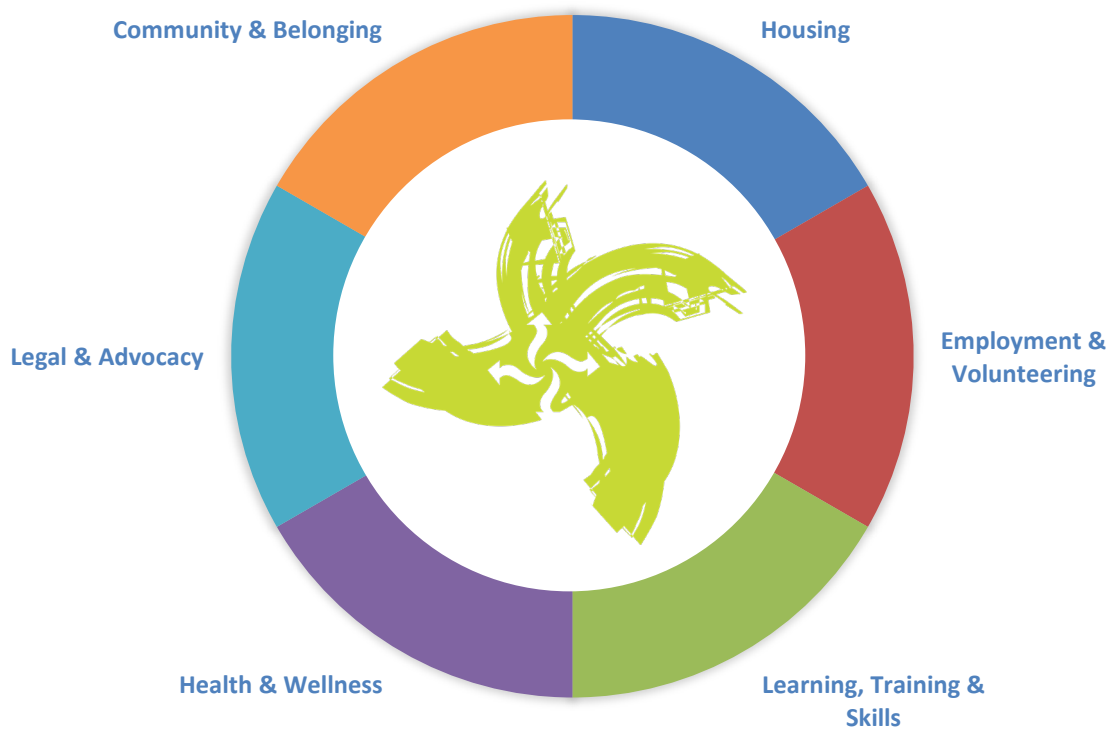


LIFE INTENTIONS ACTION PLANNER

LIFE INTENTIONS



Version 120321

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HOUSING

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

2. 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? _____

3. Why did you select this community? _____

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

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

6. What type of housing would you like to move into? (*Check all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> Supportive housing | <input type="checkbox"/> Shared apartment with partner/roommate |
| <input type="checkbox"/> Subsidized housing | <input type="checkbox"/> Currently renting, but can't afford rent |
| <input type="checkbox"/> Basement suite | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Studio apartment | |

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

- | | |
|--|--|
| <input type="checkbox"/> Apartment rental search | <input type="checkbox"/> Immigrant/refugee settlement services |
| <input type="checkbox"/> First month's rent and security deposit | <input type="checkbox"/> Moving expenses (e.g., U-Haul truck) |
| <input type="checkbox"/> Modest household furnishings and kitchen essentials | <input type="checkbox"/> Transportation costs to move to another community |
| <input type="checkbox"/> Government assistance | <input type="checkbox"/> Other: _____ |

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

EMPLOYMENT

1. In the next year, do you want to look for new paid employment?

- Yes No Maybe

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Janitorial | <input type="checkbox"/> Restaurant/Hospitality |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Retail/Sales |
| <input type="checkbox"/> Community cleaning | <input type="checkbox"/> Peer Support/Mentor | <input type="checkbox"/> Security |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Pest control | <input type="checkbox"/> Skilled trade (e.g., plumber) |
| <input type="checkbox"/> Customer service | <input type="checkbox"/> Professional designation
(e.g. teacher, accountant,
etc.) | <input type="checkbox"/> Self-Employed |
| <input type="checkbox"/> Food services | | <input type="checkbox"/> Tourism |
| | | <input type="checkbox"/> Other: _____ |

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Career counselling | <input type="checkbox"/> Help with job search | <input type="checkbox"/> Upgrading certificates/high school |
| <input type="checkbox"/> Computer skills training | <input type="checkbox"/> Interview skills | <input type="checkbox"/> Vocational training |
| <input type="checkbox"/> Clothing/equipment provided | <input type="checkbox"/> English classes | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Flexible work schedule | <input type="checkbox"/> Resume building | |

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

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?

- | | |
|--|--|
| <input type="checkbox"/> Computer skills training | <input type="checkbox"/> Trade/technical/vocational training |
| <input type="checkbox"/> College/university classes | <input type="checkbox"/> Upgrading high school classes |
| <input type="checkbox"/> GED classes/finishing high school | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> English language classes (ESL) | |

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

VOLUNTEERING

1. Do you want to volunteer in the next year?

- Yes No Maybe

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

- | | |
|--|--|
| <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> LGBTQIA2S+ |
| <input type="checkbox"/> Community Development & Housing | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Disability Services | <input type="checkbox"/> Religion & Spirituality |
| <input type="checkbox"/> Education & Research | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Environment & Animals | <input type="checkbox"/> Sports & Recreation |
| <input type="checkbox"/> Family & Children | <input type="checkbox"/> Volunteer Coordination |
| <input type="checkbox"/> Health & Social Services | <input type="checkbox"/> Women's Services |
| <input type="checkbox"/> Immigrant Services | <input type="checkbox"/> Youth Development |
| <input type="checkbox"/> Indigenous Services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Law, Advocacy & Politics | |

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

HEALTH & WELLNESS

Physical Health

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

1	2	3	4	5	6	7	8	9	10
No physical issues									Serious physical issues

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?

Dental Health

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

1	2	3	4	5	6	7	8	9	10
No dental issues									Serious dental issues

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

Yes No Maybe

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

Hearing

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

1	2	3	4	5	6	7	8	9	10
No hearing issues									Serious hearing issues

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

- Yes No Maybe

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

Eyesight

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

1	2	3	4	5	6	7	8	9	10
No eyesight issues									Serious eyesight issues

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

- Yes No Maybe

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

Substance Use

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

1	2	3	4	5	6	7	8	9	10
No SU issues									Serious SU issues

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?

Mental Wellness

1. How would you rate your mental wellness (MW)? (Please circle)

1	2	3	4	5	6	7	8	9	10
No MW issues									Serious MW issues

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

Yes No Maybe

3. What personal knowledge, strengths and skills can you bring to support your mental wellness 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
- Criminal record expungement
- Fines and pending charges (e.g., Criminal charges, unfiled taxes)
- Permanent resident status/immigration
- Other: _____

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

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*)

- | | |
|--|--|
| <input type="checkbox"/> Accessing housing, employment, or income benefits | <input type="checkbox"/> ID replacement |
| <input type="checkbox"/> Filing taxes | <input type="checkbox"/> Victim services |
| <input type="checkbox"/> Help managing finances | <input type="checkbox"/> Immigrant/refugee settlement services |
| | <input type="checkbox"/> Other: _____ |

3. What personal knowledge, strengths and skills can you bring to support your advocacy 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*)

- | | |
|---|---|
| <input type="checkbox"/> Access to city pools or skating rinks | <input type="checkbox"/> Fitness |
| <input type="checkbox"/> Arts & crafts | <input type="checkbox"/> Movie nights |
| <input type="checkbox"/> Childcare and parenting resources | <input type="checkbox"/> Music |
| <input type="checkbox"/> Connect with the local community | <input type="checkbox"/> Reading & writing |
| <input type="checkbox"/> Connect with a religious or spiritual group or service | <input type="checkbox"/> Seniors groups and events |
| <input type="checkbox"/> Cultural activities & learning | <input type="checkbox"/> Sports & recreation |
| <input type="checkbox"/> Disability services & groups | <input type="checkbox"/> Technology & digital literacy |
| <input type="checkbox"/> (English) language & immigration resources | <input type="checkbox"/> "Things to do" or events around town |
| | <input type="checkbox"/> 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. Please check any service preferences (e.g., Indigenous specific, LGBTQIA2S+ friendly)?
(Check all that apply)

- Everyone (19+) 
- Indigenous (Status Indians, Non-status Indians, First Nations, Metis, Inuit) 
- LGBTQIA2S+ (lesbian, gay, bisexual, transgender, queer, two-spirited) 
- Women 
- Men 
- Youth 
- Family 
- Seniors 
- Immigrant and Convention Refugee 
- Disability (Visible and Invisible) 

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 Wellness
 - Eyesight Substance Use Hearing
- Legal & Advocacy
- 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 *Companion 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)	<input type="checkbox"/> ✓ When completed
STEP 2: _____ _____ _____	Target Date: _____ (e.g.: July 17)	<input type="checkbox"/> ✓ When completed
STEP 3: _____ _____ _____	Target Date: _____ (e.g.: July 17)	<input type="checkbox"/> ✓ 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:

	Challenge	Solution
1		
2		
3		

10. In the past, I felt good about overcoming the following problem in my life:

(complete the chart below)

My problem was...	
At the beginning, I felt...	
I overcame it by...	
In the end, I felt...	

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 Wellness
- Legal & Advocacy
- Community & Belonging
- Other: _____

2. I will complete sections 2-10 (pages 13-15) as before.

MY RESOURCES

Page	Resource
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
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