



**FIRST NATIONS
HOUSING &
HOUSELESSNESS
STORYTELLING TOOL –
TEMPLATE**

<Enter Nation/Community Name>

<Enter date>



PURPOSE OF THE STORYTELLING TOOL

The purpose of this storytelling tool is to help us take steps to improve the quality of life, housing, and basic needs within our community.

PROCEDURE

Please fill out the storytelling tool as best as you can.

Time: 10-15 minutes

This storytelling tool includes questions about your current/past living situation and your hopes for future generations.

If you have any questions about the storytelling tool, please contact your delivery service provider for support.

The storytelling tool is open until <Enter Date>

CONFIDENTIALITY AND DATA PROTECTION

By filling out this survey, you agree to the collection, use, and disclosure of your personal information for the purposes described above.

Your full name will not be used.

Physical and electronic copies of the data will be stored and protected using safeguards like password-protected computers and locked doors.

RIGHT TO WITHDRAW

Your participation is completely voluntary.

You can skip questions or stop the storytelling tool at any time if you feel uncomfortable; if you skip questions, your answers will still be recorded.

You can stop at any time; if you stop the storytelling too at any point, none of your information will be used.

Knowing the information above, are you willing to take this survey right now? (Check one)

yes

no



PLEASE FILL OUT THE FOLLOWING:

Example: Anonymous ID Code (ex. John Smith, born on 15th November 1964)

H	N
---	---

What are the last two letters of your FIRST name?

T	H
---	---

What are the last two letters of your LAST name?

1	5
---	---

What is the DAY you were born?

6	4
---	---

What are the last two numbers of the YEAR you were born?

Write your anonymous ID code here:

--	--

What are the last two letters of your FIRST name?

--	--

What are the last two letters of your LAST name?

--	--

What is the DAY you were born?

--	--

What are the last two numbers of the YEAR you were born?

Please take note of your code. If you wish to withdraw your survey after it has been submitted, contact <Enter contact details here> and provide your code.

THIS SECTION OF THE STORYTELLING TOOL WILL ALLOW US TO LEARN MORE ABOUT WHO YOU ARE:

1. Are you a registered member of <enter Nation/Community name>?

(Check one)

- yes
- no

2. What community do you currently live in?

3. What community do you call home?

4. How old are you?

- Under 18 years old
- 19-25 years old
- 26-35 years old
- 36-49 years old
- 50-64 years old
- 65-79 years old
- 80+ years old

5. How do you describe your gender identity? (Choose all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender | <input type="checkbox"/> Agender |
| <input type="checkbox"/> Female | <input type="checkbox"/> Gender-neutral | <input type="checkbox"/> Pangender |
| <input type="checkbox"/> Cis-male | <input type="checkbox"/> Gender-diverse | <input type="checkbox"/> Genderqueer |
| <input type="checkbox"/> Cis-female | <input type="checkbox"/> Non-binary | <input type="checkbox"/> Gender fluid |
| <input type="checkbox"/> Trans-man | <input type="checkbox"/> None | <input type="checkbox"/> Third gender |
| <input type="checkbox"/> Trans-woman | <input type="checkbox"/> I'm not sure | <input type="checkbox"/> Two-spirit |
| <input type="checkbox"/> All | <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> A combination |
| <input type="checkbox"/> Gender non-conforming | <input type="checkbox"/> Other: _____ | |



6. How do you describe your sexual orientation? (Choose all that apply)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Straight | <input type="checkbox"/> Two-Spirit |
| <input type="checkbox"/> Lesbian/Gay | <input type="checkbox"/> Queer |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> I'm not sure |
| <input type="checkbox"/> Pansexual | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Asexual | <input type="checkbox"/> Other: _____ |

7. Which of the following Indigenous ancestry do you identify with? (Choose all that apply)

- | | |
|--|--|
| <input type="checkbox"/> First Nations | <input type="checkbox"/> Métis |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Other Indigenous ancestry |
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> None |
| <input type="checkbox"/> Non-Status | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Inuit | <input type="checkbox"/> Other: _____ |

8. Do you identify with any other racial groups? (Choose all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Identify as Indigenous only | <input type="checkbox"/> Black - Afro-Caribbean and Afro-Latinx (ex: Jamaican, Trinidadian, Afro-Brazilian) |
| <input type="checkbox"/> Arab (ex: Egyptian, Yemeni) | <input type="checkbox"/> Latin American (ex: Brazilian, Mexican, Chilean, Cuban) |
| <input type="checkbox"/> Asian - East (ex: Chinese, Korean, Japanese) | <input type="checkbox"/> White (ex: European - English, Italian, Ukrainian, French, Euro-Latinx) |
| <input type="checkbox"/> Asian - Southeast (ex: Vietnamese, Filipino) | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Asian - South and Indo Caribbean (ex: Indian, Pakistani, Sri Lankan, Indo-Fijian) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Asian - West (ex: Iranian, Afghan, Turkish) | |
| <input type="checkbox"/> Black - African (ex: Ghanaian, Ethiopian, Nigerian) | |



9. Have you experienced any of the following: (Choose all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Intergenerational trauma survivor | <input type="checkbox"/> Loss of Matriarchal home |
| <input type="checkbox"/> Mental health concerns | <input type="checkbox"/> Loss of language |
| <input type="checkbox"/> Emergency mental health | <input type="checkbox"/> Addiction issues (ex: opiate dependency) |
| <input type="checkbox"/> Low income | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> Limited education/training | <input type="checkbox"/> Racism |
| <input type="checkbox"/> 60's Scoop survivor | <input type="checkbox"/> MMIWG |
| <input type="checkbox"/> Residential School survivor | <input type="checkbox"/> Human trafficking |
| <input type="checkbox"/> Federal Indian Day School survivor | <input type="checkbox"/> Sexual exploitation |
| <input type="checkbox"/> Millennial Scoop survivor | <input type="checkbox"/> Labour exploitation |
| <input type="checkbox"/> Displacement from traditional land | <input type="checkbox"/> Forced criminality |
| <input type="checkbox"/> Loss of cultural practices & ceremonies | <input type="checkbox"/> Gang involvement |
| <input type="checkbox"/> Psychiatric institutionalization | <input type="checkbox"/> Incarceration |
| <input type="checkbox"/> Disconnection from my Indigenous "Spirit" | <input type="checkbox"/> Indian hospitals |
| <input type="checkbox"/> Lack of confidence in who I am as an Indigenous Person | <input type="checkbox"/> Unnecessary medical procedures |
| <input type="checkbox"/> Forceful separation from family or community | <input type="checkbox"/> None of these |
| | <input type="checkbox"/> Prefer not to answer |
| | <input type="checkbox"/> Other: _____ |

9.1. If there is anything else you'd like to share about question 9, write it here:

IN THIS NEXT SECTION, WE WOULD LIKE YOU TO SHARE YOUR STORY AND TRUTHS ABOUT YOUR JOURNEY WITH HOUSING AND/OR LIVING SITUATIONS

10. How would you describe your current living situation?

- | | |
|--|---|
| <input type="checkbox"/> Rent | <input type="checkbox"/> Living in shelter |
| <input type="checkbox"/> Live in Band housing | <input type="checkbox"/> Living in transitional housing |
| <input type="checkbox"/> Own | <input type="checkbox"/> Living in supported housing |
| <input type="checkbox"/> Unhoused | <input type="checkbox"/> Couch-surfing |
| <input type="checkbox"/> Living off the land | <input type="checkbox"/> Living in vehicle |
| <input type="checkbox"/> Tent | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Residing with a family member | <input type="checkbox"/> Other: _____ |

11. Is your current living situation temporary or permanent? (Check one)

- Temporary
- Permanent
- Prefer not to answer


12. How satisfied are you with your current living situation? (Check one)

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

13. Do you live alone? (Check one)

- Yes
- No
- Prefer not to answer

13.1 If you don't live alone, how many people normally stay with you?



14. Do you have enough bedrooms for the number of people staying with you? (Check one)

- Yes
- No
- Prefer not to answer

14.1 If not, please explain.

15. Are you the primary caretaker/caregiver of any of the following:
(Choose all that apply)


- Own child(ren)
- Step-child(ren)
- Sibling(s)
- Parent(s)
- Grandparent
- Prefer not to answer
- Other: _____

16. Is there anything stopping you from accessing housing? (Check one)

- Yes
- No
- Prefer not to answer

16.1 If yes, please share your thoughts and experiences here:





17. In the past 3 months, have you wanted to leave your place due to feeling unsafe? (Check one)

- Yes
- No
- Prefer not to answer

17.1 If yes, have you ever left your place for a period of time due to feeling unsafe? (Check one)

- Yes
- No
- Prefer not to answer

17.2 Have you had to return to your place? (Check one)

- Yes
- No
- Prefer not to answer

18. Have you experienced any of the following unhealthy situations in the past month? (Choose all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Unsafe drinking water | <input type="checkbox"/> Plumbing issues |
| <input type="checkbox"/> No access to clean water | <input type="checkbox"/> Excessive dirt |
| <input type="checkbox"/> Dangerous home heating methods | <input type="checkbox"/> Severe water damage |
| <input type="checkbox"/> Pest infestation | <input type="checkbox"/> Gas leaks |
| <input type="checkbox"/> Hazardous conditions (ex: mold, asbestos, lead paint) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Electrical system issues (ex: faulty wiring) | |



19. Of the following, what repairs are required in your home right now?
(Choose all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Damaged roof | <input type="checkbox"/> Broken windows |
| <input type="checkbox"/> Damaged plumbing system | <input type="checkbox"/> Broken doors |
| <input type="checkbox"/> Broken water heater | <input type="checkbox"/> Broken/damaged siding |
| <input type="checkbox"/> Mould | <input type="checkbox"/> Lack of proper insulation |
| <input type="checkbox"/> Faulty electrical wiring | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Leaks | <input type="checkbox"/> Flooring |
| <input type="checkbox"/> Sewer | <input type="checkbox"/> Furnace cleaning |
| <input type="checkbox"/> Rotting wood | <input type="checkbox"/> None |
| <input type="checkbox"/> Broken furnace | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Foundation issues | <input type="checkbox"/> Other: _____ |



IN THIS SECTION, WE WANT TO LEARN MORE ABOUT YOUR EXPERIENCES WITH ACCESSIBILITY, DISABILITY, AND MOBILITY WITHIN YOUR PLACE

20. Do you have any accessibility, disability, or mobility concerns?
(Check one)


- yes
- no
- Prefer not to answer

20.1 If yes, is your place accessible and easy to move around independently? (Check one)

- yes
- no
- Prefer not to answer

20.2 If not, what kind of support do you need to make your place more accessible? (Choose all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Mobility aids | <input type="checkbox"/> Smooth, paved surfaces leading up to the home |
| <input type="checkbox"/> Wheelchair ramp(s) | <input type="checkbox"/> Wider hallway(s) |
| <input type="checkbox"/> Safety bars/grab bars | <input type="checkbox"/> Roll-in shower |
| <input type="checkbox"/> Wheelchair lift | <input type="checkbox"/> Lighter doors |
| <input type="checkbox"/> More open space | <input type="checkbox"/> Door levers instead of knobs |
| <input type="checkbox"/> Lower countertops | <input type="checkbox"/> Accessible emergency exits |
| <input type="checkbox"/> Lower controls (ex: plug-ins, switches, thermostat, etc.) | <input type="checkbox"/> Blinking fire alarms or smoke detectors |
| <input type="checkbox"/> Different flooring | <input type="checkbox"/> Railings |
| <input type="checkbox"/> Transitions between rooms | <input type="checkbox"/> Snow removal |
| <input type="checkbox"/> Wider doorways | <input type="checkbox"/> No-step entry |
| <input type="checkbox"/> Grips for ramps | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Induction stove top | <input type="checkbox"/> Other: _____ |



21. Do you need to leave your community to access health, disability, and/or social services? (Check one)

- Yes
- No
- Prefer not to answer

22. What area of your home do you find the least accessible?



IN THIS LAST SECTION, WE WANT TO LEARN AND CELEBRATE YOUR SUCCESS ON YOUR JOURNEY. RESPONSES IN THIS SECTION WILL BE SHARED ANONYMOUSLY WITHIN THE COMMUNITY REPORT TO HIGHLIGHT THE COLLECTIVE STORY OF YOUR COMMUNITY

23. We would like to share parts of your responses to the following questions (24-27) in a community report to showcase the strengths of your community. Are you comfortable with us quoting your responses in the report? If not, we will still analyze your responses and use the themes from your responses to discuss community strengths, but we will not use any direct quotes from your responses in the report. (Check one)

- yes
- no

24. In the past month, which of the following have you been able to accomplish? (Choose all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Pay my rent | <input type="checkbox"/> attend extra-curricular activities |
| <input type="checkbox"/> Pay my mortgage | <input type="checkbox"/> Buy enough groceries |
| <input type="checkbox"/> Pay my utilities | <input type="checkbox"/> Maintained my yard |
| <input type="checkbox"/> Pay for childcare | <input type="checkbox"/> Completed a major repair |
| <input type="checkbox"/> Access clean drinking water | <input type="checkbox"/> Completed a minor repair |
| <input type="checkbox"/> Access transportation to purchase basic needs | <input type="checkbox"/> Maintained my place |
| <input type="checkbox"/> Attend medical appointments | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Do something I enjoy | <input type="checkbox"/> Other: _____ |



25. What is something from your place that you are proud of?

26. Thinking of the next 7 generations, what is something important to consider around housing and infrastructure in your community?

27. If there is anything else you would like to share about your journey with your place that you felt was important, please do so below.

Thank you for taking the time to share your story with us. We deeply appreciate the sharing of your experiences and knowledge.

