

Point In Time Doubled Up Survey ♦ January 24, 2018

Use this form to survey people who are **homeless and doubled up** on the night of January 24, 2018.

1. County _____ Team: _____ Surveyor: _____ Location: _____

- 2. Did you sleep doubled up (temporarily staying with family or friends) the night of January 24th or stay with family or friends?**
 YES (if no, stop survey)
- 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.**

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.

Person 1 (Head of Household): First letter **FIRST** name: First 3 letters **LAST** name:

6. Is anyone staying with you tonight? No, just me (proceed to Q8) Yes (proceed to Q7)

7. Household Composition: If not alone, which best describes the household with you on Wednesday night?

Household with AT LEAST 1 adult (18+), 1 child (<18)	<input type="checkbox"/> 1 adult (18+) with child(ren) (<18) <input type="checkbox"/> 2 adults (18+) with child(ren) (<18): at least 1 adult is guardian of at least 1 child <input type="checkbox"/> 2 adults with child(ren) (e.g., non-parenting couple +1, siblings, friends) <input type="checkbox"/> Parenting Youth: youth parent(s) (18-24) with child(ren)
Household WITHOUT children	<input type="checkbox"/> 2+ adults, no children <input type="checkbox"/> Unaccompanied Youth (18-24): couple, siblings, group of friends
Household with ONLY children	<input type="checkbox"/> Parenting Youth: youth parent(s) (< 18) with child(ren) <input type="checkbox"/> Unaccompanied Youth (< 18): couple, siblings, group of friends

PLEASE FILL OUT THE BELOW BOXES FOR ADDITIONAL MEMBERS OF the 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.

Person 2: First letter **FIRST** name: First 3 letters **LAST** name:

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

Person 4: First letter **FIRST** name: First 3 letters **LAST** name:

Person 5: First letter **FIRST** name: First 3 letters **LAST** name:

Initials	Person 1:	Person 2:	Person 3:	Person 4:	Person 5:
8. Where did you sleep the night of January 24, 2018?	<input type="checkbox"/> Temporarily doubled up with family or friends <input type="checkbox"/> Other (end or complete appropriate survey)	<input type="checkbox"/> Temporarily doubled up with family or friends <input type="checkbox"/> Other (end or complete appropriate survey)	<input type="checkbox"/> Temporarily doubled up with family or friends <input type="checkbox"/> Other (end or complete appropriate survey)	<input type="checkbox"/> Temporarily doubled up with family or friends <input type="checkbox"/> Other (end or complete appropriate survey)	<input type="checkbox"/> Temporarily doubled up with family or friends <input type="checkbox"/> Other (end or complete appropriate survey)
9. 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+
10. How do you define your gender?	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
11. 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

12. 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
13. 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
14. 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
14. 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
15. Did you serve on Active Duty, or in the National Guard or Reserves? If NO to both questions 14 and 15, SKIP to Q22. If YES to either question 14 or 15, ask Q16-21 below:	<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. 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
17. 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
18. For approximately how many months did you serve?	____ months	____ months	____ months	____ months	____ months
19. 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

20. 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
21. 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
22. Is this the first 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
23. How long have you been homeless this time?	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 year or more	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 year or more	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 year or more	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 year or more	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 year or more
24. 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 period of 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 period of 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 period of 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 period of 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 period of period? <input type="checkbox"/> Yes <input type="checkbox"/> No
25. Specific length of time homeless this time?	<input type="checkbox"/> 1 day or less <input type="checkbox"/> 2 days- 1 week <input type="checkbox"/> More than 1 week- less than 1 month <input type="checkbox"/> 1-3 months <input type="checkbox"/> More than 3 months- less than 1 year <input type="checkbox"/> 1 year or more	<input type="checkbox"/> 1 day or less <input type="checkbox"/> 2 days- 1 week <input type="checkbox"/> More than 1 week- less than 1 month <input type="checkbox"/> 1-3 months <input type="checkbox"/> More than 3 months- less than 1 year <input type="checkbox"/> 1 year or more	<input type="checkbox"/> 1 day or less <input type="checkbox"/> 2 days- 1 week <input type="checkbox"/> More than 1 week- less than 1 month <input type="checkbox"/> 1-3 months <input type="checkbox"/> More than 3 months- less than 1 year <input type="checkbox"/> 1 year or more	<input type="checkbox"/> 1 day or less <input type="checkbox"/> 2 days- 1 week <input type="checkbox"/> More than 1 week- less than 1 month <input type="checkbox"/> 1-3 months <input type="checkbox"/> More than 3 months- less than 1 year <input type="checkbox"/> 1 year or more	<input type="checkbox"/> 1 day or less <input type="checkbox"/> 2 days- 1 week <input type="checkbox"/> More than 1 week- less than 1 month <input type="checkbox"/> 1-3 months <input type="checkbox"/> More than 3 months- less than 1 year <input type="checkbox"/> 1 year or more
26. Since January 2015, have you been homeless 4 or more times (in the past 3 years)?	<input type="checkbox"/> Yes, 4 or more times <input type="checkbox"/> No, less than 4 times If Yes, were you doubled up at any time during that period? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, 4 or more times <input type="checkbox"/> No, less than 4 times If Yes, were you doubled up at any time during that period? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, 4 or more times <input type="checkbox"/> No, less than 4 times If Yes, were you doubled up at any time during that period? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, 4 or more times <input type="checkbox"/> No, less than 4 times If Yes, were you doubled up at any time during that period? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, 4 or more times <input type="checkbox"/> No, less than 4 times If Yes, were you doubled up at any time during that period? <input type="checkbox"/> Yes <input type="checkbox"/> No

27. If 4 or more, how long did you stay in shelters or on the streets?	<input type="checkbox"/> Less than 12 months	<input type="checkbox"/> Less than 12 months	<input type="checkbox"/> Less than 12 months	<input type="checkbox"/> Less than 12 months	<input type="checkbox"/> Less than 12 months
	<input type="checkbox"/> 12 months or more	<input type="checkbox"/> 12 months or more	<input type="checkbox"/> 12 months or more	<input type="checkbox"/> 12 months or more	<input type="checkbox"/> 12 months or more

	Person 1:	Person 2	Person 3	Person 4	Person 5
28. 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
29. Are you currently fleeing a domestic violence situation?	<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
30. 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:
31. 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
32. 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
33. 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
34. 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
35. 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
36. 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
37. 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
38. 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
39. 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:
40. 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)
41. 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
42. 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
43. 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: _____

**Please complete survey for each adult in the household.
If there are children in the household, complete grid on the next page.**

	Child #1	Child #2	Child #3
First initial of first name			
First initial of last name			
Age			
Gender	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> DK <input type="checkbox"/> Ref
Ethnicity	Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> DK <input type="checkbox"/> Ref	Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> DK <input type="checkbox"/> Ref	Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> DK <input type="checkbox"/> Ref
Race <i>Check all that apply.</i>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> DK <input type="checkbox"/> Ref

	Child #4	Child #5	Child #6
First initial of first name			
First initial of last name			
Age			
Gender	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> DK <input type="checkbox"/> Ref
Ethnicity	Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> DK <input type="checkbox"/> Ref	Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> DK <input type="checkbox"/> Ref	Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> DK <input type="checkbox"/> Ref
Race <i>Check all that apply.</i>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> DK <input type="checkbox"/> Ref	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> DK <input type="checkbox"/> Ref

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 (Wednesday, January 24th). 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 Wednesday, January 24th, 2018 (any time between sunset on the 24th to sunrise on the 25th)*
- *Questions? Call your CoC Coordinator, XXXXX XXXX, at (phone number).*