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   *(e.g., help from friends, has done this before, has financial support set up, has ID)*
4. The following one or more *support opportunities* in the *Guide to Services* would be useful to me:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

5. My progress tracker (*My plan (2-3 smaller steps), my target dates, my progress checkmarks*)

   **STEP 1:**
   
   ____________________________
   
   ____________________________
   
   ____________________________

   **Target Date:**
   
   (e.g.: July 17)

   [✓] When completed

   **STEP 2:**
   
   ____________________________
   
   ____________________________
   
   ____________________________

   **Target Date:**
   
   (e.g.: July 17)

   [✓] When completed

   **STEP 3:**
   
   ____________________________
   
   ____________________________
   
   ____________________________

   **Target Date:**
   
   (e.g.: July 17)

   [✓] When completed

6. Someone I will talk to about my plan (e.g., Support worker, family, friends, etc.)?

________________________________________________________________________

7. How often will I check in with them? ________________________________
8. When will I check in with them? (Date): ____________________

9. Some challenges that I may experience and solutions that will work for me are:

<table>
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<th>Challenge</th>
<th>Solution</th>
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10. In the past, I felt good about overcoming the following problem in my life:

   (complete the chart below)

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<th>My problem was…</th>
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<td>I overcame it by…</td>
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<td>In the end, I felt…</td>
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MAKING MORE OF THE CHANGES I WANT (optional)

1. After I have completed my previous goal, my next focus is:
   - [ ] Housing
   - [ ] Employment
   - [ ] Learning, Training & Skills
   - [ ] Volunteering
   - [ ] Health & Wellness:
     - [ ] Physical
     - [ ] Dental
     - [ ] Hearing
     - [ ] Eyesight
     - [ ] Substance Use
     - [ ] Mental Health
   - [ ] Advocacy & Legal
   - [ ] Community & Belonging
   - [ ] Other: ________________________________

2. I will complete sections 1 to 9 (page 14-16) as before.
## MY RESOURCES

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For more information, please contact info@streetohome.org or visit our website at www.streetohome.org
For the most recent version of the Exploring Your Life Intentions Self-Assessment, please visit http://bit.ly/STHLifeIntentions

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