

Point In Time Unsheltered Survey ♦ January 26, 2017

Use this form to survey people who were **homeless and unsheltered** on the night of January 26, 2017.

1. Please Specify what city/ County you are in:

2. Did you sleep outside* the night of January 26th or stay 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 FOR THE HEAD OF HOUSEHOLD.

First letter **FIRST** name: First 3 letters **LAST** name:

Initials	Person 1:	Person 2:	Person 3:	Person 4:	Person 5:	
6. Where did you sleep the night of January 26, 2017?	<input type="checkbox"/> Street or sidewalk <input type="checkbox"/> Doorway/skyway <input type="checkbox"/> Private property (storage, barn, fish house) <input type="checkbox"/> Abandoned building <input type="checkbox"/> Vehicle (car, truck, van, camper) <input type="checkbox"/> Park <input type="checkbox"/> Woods/cave/open space <input type="checkbox"/> Bridge/overpass/railroad <input type="checkbox"/> Up all night on bus/light rail/train <input type="checkbox"/> Up all night in restaurant/laundromat <input type="checkbox"/> Temporarily doubled up with family or friends	<input type="checkbox"/> Street or sidewalk <input type="checkbox"/> Doorway/skyway <input type="checkbox"/> Private property (storage, barn, fish house) <input type="checkbox"/> Abandoned building <input type="checkbox"/> Vehicle (car, truck, van, camper) <input type="checkbox"/> Park <input type="checkbox"/> Woods/cave/open space <input type="checkbox"/> Bridge/overpass/railroad <input type="checkbox"/> Up all night on bus/light rail/train <input type="checkbox"/> Up all night in restaurant/laundromat <input type="checkbox"/> Temporarily doubled up with family or friends	<input type="checkbox"/> Street or sidewalk <input type="checkbox"/> Doorway/skyway <input type="checkbox"/> Private property (storage, barn, fish house) <input type="checkbox"/> Abandoned building <input type="checkbox"/> Vehicle (car, truck, van, camper) <input type="checkbox"/> Park <input type="checkbox"/> Woods/cave/open space <input type="checkbox"/> Bridge/overpass/railroad <input type="checkbox"/> Up all night on bus/light rail/train <input type="checkbox"/> Up all night in restaurant/laundromat <input type="checkbox"/> Temporarily doubled up with family or friends	<input type="checkbox"/> Street or sidewalk <input type="checkbox"/> Doorway/skyway <input type="checkbox"/> Private property (storage, barn, fish house) <input type="checkbox"/> Abandoned building <input type="checkbox"/> Vehicle (car, truck, van, camper) <input type="checkbox"/> Park <input type="checkbox"/> Woods/cave/open space <input type="checkbox"/> Bridge/overpass/railroad <input type="checkbox"/> Up all night on bus/light rail/train <input type="checkbox"/> Up all night in restaurant/laundromat <input type="checkbox"/> Temporarily doubled up with family or friends	<input type="checkbox"/> Street or sidewalk <input type="checkbox"/> Doorway/skyway <input type="checkbox"/> Private property (storage, barn, fish house) <input type="checkbox"/> Abandoned building <input type="checkbox"/> Vehicle (car, truck, van, camper) <input type="checkbox"/> Park <input type="checkbox"/> Woods/cave/open space <input type="checkbox"/> Bridge/overpass/railroad <input type="checkbox"/> Up all night on bus/light rail/train <input type="checkbox"/> Up all night in restaurant/laundromat <input type="checkbox"/> Temporarily doubled up with family or friends	<input type="checkbox"/> Street or sidewalk <input type="checkbox"/> Doorway/skyway <input type="checkbox"/> Private property (storage, barn, fish house) <input type="checkbox"/> Abandoned building <input type="checkbox"/> Vehicle (Car, truck, etc.) <input type="checkbox"/> Park <input type="checkbox"/> Woods/cave/open space <input type="checkbox"/> Bridge/overpass/railroad <input type="checkbox"/> Up all night on bus/light rail/train <input type="checkbox"/> Up all night in restaurant/laundromat <input type="checkbox"/> Temporarily doubled up with family or friends
7. Age	<input type="checkbox"/> <18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-55 <input type="checkbox"/> 56+	<input type="checkbox"/> <18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-55 <input type="checkbox"/> 56+	<input type="checkbox"/> <18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-55 <input type="checkbox"/> 56+	<input type="checkbox"/> <18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-55 <input type="checkbox"/> 56+	<input type="checkbox"/> <18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-55 <input type="checkbox"/> 56+	
8. How do you define your gender?	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans <input type="checkbox"/> Do not identify as M,F, or Transgender	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans <input type="checkbox"/> Do not identify as M,F, or Transgender	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans <input type="checkbox"/> Do not identify as M,F, or Transgender	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans <input type="checkbox"/> Do not identify as M,F, or Transgender	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans <input type="checkbox"/> Do not identify as M,F, or Transgender	
9. 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	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/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	
10. What is your race? (Check all that apply)	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian	
11. Are you an immigrant, refugee or asylee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	
12. Is this the 1st time you have been homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Have you been continuously homeless 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. Since January 2014, have you been homeless 4 or more times? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , did those four or more times <u>add up</u> to experiencing homelessness 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 , did those four or more times <u>add up</u> to experiencing homelessness 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 , did those four or more times <u>add up</u> to experiencing homelessness 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 , did those four or more times <u>add up</u> to experiencing homelessness 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 , did those four or more times <u>add up</u> to experiencing homelessness 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 , did those four or more times <u>add up</u> to experiencing homelessness 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
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	Person 1	Person 2	Person 3	Person 4	Person 5
15. 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 <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref
16. Did you serve on Active Duty, or in the National Guard or Reserves? If YES to either Q15 or Q16, ask Q17-22 If NO to both Q15 and Q16, skip to Q23	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref
17. 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
18. 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
19. For approximately how many months did you serve?	____ months	____ months	____ months	____ months	____ months
20. 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
21. 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
22. Have you joined the Homeless Veterans Registry? ** If NO, please complete the Veteran Registry application form. **	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref

	Person 1	Person 2	Person 3	Person 4	Person 5
23. Have you ever experienced domestic violence? (Have you 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?)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref
24. Since you became homeless, have you experience any of the following types of violence? (check all that apply)	<input type="checkbox"/> Physical violence <input type="checkbox"/> Sexual assault <input type="checkbox"/> Stalking <input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Physical violence <input type="checkbox"/> Sexual assault <input type="checkbox"/> Stalking <input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Physical violence <input type="checkbox"/> Sexual assault <input type="checkbox"/> Stalking <input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Physical violence <input type="checkbox"/> Sexual assault <input type="checkbox"/> Stalking <input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Physical violence <input type="checkbox"/> Sexual assault <input type="checkbox"/> Stalking <input type="checkbox"/> Domestic Violence

	Person 1:	Person 2:	Person 3:	Person 4:	Person 5:
25. Do you have any of the following conditions?	<input type="checkbox"/> AIDS or HIV-related illness <input type="checkbox"/> Chronic health condition (such as diabetes, cancer or heart disease) <input type="checkbox"/> Developmental disability <input type="checkbox"/> Drug or alcohol abuse <input type="checkbox"/> Physical disability or mobility impairment <input type="checkbox"/> PTSD (Post-traumatic stress disorder) <input type="checkbox"/> Psychiatric or emotional conditions such as depression or schizophrenia <input type="checkbox"/> Traumatic brain or head injury <input type="checkbox"/> None of the above <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> AIDS or HIV-related illness <input type="checkbox"/> Chronic health condition (such as diabetes, cancer or heart disease) <input type="checkbox"/> Developmental disability <input type="checkbox"/> Drug or alcohol abuse <input type="checkbox"/> Physical disability or mobility impairment <input type="checkbox"/> PTSD (Post-traumatic stress disorder) <input type="checkbox"/> Psychiatric or emotional conditions such as depression or schizophrenia <input type="checkbox"/> Traumatic brain or head injury <input type="checkbox"/> None of the above <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> AIDS or HIV-related illness <input type="checkbox"/> Chronic health condition (such as diabetes, cancer or heart disease) <input type="checkbox"/> Developmental disability <input type="checkbox"/> Drug or alcohol abuse <input type="checkbox"/> Physical disability or mobility impairment <input type="checkbox"/> PTSD (Post-traumatic stress disorder) <input type="checkbox"/> Psychiatric or emotional conditions such as depression or schizophrenia <input type="checkbox"/> Traumatic brain or head injury <input type="checkbox"/> None of the above <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> AIDS or HIV-related illness <input type="checkbox"/> Chronic health condition (such as diabetes, cancer or heart disease) <input type="checkbox"/> Developmental disability <input type="checkbox"/> Drug or alcohol abuse <input type="checkbox"/> Physical disability or mobility impairment <input type="checkbox"/> PTSD (Post-traumatic stress disorder) <input type="checkbox"/> Psychiatric or emotional conditions such as depression or schizophrenia <input type="checkbox"/> Traumatic brain or head injury <input type="checkbox"/> None of the above <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> AIDS or HIV-related illness <input type="checkbox"/> Chronic health condition (such as diabetes, cancer or heart disease) <input type="checkbox"/> Developmental disability <input type="checkbox"/> Drug or alcohol abuse <input type="checkbox"/> Physical disability or mobility impairment <input type="checkbox"/> PTSD (Post-traumatic stress disorder) <input type="checkbox"/> Psychiatric or emotional conditions such as depression or schizophrenia <input type="checkbox"/> Traumatic brain or head injury <input type="checkbox"/> None of the above <input type="checkbox"/> DK <input type="checkbox"/> Ref
26. Do any of the conditions listed above keep you from holding a job or living in stable housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Have you ever been in Foster Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. How long has it been since you were on a lease or in stable housing?	<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 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 years
29. Do you have an eviction on record?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Do you have any income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Do you have health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. 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
33. Are you attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Person 1:	Person 2:	Person 3:	Person 4:	Person 5:
34. What is the highest grade of school you have completed?	<input type="checkbox"/> 8th grade or less <input type="checkbox"/> Some high school but did not finish 12th grade <input type="checkbox"/> Received a high school equivalency (GED) <input type="checkbox"/> 12th grade (high school graduate) <input type="checkbox"/> Some college but no degree <input type="checkbox"/> Completed any college degree (2-year Associate or higher)	<input type="checkbox"/> 8th grade or less <input type="checkbox"/> Some high school but did not finish 12th grade <input type="checkbox"/> Received a high school equivalency (GED) <input type="checkbox"/> 12th grade (high school graduate) <input type="checkbox"/> Some college but no degree <input type="checkbox"/> Completed any college degree (2-year Associate or higher)	<input type="checkbox"/> 8th grade or less <input type="checkbox"/> Some high school but did not finish 12th grade <input type="checkbox"/> Received a high school equivalency (GED) <input type="checkbox"/> 12th grade (high school graduate) <input type="checkbox"/> Some college but no degree <input type="checkbox"/> Completed any college degree (2-year Associate or higher)	<input type="checkbox"/> 8th grade or less <input type="checkbox"/> Some high school but did not finish 12th grade <input type="checkbox"/> Received a high school equivalency (GED) <input type="checkbox"/> 12th grade (high school graduate) <input type="checkbox"/> Some college but no degree <input type="checkbox"/> Completed any college degree (2-year Associate or higher)	<input type="checkbox"/> 8th grade or less <input type="checkbox"/> Some high school but did not finish 12th grade <input type="checkbox"/> Received a high school equivalency (GED) <input type="checkbox"/> 12th grade (high school graduate) <input type="checkbox"/> Some college but no degree <input type="checkbox"/> Completed any college degree (2-year Associate or higher)
35. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. How long have you been in _____ 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
37. 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: _____
38. Who stayed with you the night of January 26, 2017? Check all that apply:	<input type="checkbox"/> Just me <input type="checkbox"/> My partner/spouse <input type="checkbox"/> My children under age 18 <input type="checkbox"/> My Young Adult children age 18-24 <input type="checkbox"/> Other Family <input type="checkbox"/> Other NON-Family	<input type="checkbox"/> Just me <input type="checkbox"/> My partner/spouse <input type="checkbox"/> My children under age 18 <input type="checkbox"/> My Young Adult children age 18-24 <input type="checkbox"/> Other Family <input type="checkbox"/> Other NON-Family	<input type="checkbox"/> Just me <input type="checkbox"/> My partner/spouse <input type="checkbox"/> My children under age 18 <input type="checkbox"/> My Young Adult children age 18-24 <input type="checkbox"/> Other Family <input type="checkbox"/> Other NON-Family	<input type="checkbox"/> Just me <input type="checkbox"/> My partner/spouse <input type="checkbox"/> My children under age 18 <input type="checkbox"/> My Young Adult children age 18-24 <input type="checkbox"/> Other Family <input type="checkbox"/> Other NON-Family	<input type="checkbox"/> Just me <input type="checkbox"/> My partner/spouse <input type="checkbox"/> My children under age 18 <input type="checkbox"/> My Young Adult children age 18-24 <input type="checkbox"/> Other Family <input type="checkbox"/> Other NON-Family

39. Household Composition: Please check the box that most applies to **the head of household.**

Adults age 25+ <input type="checkbox"/> Single Adult <input type="checkbox"/> Adult Couple Adults age 25+ <input type="checkbox"/> Adult-headed Family: # of Adults _____ # of Children (under 18 years old) _____ # of Young Adults (18-24 years old) _____
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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
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Person completing form: _____ Organization or site: _____

Location completed form: _____

