

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.

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

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. 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: <input type="text"/>	First 3 letters LAST name: <input type="text"/> <input type="text"/> <input type="text"/>
6. Is anyone staying with you tonight?	<input type="checkbox"/> No, just me (proceed to Q8) <input type="checkbox"/> 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

8. Where did you sleep the night of January 24, 2018?

- Temporarily doubled up with family or friends

9. What is your age? _____

- <18 18-24 25-55 56+

10. How do you define your gender?

- M F Trans Female (MTF)
 Trans Male (FTM) Gender Non-Conforming
 DK Ref

11. Are you Hispanic or Latino? Yes No

- DK Ref

12. 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

13. Are you an immigrant, refugee or asylee?

- Yes No DK Ref

Veteran Questions

14. 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

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

If NO to both questions 14 and 15, SKIP to Q22.

If YES to either question 14 or 15, ask Q16-21 below:

16. 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

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

- Yes No DK Ref

18. For approximately how many months did you serve?

_____ months

19. What kind of discharge did you have?

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

20. Are you receiving VA disability pay?

- Yes No DK Ref

21. Have you joined the Homeless Veterans Registry?

- Yes No DK Ref

If NO, please complete the Registry application form.

22. Is this the first time you have been homeless?

- Yes No

23. How long have you been homeless this time?

- Less than 1 year 1 year or more

24. 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

25. Specific length of time homeless this time?
 1 day or less
 2 days – 1 week
 More than 1 week – less than 1 month
 1 -3 Months
 More than 3 months – less than 1 year
 1 year or more
26. Since January 2015, have you been homeless 4 or more times (in the past 3 years)?
 Yes, 4 or more times **No**, less than 4 times
If Yes, were you doubled up at any time during that period? Yes No
27. **If 4 or more**, how long did you stay in shelters or on the streets?
 Less than 12 months 12 months or more
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?)
 Yes No DK Ref
29. Are you currently fleeing a domestic violence situation?
 Yes No DK Ref
30. 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
31. 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
32. Do any of the conditions listed above keep you from holding a job or living in stable housing?
 Yes No
33. Have you ever been in foster care? Yes No
34. 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
35. Do you have an eviction on record? Yes No
36. Do you have any income? Yes No
37. Do you have health insurance? Yes No
38. Are you employed? Yes No
If Yes: Full-time Part-time Temp
39. Are you attending school? Yes No
40. 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)
41. Have you ever been convicted of a felony?
 Yes No DK Ref
42. How long have you been in _____ County?
 < 1 year 1-2 years 2-5 years > 5 years
43. 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: _____

**Please complete 1 survey for each adult in the household.
If there are children in the household, complete grid on the next page.**

Do you need to add information for a child in the household? (if the head of household is a minor, this refers to an additional child.)

	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
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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

For families or couples living together:	
Attach forms together and write a household ID on each form (1 st letter of 1 st name and 1 st 3 letters of last name of head of household)	
Household I.D	Form ____ of ____
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ 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 (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).