(Color: PINK)

2015 Unsheltered Count Form for Night of Count

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 persons experiencing homelessness to provide better programs and services to them. Your participation is voluntary. The information collected will be entered into the Homeless Management Information System (HMIS) and may be used in a non-identifying manner for statewide statistics and research. Can I have about 10 minutes of your time?**

❑ **Yes *[GO TO Q1]*** ❑ **No *[THANK RESPONDENT]***

1. Where are you sleeping tonight? **[DO NOT READ CATEGORIES. SELECT ONLY ONE CATEGORY]**	1.Street or sidewalk 2.Vehicle (car, van, RV, truck) 3.Park 4.Abandoned Building 5.Bus, train station, airport 6.Under bridge/overpass 7.Woods or outdoor encampment 8.Other location (specify) _____ **[GO TO Q2]**	9. Emergency Shelter (including Hotel/ Motel paid for with Shelter voucher) 10. Transitional Housing for homeless persons 11. Safe Haven **[SAY: YOU WILL BE INCLUDED IN THE COUNT AT THESE LOCATIONS, THANK YOU FOR YOUR TIME.]** ***[IF THE CLIENT IS HOUSED/SHELTERED IN A NON-HMIS PARTICIPATING SHELTER/TRANSITIONAL HOUSING FACILITY OR SAFE HAVEN, GO TO THE BLUE SURVEY FORM]** ***[IF THE CLIENT IS NOT LITERALLY HOMELESS, THANK THEM FOR THEIR TIME]**
2. Did another volunteer or survey worker already ask you these same questions about where you are staying tonight?	❑ YES → **Thank them for taking the survey** ❑ NO ❑ CLIENT DOESN'T KNOW/CLIENT REFUSED (DK/REF)	
3. Including yourself, how many adults, and children are there in your household, <u>who are sleeping in the same location with you tonight?</u>	_____ Adults (Age 18 and older) _____ Children (Age 17 and younger)	

	Person 1	Person 2	Person 3	Person 4	Person 5
4a. What is your full name? (PERSON 1) **[IF YOU CANNOT GET A NAME, ASK FOR INITIALS]** **[IF RESPONDENT SAYS "DON'T KNOW OR "REFUSED", WRITE DK/REF]**					
4b. What are the full names of the other people in your household? **[IF YOU CANNOT GET A NAME, ASK FOR INITIALS]** **[IF CLIENT DOESN'T KNOW OR REFUSED, WRITE DK/REF]**					

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[COMPLETE THE COLUMN FOR PERSON 1 BY ASKING Q7-Q22. THEN COMPLETE THE COLUMNS FOR PERSONS 2-5 FOR ALL OTHER HOUSEHOLD MEMBERS BY ASKING Q5-Q22 FOR EACH PERSON. IF OTHER HOUSEHOLD MEMBERS ARE PRESENT, ASK EACH INDIVIDUALLY FOR THEIR ANSWERS TO Q5-22. IF OTHER HOUSEHOLD MEMEBERS ARE NOT PRESENT, PERSON 1 SHOULD ANSWER FOR THEM.] →

	Person 1	Person 2	Person 3	Person 4	Person 5
5. How is [each household member] related to you/person 1?	**SELF**	❑ Child ❑ Spouse ❑ Other Family ❑ Non-Married Partner ❑ Other, Non-Family	❑ Child ❑ Spouse ❑ Other Family ❑ Non-Married Partner ❑ Other, Non-Family	❑ Child ❑ Spouse ❑ Other Family ❑ Non-Married Partner ❑ Other, Non-Family	❑ Child ❑ Spouse ❑ Other Family ❑ Non-Married Partner ❑ Other, Non-Family
6. Just to confirm, are you staying with [person 1] here, in this location tonight? **[IF NO, ASK Q6A, OTHERWISE, GO TO Q7]**	**[SKIP FOR PERSON 1]**	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF
a. Where are you staying tonight? **[RECORD NUMBER FROM Q1 CHOICES]**	**[SKIP FOR PERSON 1]**	________________	________________	________________	________________
7. What is your date of birth? **[IF HESITANT, ASK FOR YEAR]**	________________	________________	________________	________________	________________
8. Are you male, female, or transgender?	❑ Male ❑ Female ❑ Transgender (Male to Female) ❑ Transgender (Female to Male) ❑ DK/REF	❑ Male ❑ Female ❑ Transgender (Male to Female) ❑ Transgender (Female to Male) ❑ DK/REF	❑ Male ❑ Female ❑ Transgender (Male to Female) ❑ Transgender (Female to Male) ❑ DK/REF	❑ Male ❑ Female ❑ Transgender (Male to Female) ❑ Transgender (Female to Male) ❑ DK/REF	❑ Male ❑ Female ❑ Transgender (Male to Female) ❑ Transgender (Female to Male) ❑ DK/REF
9. Are you Hispanic or Latino?	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF
10. What is your race? You can select one or more races. **[READ CATEGORIES, DO NOT READ "Please Specify"]**	❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White ❑ Please specify: ________________ ❑ DK/REF	❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White ❑ Please specify: ________________ ❑ DK/REF	❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White ❑ Please specify: ________________ ❑ DK/REF	❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White ❑ Please specify: ________________ ❑ DK/REF	❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White ❑ Please specify: ________________ ❑ DK/REF

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11. What is the zip code of your last permanent address? **[WHERE THE PERSON(S) LAST LIVED FOR 90 DAYS OR MORE]**	_____	_____	_____	_____	_____
12. Is this the first time you have been homeless?	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF
13. How long have you been homeless <u>this time?</u> Only include the time spent staying in shelters, safe havens, and/or on the streets. **[IF FIRST TIME HOMELESS – GO TO Q15]**	_____Days _____Weeks _____Months _____Years _____DK/REF	_____Days _____Weeks _____Months _____Years _____DK/REF	_____Days _____Weeks _____Months _____Years _____DK/REF	_____Days _____Weeks _____Months _____Years _____DK/REF	_____Days _____Weeks _____Months _____Years _____DK/REF
14. Including this time, how many separate times have you stayed in shelters, safe havens, or on the streets in the <u>past 3 years</u>, (since January 2012)?	❑ 1 ❑ 2 ❑ 3 ❑ 4 or more times ❑ DK/REF	❑ 1 ❑ 2 ❑ 3 ❑ 4 or more times ❑ DK/REF	❑ 1 ❑ 2 ❑ 3 ❑ 4 or more times ❑ DK/REF	❑ 1 ❑ 2 ❑ 3 ❑ 4 or more times ❑ DK/REF	❑ 1 ❑ 2 ❑ 3 ❑ 4 or more times ❑ DK/REF
a. In total, how long did you stay in shelters or on the streets for those times? **[ENTER DAYS OR WEEKS OR MONTHS OR YEARS]**	_____Days _____Weeks _____Months _____Years _____DK/REF	_____Days _____Weeks _____Months _____Years _____DK/REF	_____Days _____Weeks _____Months _____Years _____DK/REF	_____Days _____Weeks _____Months _____Years _____DK/REF	_____Days _____Weeks _____Months _____Years _____DK/REF

****[INFORM RESPONDANT THAT THEIR RESPONSES TO DISABILITY RELATED QUESTIONS ARE VOLUNTARY AND THAT THEIR REFUSAL TO RESPOND WILL NOT RESULT IN A DENIAL OF SERVICE]**

15. Do you/Does Person [2-5] have…	**Person 1**	**Person 2**	**Person 3**	**Person 4**	**Person 5**
a. Any ongoing health problems or medical conditions such as diabetes, cancer, heart disease?	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF
b. Post-traumatic stress disorder or PTSD? [IF NECESSARY: a condition that can occur in people who have seen or had life threatening events such as natural disasters, serious accidents, war, or personal violence. It may cause feelings of detachment.]	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF
c. Psychiatric or emotional conditions such as depression or schizophrenia?	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF

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Do you/Does Person [2-5] have… (cont.)

	Person 1	Person 2	Person 3	Person 4	Person 5
d. A Physical disability?	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF
e. A traumatic injury to your/their brain from a bump, blow, or wound to the head?	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF
h. A substance abuse problem? [IF YES, INDICATE TYPE] [IF YES, ASK i]	❑ No ❑ Alcohol Abuse ❑ Drug Abuse ❑ Both ❑ DK/REF	❑ No ❑ Alcohol Abuse ❑ Drug Abuse ❑ Both ❑ DK/REF	❑ No ❑ Alcohol Abuse ❑ Drug Abuse ❑ Both ❑ DK/REF	❑ No ❑ Alcohol Abuse ❑ Drug Abuse ❑ Both ❑ DK/REF	❑ No ❑ Alcohol Abuse ❑ Drug Abuse ❑ Both ❑ DK/REF
i. Have you, (has Person *[2-5]*) ever been treated for this substance abuse problem?	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF
[IF ONE OR MORE ANSWERS FROM A – H = YES, ASK J. IF PERSON HAS NONE OF THESE HEALTH ISSUES, SKIP TO Q16.] j. Do any of the situations we just discussed keep you from holding a job or living in stable housing?	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF
[IF J = YES, THEN ASK K. IF NOT, SKIP TO QUESTION 16.] k. Which one(s) keep you from holding a job or living in stable housing?	❑ Ongoing Health Issue ❑ PTSD ❑ Psychiatric/ Emotional ❑ Physical Disability ❑ Brain Injury ❑ Substance Abuse	❑ Ongoing Health Issue ❑ PTSD ❑ Psychiatric/ Emotional ❑ Physical Disability ❑ Brain Injury ❑ Substance Abuse	❑ Ongoing Health Issue ❑ PTSD ❑ Psychiatric/ Emotional ❑ Physical Disability ❑ Brain Injury ❑ Substance Abuse	❑ Ongoing Health Issue ❑ PTSD ❑ Psychiatric/ Emotional ❑ Physical Disability ❑ Brain Injury ❑ Substance Abuse	❑ Ongoing Health Issue ❑ PTSD ❑ Psychiatric/ Emotional ❑ Physical Disability ❑ Brain Injury ❑ Substance Abuse
16. Do you/Does Person [2-5] have AIDS or HIV-related illness?	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF
17. Have You/Has Person [2-5] received special education (or special ed) services for more than 6 months?	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF
18. Have you ever been physically, emotionally, or sexually abused by a relative or another person you have stayed with, such as a spouse, partner, brother or sister, or parent?	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF

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**** [ONLY ASK QUESTIONS 19 – 22 TO PERSONS 18 AND OLDER] ****

	Person 1	Person 2	Person 3	Person 4	Person 5
19. Have you served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF
[IF Q 19 = NO, ASK Q20, OTHERWISE GO TO Q21] 20. Were you ever called into active duty as a member of the National Guard or as a Reservist?	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF
21. Have you ever received health care or benefits from the Veteran's Administration medical center?	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF
22. Do you/Does person [2-5] receive any disability benefits such as Social Security Disability Income, or Veteran's Disability Benefits	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF	❑ Yes ❑ No ❑ DK/REF

Thank you for taking the survey!