**2016 Unsheltered Count Form for POST - 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]***

**[SAY: YOU WILL BE INCLUDED IN THE COUNT AT THESE LOCATIONS, THANK YOU FOR YOUR TIME.]**

|  |  |  |
| --- | --- | --- |
| **1. Where were you sleeping on the night of Wednesday, January 27th?****[DO NOT READ CATEGORIES. SELECT ONLY ONE CATEGORY]** | 1.Street or sidewalk2.Vehicle (car, van, RV, truck)3.Park4.Abandoned Building **[GO TO Q2]**5.Bus, train station, airport6.Under bridge/overpass7.Woods or outdoor  encampment 8.Other location (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 9. Emergency Shelter (including Hotel/ Motel paid for with Shelter voucher)10. Transitional Housing for homeless persons11. Safe Haven**\*[IF THE CLIENT WAS HOUSED/SHELTERED IN A NON-HMIS PARTICIPATING SHELTER/TRANSITIONAL HOUSING FACILITY OR SAFE HAVEN ON THAT NIGHT, GO TO THE BLUE SURVEY FORM]****\*[IF THE CLIENT WAS NOT LITERALLY HOMELESS ON THAT NIGHT, THANK THEM FOR THEIR TIME]** |
| **2. Did another volunteer or survey worker already ask you these same questions about where you were staying on that night?** |    YES **Thank them for taking the survey**   NO   CLIENT DOESN’T KNOW/CLIENT REFUSED (DK/REF) |
| **3. Including yourself, how many adults, and children were there in your household, who slept in the same location with you on Wednesday?** | \_\_\_\_\_\_\_\_\_\_ Adults ( Age 18 and older)\_\_\_\_\_\_\_\_\_\_ Children (Age 17 and younger) |
|  | **Person 1** |  |
| **4a. What is your full name? (PERSON 1)** |  |  |
|  | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **4b. What are the full names of the other people in your household?**  |  |  |  |  |

**[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, did you stay with [person 1] on Wednesday, January 27th** **[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 were you staying on that night?** **[RECORD NUMBER FROM Q1 CHOICES]** | **[SKIP FOR PERSON 1]** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **7. What is your date of birth?** | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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 |
| **11. What is the zip code of your last permanent address?** **[WHERE THE PERSON(S) LAST LIVED FOR 90 DAYS OR MORE]** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **12. Approximately what date did you start staying on the streets, in shelters, or safe haven this time? [INCLUDE TOTAL TIME IN ALL OF THESE LOCATIONS IF THERE WERE NO BREAKS IN HOMELESSNESS]** | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ |
| **13. Including this time, how many separate times have you stayed on the streets, in shelters or safe havens, past 3 years, (since January 2013)?**  |  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 |
| **14. In total, how many months did you stay on the streets, in shelter, or safe havens during in the past 3 years (since January 2013)?** | \_\_\_\_\_\_\_\_\_\_Months  | \_\_\_\_\_\_\_\_\_\_Months | \_\_\_\_\_\_\_\_\_\_Months | \_\_\_\_\_\_\_\_\_\_Months | \_\_\_\_\_\_\_\_\_\_Months |

**\*\*[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 |

**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 |

**\*\* [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!**