**PLEASE COMPLETE ONE SHEET FOR EACH PERSON SERVED, WHETHER THEY ARE AN INDIVIDUAL OR A FAMILY MEMBER**

**Agency**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Town:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**County: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Interviewer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **AM/PM**

**“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 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/Where were you sleeping on the night of Wednesday, January 27th?**

***[SELECT ONLY ONE CATEGORY]***

 Emergency Shelter Name of Shelter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Transitional Housing for homeless persons Name of Transitional Housing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Safe Haven Name of Safe Haven \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Hotel or Motel Paid for By Name of Agency/Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**First Name: MI**: **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Suffix**: \_­­\_\_\_\_\_\_\_\_\_\_

**Name Type**:  Full Name Reported  Client Refused

 Partial, Street Name, or Code Name Reported  Data Not Collected

 Client Doesn’t Know

**U.S. Military Veteran? (clients 18 and older)**: Yes No Client Doesn’t Know Client Refused Data Not Collected

**DOB**(mm/dd/yyyy) \_\_ / / **DOB Type:**   Full DOB

 Approximate or Partial DOB

 Client Doesn’t Know  Client Refused

 Data Not Collected

**Primary Race:** American Indian or Alaska Native  White

 Asian  Client Doesn’t know

 Black/African American  Client Refused

  Native Hawaiian or Other Pacific Islander  Data Not Collected

**Secondary**  American Indian or Alaska Native  White

**Race:**  Asian  Client Doesn’t know

 Black/African American  Client Refused

  Native Hawaiian or Other Pacific Islander  Data Not Collected

**Ethnicity**:  Hispanic/Latino

 Non-Hispanic /Latino)

 Client Doesn’t Know

  Client Refused

 Data Not Collected

**Gender**:  Female  Other - **If other gender, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Male  Client Doesn’t Know

 Transgender Male to Female  Client Refused

 Transgender Female to Male  Data Not Collected

**Residence Prior to Project Entry:**

|  |
| --- |
| **(*choose one)*** |
|  Emergency Shelter  |  Rental by Client with GPD TIP Subsidy |
|  Foster Care Home or Foster Care Group Home |  Rental by Client with Other Ongoing Housing Subsidy (Non-VASH) |
|  Hospital or other Residential Non-Psychiatric Medical Facility |  Residential Project or Halfway House with no Homeless Criteria |
|  Hotel or Motel Paid for without an Emergency Shelter Voucher |  Safe Haven |
|  Jail, Prison or Juvenile Detention Facility |  Staying or Living in a **Family** Member’s Room, Apartment or House |
|  Long-Term Care Facility or Nursing Home |  Staying or Living in a **Friend’s** Room, Apartment or House |
|  Owned by Client, No Ongoing Housing Subsidy |  Substance Abuse Treatment Facility or Detox Center |
|  Owned by Client, with Ongoing Housing Subsidy |  Transitional Housing for Homeless Persons (includes homeless youth) |
|  Permanent Housing for Formerly Homeless Persons |  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Place Not Meant for Habitation  |  Client Doesn’t Know |
|  Psychiatric Hospital or Other Psychiatric Facility |  Client Refused |
|  Rental by Client, No Ongoing Housing Subsidy |  Data Not Collected |
|  Rental by Client with VASH Subsidy |  |

**Length of stay at location selected above:**  1 day or less  1 year or longer

  2 days to 1 week  Client Doesn’t Know

  More than 1 week but less than 1 month  Client Refused

  1 to 3 months  Data Not Collected

  More than 3 months but less than 1 year

**Client Entering from the Streets, Shelter or Safe Haven?** Yes No  Client Doesn’t Know  Client Refused  DNC

**If yes, Approximate Date Started: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Regardless of where they stayed last night – Number of times the clients has been homeless on the streets, in Emergency Shelter, or Safe Haven in the past three years including today:**

 Never in the 3 Years  Four or More Times

 One Time  Client Doesn’t Know

 Two Times  Client Refused

 Three Times  Data Not Collected

**Total Number of Months Homeless on the street, in Emergency Shelter or Safe Haven in the Past Three Years**

 One Month (this time is the first month)  6 Months  11 Months

 2 Months  7 Months  12 Months

 3 Months  8 Months  More than 12 Months

 4 Months  9 Months  Client Doesn’t Know

 5 Months  10 Months  Client Refused

 Data Not Collected

**Zip code of last permanent address *[WHERE THE CLIENT LAST LIVED FOR 90 DAYS OR MORE]****:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Zip Code data quality:**  Full or Partial  Client Doesn’t Know  Client Refused  Data Not Collected

**\*\*[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]**

**Do you have a disabling condition?**  Yes No Client Doesn’t Know Client Refused Data Not Collected

***[IF YES, RECORD TYPE AND ANSWER ADDITIONAL QUESTIONS]:***

|  |  |  |  |
| --- | --- | --- | --- |
| **Disability Type** | **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently** | **Documentation of the disability and severity on file?**  | **Currently Receiving Treatment or Services?** |
| **Physical**Yes No Client Doesn’t Know Client Refused | Yes No Client Doesn’t Know Client Refused | Yes  No | Yes  No |
| **Developmental**Yes No Client Doesn’t Know Client Refused | Yes No Client Doesn’t Know Client Refused | Yes  No | Yes  No |
| **Chronic Health Condition**Yes No Client Doesn’t Know Client Refused | Yes No Client Doesn’t Know Client Refused | Yes  No | Yes  No |
| **HIV/AIDS**Yes No Client Doesn’t Know Client Refused | Yes No Client Doesn’t Know Client Refused | Yes  No | Yes  No |
| **Mental Health Problem**Yes No Client Doesn’t Know Client Refused | Yes No Client Doesn’t Know Client Refused | Yes  No | Yes  No |
| **Alcohol Abuse**Yes No Client Doesn’t Know Client Refused | Yes No Client Doesn’t Know Client Refused | Yes  No | Yes  No |
| **Drug Abuse**Yes No Client Doesn’t Know Client Refused | Yes No Client Doesn’t Know Client Refused | Yes  No | Yes  No |
| **Both Alcohol and Drug Abuse**Yes No Client Doesn’t Know Client Refused | Yes No Client Doesn’t Know Client Refused | Yes  No | Yes  No |

**Have you ever been a victim of domestic violence?** Yes No Client Doesn’t Know Client Refused Data Not Collected

**If yes, how long ago?**  Within the past three months  More than a year ago

 Three to six months ago  Client Doesn't know

  From six to twelve months ago  Client Refused

**If yes, are you currently fleeing?** Yes No  Client Doesn’t Know Client Refused Data Not Collected