

please complete one sheet for each person served, whether they are an individual or a family member

Location: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
 Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

“Hello, my name is \_\_\_\_\_ and I’m a volunteer for the [NAME OF CoC]. We are conducting a survey to count homeless people to provide better programs and services to them. Your participation is voluntary. The information collected will be used in a non-identifying manner for statewide statistics and research. Can I have about 10 minutes of your time?”

Where are you sleeping tonight?  
 [DO NOT READ CATEGORIES. SELECT ONLY ONE CATEGORY.]

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Permanent housing for homeless | <input type="checkbox"/> Owned by Client no subsidy  | <input type="checkbox"/> Rental by client w other subsidy |
| <input type="checkbox"/> Psychiatric Hospital/Facility  | <input type="checkbox"/> Staying / living w family   | <input type="checkbox"/> Owned by client w subsidy        |
| <input type="checkbox"/> Substance Abuse Facility       | <input type="checkbox"/> Staying / living w friend   | <input type="checkbox"/> Other                            |
| <input type="checkbox"/> Hospital (non-psychiatric)     | <input type="checkbox"/> Hotel / Motel no ES subsidy | <input type="checkbox"/> Don't know                       |
| <input type="checkbox"/> Jail, Prison or JD Facility    | <input type="checkbox"/> Foster care home/group home | <input type="checkbox"/> Refused                          |
| <input type="checkbox"/> Rental by Client – no subsidy  | <input type="checkbox"/> Rental by client w VASH     |   |

What is your Housing Status:

- Imminently losing their housing (being evicted from private unit, discharge from institution, or in condemned housing)  
 Unstably housed and at-risk of losing housing (in housing or doubled up and at risk due to housing cost, conflict or other condition)  
 Don't know  
 Refused

If part of a Household, Name of Head of Household \_\_\_\_\_

Relationship to Head of Household \_\_\_\_\_

Client name: First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

DOB: \_\_\_\_\_ DOB Type: \_\_\_ Full \_\_\_ Approximate or Partial AGE: \_\_\_\_\_ [if DOB not given]

Race: (P= Primary S= Secondary) \_\_\_ White \_\_\_ Black/African American \_\_\_ Asian \_\_\_ American Indian or Alaska Native  
 \_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_ Don't know \_\_\_ Refused (P= primary S= Secondary)

Ethnicity: \_\_\_ Hispanic/Latino \_\_\_ Other (Non-Hispanic /Latino) \_\_\_ Don't know \_\_\_ Refused

Gender: \_\_\_ Female \_\_\_ Male \_\_\_ Transgender [Male to Female] \_\_\_ Transgender [Female to Male]  
 \_\_\_ Other \_\_\_ Don't know \_\_\_ Refused

Where did you stay last night?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Emergency shelter                 | <input type="checkbox"/> Rental by Client no subsidy   | <input type="checkbox"/> Safe Haven                       |
| <input type="checkbox"/> Transitional housing for homeless | <input type="checkbox"/> Owned by Client no subsidy    | <input type="checkbox"/> Rental by client w VASH          |
| <input type="checkbox"/> Permanent housing for homeless    | <input type="checkbox"/> Staying / living w family     | <input type="checkbox"/> Rental by client w other subsidy |
| <input type="checkbox"/> Psychiatric Hospital / facilities | <input type="checkbox"/> Staying / living w friend     | <input type="checkbox"/> Owned by client w subsidy        |
| <input type="checkbox"/> Substance Abuse facility          | <input type="checkbox"/> Hotel / Motel no ES subsidy   | <input type="checkbox"/> Other                            |
| <input type="checkbox"/> Hospital (non-psychiatric)        | <input type="checkbox"/> Foster care home / group home | <input type="checkbox"/> Don't know                       |
| <input type="checkbox"/> Jail, Prison or JD facility       | <input type="checkbox"/> Place not for habitation      | <input type="checkbox"/> Refused                          |

How long did you stay at that location? \_\_\_ 1 week or less \_\_\_ More than 1 week but less than 1 month  
 \_\_\_ 1 to 3 months \_\_\_ More than 3 months but less than 1 year \_\_\_ 1 year or longer \_\_\_ Don't know \_\_\_ Refused

Zip code of last permanent address (90 days or more): \_\_\_\_\_ Don't know \_\_\_ Refused

Have you been homeless in the past?

\_\_\_ Yes \_\_\_ No \_\_\_ Don't know \_\_\_ Refused

[IF YES] How many times in the past 3 years (since January 2011) have you been homeless?

1  2  3  4 or more  Don't know  Refused

[IF YES] In total, how long did you stay on the streets or in shelters for those times?

\_\_\_ Days \_\_\_ Weeks \_\_\_ Months \_\_\_ Years \_\_\_ Don't know \_\_\_ Refused

Health, Substance Abuse, and Disabilities

Do you have:

Physical Disability?: \_\_\_ Yes \_\_\_ No \_\_\_ Don't know \_\_\_ Refused

Developmental Disability?: \_\_\_ Yes \_\_\_ No \_\_\_ Don't know \_\_\_ Refused

Chronic Health Condition?: \_\_\_ Yes \_\_\_ No \_\_\_ Don't know \_\_\_ Refused

HIV / AIDS?: \_\_\_ Yes \_\_\_ No \_\_\_ Don't know \_\_\_ Refused

Mental Health: \_\_\_ Yes \_\_\_ No \_\_\_ Don't know \_\_\_ Refused

Substance abuse problem: \_\_\_ No \_\_\_ Alcohol abuse \_\_\_ Drug abuse \_\_\_ Both \_\_\_ Don't know \_\_\_ Refused

Do any of these keep you from holding a job or living in stable housing? \_\_\_ Yes \_\_\_ No \_\_\_ Don't know \_\_\_ Refused

U.S. Military Veteran (only ask clients 18 and older): \_\_\_ Yes \_\_\_ No \_\_\_ Don't know \_\_\_ Refused

National Guard or Reserve called to active duty (only ask clients 18 and older): \_\_\_ Yes \_\_\_ No \_\_\_ Don't know \_\_\_ Refused

Are You Employed? \_\_\_ Yes \_\_\_ No \_\_\_ Don't know \_\_\_ Refused

What is the highest level of education you have attained?

\_\_\_ No schooling completed \_\_\_ Nursery school to 4<sup>th</sup> grade \_\_\_ 5<sup>th</sup> grade or 6<sup>th</sup> grade \_\_\_ 7<sup>th</sup> grade or 8<sup>th</sup> grade  
\_\_\_ 9<sup>th</sup> grade \_\_\_ 10<sup>th</sup> grade \_\_\_ 11<sup>th</sup> grade \_\_\_ 12<sup>th</sup> grade no diploma \_\_\_ High School diploma \_\_\_ GED  
\_\_\_ Post-secondary school \_\_\_ Don't know \_\_\_ Refused

Have you experienced Domestic Violence? \_\_\_ Yes \_\_\_ No \_\_\_ Don't know \_\_\_ Refused

DV How long ago:: \_\_\_ Within the past three months \_\_\_ Three to six months ago \_\_\_ From six to twelve months ago  
\_\_\_ More than a year ago \_\_\_ Don't know \_\_\_ Refused

For children ages 5-17 only:

Presently attending school \_\_\_ Yes \_\_\_ No \_\_\_ Don't know \_\_\_ Refused

Child Enrollment difficulties

\_\_\_ Yes \_\_\_ No \_\_\_ Don't Know \_\_\_ Refused

If YES, Has McKinney-Vento Homeless Liaison Been Contacted: \_\_\_ Yes \_\_\_ No \_\_\_ Don't know \_\_\_ Refused

Enrollment problem

\_\_\_ Residency Requirements \_\_\_ Availability of school records \_\_\_ Birth Certificates  
\_\_\_ Legal guardianship requirements \_\_\_ Transportation \_\_\_ Lack of available preschool programs  
\_\_\_ Immunization requirements \_\_\_ Physical examination records \_\_\_ Other  
\_\_\_ None \_\_\_ Don't know \_\_\_ Refused