

Point In Time Unsheltered Survey ♦ January 22, 2015

Use this form to survey people who are **homeless and unsheltered** on the night of January 22, 2015.

1. Please Specify what County you are in: St. Louis County

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, PLEASE 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 **FIRST** name: First 3 letters **LAST** name Age:

6. Where are you sleeping the night of January 22, 2015?

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

8. Household Composition: Please check the box that most applies to your situation.

Adults age 25+	
<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) _____	

7. Who will stay/stayed with you the night of January 22, 2015?

Check all that apply:

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

Who _____

How many? _____

Parenting Youth under age 25	
<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: _____	
Unaccompanied Youth under age 25	
<input type="checkbox"/> Single Youth	<input type="checkbox"/> Youth Couple
<input type="checkbox"/> Group of Youth Presenting as a Household	

	Person 1	Person 2	Person 3	Person 4	Person 5
Initials					
9. Age	<input type="checkbox"/> <18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+ <input type="checkbox"/> Dk/Ref	<input type="checkbox"/> <18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+ <input type="checkbox"/> Dk/Ref	<input type="checkbox"/> <18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+ <input type="checkbox"/> Dk/Ref	<input type="checkbox"/> <18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+ <input type="checkbox"/> Dk/Ref	<input type="checkbox"/> <18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+ <input type="checkbox"/> Dk/Ref
10. How do you define your gender?	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans If Trans: <input type="checkbox"/> M to F <input type="checkbox"/> F to M	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans If Trans: <input type="checkbox"/> M to F <input type="checkbox"/> F to M	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans If Trans: <input type="checkbox"/> M to F <input type="checkbox"/> F to M	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans If Trans: <input type="checkbox"/> M to F <input type="checkbox"/> F to M	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans If Trans: <input type="checkbox"/> M to F <input type="checkbox"/> F to M
11. Is this the first time you have been homeless	<input type="checkbox"/> Yes <input type="checkbox"/> No				
12. How long have you been homeless this time?	____ Years ____ Months ____ Weeks ____ Days				
13. Have you been continuously on the street or in shelter for a year or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, were you doubled up at any time during that period? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, were you doubled up at any time during that period? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, were you doubled up at any time during that period? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, were you doubled up at any time during that period? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, were you doubled up at any time during that period? <input type="checkbox"/> Yes <input type="checkbox"/> No
14. In the past 3 years, have you been on the street or in shelter 4 or more times?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, were you doubled up at any time during that	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, were you doubled up at any time during that	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, were you doubled up at any time during that	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, were you doubled up at any time during that	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, were you doubled up at any time during that

	period? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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	Person 1	Person 2	Person 3	Person 4	Person 5
Initials					
15. Are you Hispanic or Latino?	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic, Non-Latino <input type="checkbox"/> Hispanic/Latino			
16. What is your race? (Check all that apply)	<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African <input type="checkbox"/> Multiple Races (must check at least 2 race categories above)	<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African <input type="checkbox"/> Multiple Races (must check at least 2 race categories above)	<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African <input type="checkbox"/> Multiple Races (must check at least 2 race categories above)	<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African <input type="checkbox"/> Multiple Races (must check at least 2 race categories above)	<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African <input type="checkbox"/> Multiple Races (must check at least 2 race categories above)
17. Immigration Status	<input type="checkbox"/> Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> N/A	<input type="checkbox"/> Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> N/A	<input type="checkbox"/> Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> N/A	<input type="checkbox"/> Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> N/A	<input type="checkbox"/> Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> N/A
18. Have you ever been in Foster Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

****Please inform the respondent that their response to the below two questions is completely voluntary****

	Person 1	Person 2	Person 3	Person 4	Person 5
Initials					
19. Do you have any of the following disabling conditions	<input type="checkbox"/> Physical disability/mobility impairment <input type="checkbox"/> Drug abuse problem/alcohol abuse problem <input type="checkbox"/> Severe mental illness <input type="checkbox"/> Post-traumatic stress disorder (PTSD) <input type="checkbox"/> Developmental disability <input type="checkbox"/> Traumatic brain injury (TBI) <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic health condition (such as diabetes, cancer or heart disease)	<input type="checkbox"/> Physical disability/mobility impairment <input type="checkbox"/> Drug abuse problem/alcohol abuse problem <input type="checkbox"/> Severe mental illness <input type="checkbox"/> Post-traumatic stress disorder (PTSD) <input type="checkbox"/> Developmental disability <input type="checkbox"/> Traumatic brain injury (TBI) <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic health condition (such as diabetes, cancer or heart disease)	<input type="checkbox"/> Physical disability/mobility impairment <input type="checkbox"/> Drug abuse problem/alcohol abuse problem <input type="checkbox"/> Severe mental illness <input type="checkbox"/> Post-traumatic stress disorder (PTSD) <input type="checkbox"/> Developmental disability <input type="checkbox"/> Traumatic brain injury (TBI) <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic health condition (such as diabetes, cancer or heart disease)	<input type="checkbox"/> Physical disability/mobility impairment <input type="checkbox"/> Drug abuse problem/alcohol abuse problem <input type="checkbox"/> Severe mental illness <input type="checkbox"/> Post-traumatic stress disorder (PTSD) <input type="checkbox"/> Developmental disability <input type="checkbox"/> Traumatic brain injury (TBI) <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic health condition (such as diabetes, cancer or heart disease)	<input type="checkbox"/> Physical disability/mobility impairment <input type="checkbox"/> Drug abuse problem/alcohol abuse problem <input type="checkbox"/> Severe mental illness <input type="checkbox"/> Post-traumatic stress disorder (PTSD) <input type="checkbox"/> Developmental disability <input type="checkbox"/> Traumatic brain injury (TBI) <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic health condition (such as diabetes, cancer or heart disease)

20. Have you experienced violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, were you the victim of domestic violence?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, were you the victim of domestic violence?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, were you the victim of domestic violence?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, were you the victim of domestic violence?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, were you the victim of domestic violence?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
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	Person 1	Person 2	Person 3	Person 4	Person 5
Initials					
21. How long has it been since you were on a lease or in stable housing?	____ Years ____ Months ____ Never				
22. Do you have an eviction on record?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
23. Do you have any income?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <i>Source:</i> _____ <i>Amount:</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <i>Source:</i> _____ <i>Amount:</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <i>Source:</i> _____ <i>Amount:</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <i>Source:</i> _____ <i>Amount:</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <i>Source:</i> _____ <i>Amount:</i> _____
24. Do you have health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
25. Are you employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp
26. Are you attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
27. Highest grade of school completed (Please write)					
28. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
29. What part of St. Louis County did you sleep in?					
30. How long have you been in St. Louis County?	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> > 5 years	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> > 5 years	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> > 5 year	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> > 5 year	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> > 5 year
31. Were you homeless when you came here?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (I'm from here originally) If yes, what brought you here? <input type="checkbox"/> Family/ friends <input type="checkbox"/> Job Opportunity <input type="checkbox"/> Access to services and resources <input type="checkbox"/> Other:_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (I'm from here originally) If yes, what brought you here? <input type="checkbox"/> Family/ friends <input type="checkbox"/> Job Opportunity <input type="checkbox"/> Access to services and resources <input type="checkbox"/> Other:_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (I'm from here originally) If yes, what brought you here? <input type="checkbox"/> Family/ friends <input type="checkbox"/> Job Opportunity <input type="checkbox"/> Access to services and resources <input type="checkbox"/> Other:_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (I'm from here originally) If yes, what brought you here? <input type="checkbox"/> Family/ friends <input type="checkbox"/> Job Opportunity <input type="checkbox"/> Access to services and resources <input type="checkbox"/> Other:_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (I'm from here originally) If yes, what brought you here? <input type="checkbox"/> Family/ friends <input type="checkbox"/> Job Opportunity <input type="checkbox"/> Access to services and resources <input type="checkbox"/> Other:_____

	Person 1	Person 2	Person 3	Person 4	Person 5
Initials					
32. Did you serve in the United States Armed Forces, which includes the Army, Navy, Air Force, Marine Corps, and Coast Guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
33. Did you serve on Active Duty, or in the National Guard or Reserves?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<p>** If YES to either of the above two questions, please ask the respondent if they would like to be a part of Minnesota's Veterans Registry. The purpose of the Veterans Registry is to ensure that every Veteran experiencing homelessness has access to appropriate housing and services.</p> <p>** If YES to being a part of the Veterans Registry, please fill out Veterans Registry release form with respondent**</p>					

If NO to being a part of the Veterans Registry, please ask the respondent the questions below					
	Person 1	Person 2	Person 3	Person 4	Person 5
Initials					
34. If Guard or Reserve: Were you ever called to Active Duty as a member of the National Guard or as a Reservist?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
35. Did you enter Active Duty before 9/7/1980?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
36. For approximately how many months did you serve?	___ months				
37. What kind of discharge did you have?	<input type="checkbox"/> Honorable or under honorable conditions <input type="checkbox"/> Other than honorable, but not dishonorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Honorable or under honorable conditions <input type="checkbox"/> Other than honorable, but not dishonorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Honorable or under honorable conditions <input type="checkbox"/> Other than honorable, but not dishonorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Honorable or under honorable conditions <input type="checkbox"/> Other than honorable, but not dishonorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Honorable or under honorable conditions <input type="checkbox"/> Other than honorable, but not dishonorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
38. Are you receiving VA disability pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

Helpful Tips:

- **Approaching potential respondents:** Introduce yourself and say that you are working to survey people who are sleeping outside, in their cars, and in abandoned buildings as part of the State's Unsheltered Homeless Count. Ask if they will be sleeping outside tonight (Thursday January 22nd). If yes, ask them if they are willing to participate in a short survey. Explain that the survey is confidential and will help our community to better respond to the needs of people experiencing homelessness.
- Use the unsheltered survey if you are able to collect identifying information from the respondent (initials, age, and gender).
****If someone refuses to give you their initials or age, but will answer the other survey questions please complete the survey with them.****
- Use the observation tool if you cannot collect identifying information, but the person is clearly unsheltered.
- This survey may be administered the night of Thursday January 22nd, 2015 (any time between sunset on the 22nd to sunrise on the 23rd)
- Questions? Call your Unsheltered Count Coordinator, Stacy R. at 218-726-2543.

Person completing form: _____ Organization or site: _____