

# Point In Time Unsheltered Survey ♦ January 26, 2017

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

Use **one form per person in the household.**

Please Specify what City/ County you are in: \_\_\_\_\_

- 2. Did you sleep outside the night of January 26<sup>th</sup> 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. IF YOU CAN'T ANSWER THEM, USE THE OBSERVATION TOOL.**

\*\*If someone refuses to give you their initials or age, but will answer the other survey questions please complete the survey with them. \*\*

First letter **FIRST** name:

First 3 letters **LAST** name:

**6.** Where did you sleep the night of January 26, 2017?

- Street or sidewalk
- Doorway/skyway
- Private property (storage, barn, fish house)
- Abandoned building
- Vehicle (car, truck, van, camper)
- Park
- Woods/caves/open space
- Bridge/overpass/railroad
- Up all night on bus/light rail/train
- Up all night in restaurant/laundromat
- Temporarily doubled up with family or friends

**7.** What is your age?

- <18  18-24  25-55  56+

**8.** How do you define your gender?

- M  F  Transgender  
 Don't identify as M, F, or Transgender

**9.** Are you Hispanic or Latino?  Yes  No

**10.** What is your race? **Check all that apply:**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- DK  Ref

**11.** Are you an immigrant, refugee or asylee?

- Yes  No  DK  Ref

**12.** Is this the first time you have been homeless?

- Yes  No

**13.** Have you been continuously homeless for a year or more?

- Yes  No

**If Yes,** were you doubled up at any time during that period?

- Yes  No

**14.** Since January 2014, have you been homeless 4 or more times?  Yes  No

**If Yes,** did those four or more times add up to experiencing homelessness for a year or more?

- Yes  No

**If Yes,** were you doubled up for any of those homeless episodes?  Yes  No

### Veteran Questions

**15.** Did you serve in the United States Armed Forces, which includes the Army, Navy, Air Force, Marine Corps, and Coast Guard?  Yes  No  DK  Ref

**16.** Did you serve on Active Duty, or in the National Guard or Reserves?  Yes  No  DK  Ref

**If NO to both questions 15 and 16, SKIP to Q23.**

**If YES to either question 15 or 16, ask Q17-22 below:**

**17.** If Guard or Reserve: Were you ever called to Active Duty as a member of the National Guard or as a Reservist?

- Yes  No  DK  Ref

**18.** Did you enter Active Duty before 9/7/1980?

- Yes  No  DK  Ref

**19.** For approximately how many months did you serve?

\_\_\_\_\_ months

**20.** What kind of discharge did you have?

- Honorable or under honorable conditions
- Other than honorable, but not dishonorable
- Dishonorable
- Don't Know
- Refused

**21.** Are you receiving VA disability pay?

- Yes  No  DK  Ref

**22.** Have you joined the Homeless Veterans Registry?

- Yes  No  DK  Ref

**If NO, please complete the Registry application form.**

**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?)

- Yes  No  DK  Ref

24. Since you became homeless, have you experienced any of the following types of violence? (Check all that apply)

- Physical violence       Sexual assault  
 Stalking                       Domestic violence

25. Do you have any of the following conditions?

- AIDS or HIV-related illness  
 Chronic health condition (such as diabetes, cancer, or heart disease)  
 Developmental Disability  
 Drug or alcohol abuse  
 Physical disability or mobility impairment  
 PTSD (Post Traumatic Stress Disorder)  
 Psychiatric or emotional conditions such as depression or schizophrenia  
 Traumatic brain or head injury  
 None of the above  
 DK       Ref

26. Do any of the conditions listed above keep you from holding a job or living in stable housing?

- Yes    No

27. Have you ever been in Foster Care?  Yes    No

28. How long has it been since you were on a lease or in stable housing?

- < 1 year    1-2 years    2-5 years    > 5 years

29. Do you have an eviction on record?  Yes    No

30. Do you have any income?  Yes    No

31. Do you have health insurance?  Yes    No

32. Are you employed?  Yes    No

If Yes:  Full-time    Part-time    Temp

33. Are you attending school?  Yes    No

34. What is the highest grade of school you have completed?

- 8th grade or less  
 Some high school but did not finish 12th grade  
 Received a high school equivalency (GED)  
 12th grade (high school graduate)  
 Some college but no degree  
 Completed any college degree (2-year Associate or higher)

35. Have you ever been convicted of a felony?

- Yes    No

36. How long have you been in \_\_\_\_\_ County?

- < 1 year    1-2 years    2-5 years    > 5 years

37. Were you homeless when you came here?

- Yes    No    N/A (I'm from here originally)

If Yes, what brought you to \_\_\_\_\_ County?

- Family/ friends  
 Job opportunities  
 Access to services and resources  
 Other: \_\_\_\_\_

38. Who stayed with you the night of January 26<sup>th</sup>, 2017?

**Check all that apply:**

- Just me  
 My partner/spouse  
 My children under age 18  
 My Young Adult children age 18-24  
 Other Family  
 Other NON-Family

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

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

<b>Parenting Youth under age 25</b>	
<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: _____	
<b>Unaccompanied Youth under age 25</b>	
<input type="checkbox"/> Single Youth	<input type="checkbox"/> Youth Couple
<input type="checkbox"/> Group of Youth Presenting as a Household	

Person completing form: \_\_\_\_\_ Organization or site: \_\_\_\_\_

Location completed form: \_\_\_\_\_

**For biological families or couples living together:** Attach forms together and write a household ID on each form

(1<sup>st</sup> letter of 1<sup>st</sup> name and 1<sup>st</sup> 3 letters of last name of head of household)

Household I.D  -

Form \_\_\_\_ of \_\_\_\_

## Helpful Tips:

- *Approaching potential respondents: Introduce yourself and say that you are working to survey people who are sleeping outside, in their cars, and in abandoned buildings as part of the Homeless Street Count. Ask if they slept outside last night (Thursday January 26th). If yes, ask them if they are willing to participate in a short survey. Explain that the survey is confidential and will help our community to better respond to the needs of people experiencing homelessness.*
- *Use the unsheltered survey if you are able to answer the questions in the grey box at the top of the form (initials, age, and gender). **\*\*If someone refuses to give you their initials or age, but will answer the other survey questions please complete the survey with them.\*\****
- ***Use the observation tool if you cannot collect identifying information because you don't want to disturb someone who is sleeping or who may not be able to answer questions for a variety of reasons, but the person is clearly unsheltered.***
- *Fill out one unsheltered survey for each individual. For couples and families, attach forms together and include a household I.D. at the bottom of the form (first initial and first three letters of the last name of the head of household).*
- *This survey collects information on the timeframe encompassing the night of Thursday January 26th, 2017 (any time between sunset on the 26th to sunrise on the 27th)*
- *Questions? Call your CoC Coordinator, XXXXX XXXX, at (phone number).*