

Point In Time School-based Survey ♦ January 24, 2018

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

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

County _____ **District:** _____ **Surveyor:** _____ **School:** _____

- 2. Did you sleep outside, in shelter, or doubled-up the night of January 24th 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: <input style="width: 80px;" type="text"/>	First 3 letters LAST name: <input style="width: 60px;" type="text"/> <input style="width: 60px;" type="text"/> <input style="width: 60px;" 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?

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

- White
- DK Ref

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

Veteran Questions

- 13.** 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
- 14.** Did you serve on Active Duty, or in the National Guard or Reserves? Yes No DK Ref

If NO to both questions 13 and 14, SKIP to Q21.

If YES to either question 13 or 14, ask Q15-20 below:

- 15.** 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
- 16.** Did you enter Active Duty before 9/7/1980?
 Yes No DK Ref
- 17.** For approximately how many months did you serve?
 _____ months
- 18.** What kind of discharge did you have?
 Honorable or under honorable conditions
 Other than honorable, but not dishonorable
 Dishonorable
 Don't Know
 Refused
- 19.** Are you receiving VA disability pay?
 Yes No DK Ref

20. Have you joined the Homeless Veterans Registry?

Yes No DK Ref

If NO, please complete the Registry application form.

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

Yes No

22. How long have you been homeless this time?

Less than 1 year 1 year or more

23. 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

24. 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

25. 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

26. If 4 or more, how long did you stay in shelters or on the streets?

Less than 12 months 12 months or more

27. 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

28. Are you currently fleeing a domestic violence situation?

Yes No DK Ref

29. 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

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

Yes No

31. Have you ever been in foster care? Yes No

***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
 (1st letter of 1st name and 1st 3 letters of last name of head of household)

Household I.D

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Form ____ of ____

Helpful Tips:

- Approaching potential respondents: Introduce yourself and say that you are working to survey people who are experiencing homelessness and/or housing instability. Ask if they slept outside, doubled up, or in shelter 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.
- ****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 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).