

# Point In Time Unsheltered Survey ♦ January 28, 2016

Use this form to survey people who are **homeless and unsheltered** on the night of January 28, 2016.

Use **one form per person in the household.**

Please Specify what County you are in: \_\_\_\_\_

- 2. Will you be sleeping outside tonight or have you been staying temporarily with family or friends?**  YES (if no, stop survey)  
*(Sleeping outside\* can mean sleeping on the street, in a vehicle, staying up all night, sleeping in an abandoned building, storage shed, fish house, or a home without functional utilities. Or, any other place not meant for human habitation)*
- 3. Are you willing to participate in a short survey?**  YES (if no, stop survey)
- 4. Have you already taken this survey?**  NO (if yes, stop survey)

## 5. PLEASE FILL OUT THE BELOW BOXES. IF YOU CAN'T ANSWER THEM, USE THE OBSERVATION TOOL

\*\*If someone refuses to give you their initials or age, but will answer the other survey questions please complete the survey with them.\*\*

First letter <b>FIRST</b> name	First 3 letters <b>LAST</b> name	9. Age	10. How do you define your gender?
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> <18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-55 <input type="checkbox"/> 56+	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Transgender

**6.** Where are you sleeping the night of January 28, 2016?

- Street or sidewalk
- Doorway/skyway
- Private property (storage, barn, fish house)
- Abandoned building
- Vehicle (car, truck, van, camper)
- Park
- Woods/caves/open space
- Bridge/overpass/railroad
- Up all night on bus/light rail/train
- Up all night in restaurant/laundromat
- Temporarily doubled up with family or friends

**7.** Who will stay/stayed with you the night of January 28<sup>th</sup>, 2016? **Check all that apply:**

- Just me
- My partner/spouse
- My children under age 18
- My Young Adult children age 18-24
- Other Family
- Other NON-Family

**8. Household Composition:** Please check the box that most applies to **the head of household.**

<b>Adults age 25+</b>	
<input type="checkbox"/> Single Adult	<input type="checkbox"/> Adult Couple
<input type="checkbox"/> Adult-headed Family:	
# of Adults _____	
# of Children (under 18 years old) _____	
# of Young Adults (18-24 years old) _____	

<b>Parenting Youth under age 25</b>	
<input type="checkbox"/> Parenting Youth age 18-24	
<input type="checkbox"/> Parenting Youth under age 18	
# of Children who identify youth as parent/legal guardian: _____	
<b>Unaccompanied Youth under age 25</b>	
<input type="checkbox"/> Single Youth	
<input type="checkbox"/> Youth Couple	
<input type="checkbox"/> Group of Youth Presenting as a Household	

**11.** Is this the first time you have been homeless?

- Yes  No

**12.** Have you been continuously homeless for a year or more?

- Yes  No

**If Yes,** were you doubled up at any time during that period?  Yes  No

**13. [If answered 'Yes' to Q12, you may skip Q13]**

Since January 2013, have you been homeless 4 or more times?

- Yes  No

**If Yes,** did those four or more times add up to experiencing homelessness for a year or more?

- Yes  No

**If Yes,** were you doubled up for any of those homeless episodes?  Yes  No

**14.** Are you Hispanic or Latino?  Yes  No

**15.** What is your race? **Check all that apply:**

- American Indian or Alaska Native
- Asian
- African
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

**16.** Are you an:

- Immigrant  Asylee
- Refugee  N/A

**17.** Have you ever been in Foster Care?  Yes  No

**18.** Have you experienced violence in the past year?

- Yes  No

**If Yes,** were you the victim of domestic violence?

- Yes  No

19. Do you have any of the following conditions?  
 Physical disability/mobility impairment  
 Drug abuse problem/alcohol abuse problem  
 Severe mental illness  
 Post-traumatic stress disorder (PTSD)  
 Developmental disability  
 Traumatic brain injury (TBI)  
 HIV/AIDS  
 Chronic health condition (such as diabetes, cancer or heart disease)
20. Do any of the conditions listed above keep you from holding a job or living in stable housing?  
 Yes  No
21. How long has it been since you were on a lease or in stable housing?  
 < 1 year  1-2 years  2-5 years  > 5 years
22. Do you have an eviction on record?  
 Yes  No
23. Do you have any income?  
 Yes  No  
**If Yes, what is your source of income?**  
 \_\_\_\_\_
24. Do you have health insurance?  Yes  No
25. Are you employed?  Yes  No  
**If Yes:**  Full-time  Part-time  Temp
26. Are you attending school?  Yes  No
27. What is the highest grade of school you have completed?  
 8th grade or less  
 Some high school but did not finish 12th grade  
 Received a high school equivalency (GED)  
 12th grade (high school graduate)  
 Some college but no degree  
 Completed any college degree (2-year Associate or higher)
28. Have you ever been convicted of a felony?  
 Yes  No
29. How long have you been in \_\_\_\_\_ County?  
 < 1 year  1-2 years  2-5 years  > 5 years

30. Were you homeless when you came here?  
 Yes  No  N/A (I'm from here originally)  
**If Yes, what brought you to \_\_\_\_\_ County?**  
 Family/ friends  
 Job opportunities  
 Access to services and resources  
 Other: \_\_\_\_\_

**Veteran Questions**

31. Did you serve in the United States Armed Forces, which includes the Army, Navy, Air Force, Marine Corps, and Coast Guard?  Yes  No  DK  Ref
32. Did you serve on Active Duty, or in the National Guard or Reserves?  Yes  No  DK  Ref

**If NO to both questions 31 and 32, END SURVEY.**

**If YES to either question 31 or 32, ask and read Q33:**

33. We have people standing by right now who can help you find housing. **Would you be willing to talk with them?** We would need your first and last name, Social Security Number, and date of birth. We have housing options for everyone who served, regardless of discharge or length of service.  Yes  No  DK  Ref

**If YES to Q33, call LinkVet at 888-LinkVet (888-546-5838).**

LinkVet will provide additional instruction. Write LinkVet reference number here:

**If NO, DK or REF, ask Q34-Q39 below**

34. If Guard or Reserve: Were you ever called to Active Duty as a member of the National Guard or as a Reservist?  
 Yes  No  DK  Ref
35. Did you enter Active Duty before 9/7/1980?  
 Yes  No  DK  Ref
36. For approximately how many months did you serve?  
 \_\_\_\_\_ months
37. What kind of discharge did you have?  
 Honorable or under honorable conditions  
 Other than honorable, but not dishonorable  
 Dishonorable  
 Don't Know  
 Refused
38. Are you receiving VA disability pay?  
 Yes  No  DK  Ref
39. Have you joined the Homeless Veterans Registry?  
 Yes  No  DK  Ref  
**If NO, please complete the Registry application form.**

**Person completing form:** \_\_\_\_\_ **Organization or site:** \_\_\_\_\_

**Location completed form:** \_\_\_\_\_

**For biological families or couples living together:** Attach forms together and write a household ID on each form

(1<sup>st</sup> letter of 1<sup>st</sup> name and 1<sup>st</sup> 3 letters of last name of head of household)

**Household I.D**  -

**Form** \_\_\_\_\_ **of** \_\_\_\_\_