

Instructions to Surveyor

- Please use the mobile app to conduct the survey
- All surveys must be entered into the We Count mobile app by noon the following day
- All surveys must be administered by someone who has received training
- Register to Volunteer Here: <http://bit.ly/2k8iu3O>
- Visit cceh.org/app to download the mobile app

2017 Youth Count Survey
January 25-31, 2017

Interviewer's (Your) Name: _____

Street Address of Survey: _____

Hello. My name is [*name of the surveyor*] and I'm working with the [*name of organization*]. We are talking to youth between the ages of 13 to 25 so that we can better understand their housing experiences. I would like to ask you a few questions about that. You will receive an incentive [*insert incentive or type/or "of your choice"*] for taking the survey. It will take about 10 minutes and your participation is voluntary. This is an anonymous survey. Some of the questions are a little personal but you will be able to answer privately by pressing a button without me seeing your answers. You can also skip any questions that you don't want to answer or stop the survey at any time. Do you have any questions?

Would you like to participate? Yes No [THANK RESPONDENT AND END SURVEY]

[GO TO Q1]

1. Have you already been surveyed about what your housing/living situation this week? This may have happened here, at a shelter, drop in center, or on the street. Yes No?

Yes [THANK RESPONDENT AND END SURVEY]

No [GO TO Q2]

2. How old are you? _____ years

a) If the person is 13 to 24 years old, go on to Q3.

b) If the person is age 25 or older, THANK RESPONDENT AND END SURVEY.

c) If the person is 12 or younger, THANK RESPONDENT AND END SURVEY.

3. What are your initials? First _____ Middle ____ Last _____ Don't know Refuse to answer

4. What is your date of birth? MM__DD__YYYY _____ Don't know Refuse to answer

5. What city do you currently live/stay in? _____ Don't know Refuse to answer

6. Where did you sleep on Tuesday, January 24th? [DO NOT READ OPTIONS. CHECK ONE RESPONSE THAT BEST MATCHES THE ANSWER GIVEN BY RESPONDENT; FOR "OTHER" WRITE IN RESPONSE]

Shelter (emergency, temporary) (Specify: _____)

Transitional housing (Specify: _____)

Hotel or motel I'm paying for

Hotel or motel a charity is paying for

Friend's home

Couch surfing (moving from one temporary housing arrangement to another)

Hospital or emergency room

Residential treatment facility

Juvenile detention center or jail

Car or other vehicle

Abandoned building/vacant unit/squat

homeless

On a train/bus or in train/bus station

24-hour restaurant/laundromat or other business/retail establishment

Anywhere outside (street, park, viaduct)

Parent's Home

Other Relative's Home

Foster Family Home

Group Home

Home of boyfriend/girlfriend

Other (Specify: _____)

Don't Know

Refuse to Answer

Unsheltered

6a. If Unsheltered option selected, ask: Did you try to get assistance at an emergency shelter? Yes No

6a1: If Yes ask, Why were you not admitted to shelter? Specify: _____

6a2: If No ask, Why didn't you seek assistance at a shelter?

Shelter was full

Did not know shelters were available to me

Did not feel safe

Shelter has too many rules

Did not know where to go

Heard shelter was dirty

Heard shelter was dangerous

If minor - did not have a local shelter for my age

If minor - was afraid of DCF involvement

If pregnant or parenting - afraid of DCF involvem

Had no transportation to the shelter

Did not want others to know they were homeless

Would stay if the shelter had a separate space for my age group

Continued on next page

- Would stay if shelter had separate bathroom or bathroom hours for my age group
- Feel uncomfortable but would stay with a host family temporarily

- Feel uncomfortable but would stay in an emergency program that offered temporary stays in shared apartments with others in my age group
- Thought they could make it on their own
- Didn't like how shelter staff treated them
- Other: Specify (_____)

7a. How long have you been staying where you currently are?: ____Days ____Weeks ____Months ____Years
 Don't know Refuse to answer

7b. Do you feel like you can stay where you slept for as long as you'd like without being asked to leave?

- Yes No Don't know Refuse to answer

7c. Is the place you're currently staying safe? That is, are you free from physical abuse, drug use exposure, or anything like that?

- Yes No Don't know Refuse to answer

7d. How many times have you had to move in just the last 60 Days?

- I didn't move 1 Time 2 Times 3 Times More than 3 Times
- Don't Know Refuse to Answer

7d1. Did you move with your parent or guardian?

- Yes No Don't know Refuse to answer

7e. (Asked if response to 6 is a homeless qualifying answer) How many times have you not had a place to stay in the last 3 years and you needed to stay at a shelter, in your car, at a bus station, in an alleyway or anything like that?

- Three or fewer Four or More Don't Know Refuse to Answer

7e1. If 4 or More Times, ask: How many total months were you in that situation?

- 12 or less months (Specify # of Months: _____) More than 12 Months Don't Know Refuse to Answer

8. Do you have a high school diploma or GED?

- Yes No Don't know Refuse to answer

9. Are you currently attending school or another education program?

- Yes No Don't know Refuse to answer

10. Are you currently employed at a job for which you receive a paycheck?

- Yes No Don't know Refuse to answer

11. Do you currently receive any public or government benefits, such as Medicaid, food stamps (SNAP), SSI, or welfare cash assistance?

- Yes No Don't know Refuse to answer

12. Have you ever been in foster care/DCF?

- Yes No Don't know Refuse to answer

13. Have you ever been in juvenile detention, prison or jail?

- Yes No Don't know Refuse to answer

14. Have you ever served in the United States Armed Forces? (Army, Navy, Marines, Air Force, Coast Guard, Reserves)

- Yes No Don't know Refuse to answer

15. Are you pregnant or a parent?

- Yes No Don't know Refuse to answer

15a. If Yes: Do you have custody of your child(ren)? In other words, do are you responsible for caring for your child(ren) on a day-to-day basis (including joint custody)?

- Yes No Don't know Refuse to answer

16. Are you Hispanic or Latino? Yes No

17. What is your race? (Choose all that apply)

- White/Caucasian
- Black/African American
- Pacific Islander/Native Hawaiian
- American Indian/Alaskan Native

- Asian
- Other(Specify:_____)
- Don't Know
- Refuse to answer

18. What gender do you identify as?

- Female
- Male
- Transgender –Identify as Female
- Transgender – Identify as Male

- Intersex
- Genderqueer/Gender-Nonconforming
- Other (Specify:_____)
- Don't know my identity

- Refuse to answer

19. Which of the following best fits how you feel about your sexual orientation?

[READ LIST AND SELECT ONE THAT APPLIES; FOR "OTHER" WRITE IN RESPONSE]

- Heterosexual (Straight)
- Bisexual-that is, attracted to men and women
- Gay or Lesbian
- Not sexually attracted to males or females
- Pansexual
- Other (Specify: _____)
- Don't know my orientation
- Refuse to answer

[For questions 20, 20a, 21, and 21a, Please show your form to the respondent and allow the person to select the answers to respect their privacy]

20. Have you ever been told you have any of the following conditions and as a result will likely need some form of assistance in your day-to-day life? Chronic Health Condition, Physical Disability, Severe Mental Illness, Learning Disability, or Chronic Substance Abuse Issue

- Yes
- No
- Don't know
- Refuse to answer

20a. Have you ever been told you are HIV positive or have AIDS?

- Yes
- No
- Don't know
- Refuse to answer

21. Has anyone ever encouraged/pressured/forced you to exchange sexual acts for money, drugs, food, place to stay, clothing or protection?

- Yes
- No
- Don't know
- Refuse to answer

21a. If Yes to #21: Are you currently in a situation like that?

- Yes
- No
- Don't know
- Refuse to answer

22. (Only Ask if the Answer to question 6 was a homeless qualifying response) You told me that on the night of Tuesday, January 24th you slept at (See response to question 6). What do you feel led to you being homeless or unstably housed? Check all that apply.

- Couldn't Find/Lost Job
- Conflict or problem with family/people you live with
- Being physically abused or beaten
- Couldn't pay rent
- Sex work, human trafficking or something like that
- Aged out of Foster Care/DCF
- Loss or reduction of benefits (food stamps, welfare, etc.)
- Eviction or at risk of eviction
- Family violence
- Violence from a boyfriend, girlfriend, friend or someone like that
- Someone I live with asked me to leave
- Because I'm pregnant or had a child
- Had to leave because of my gender identity or sexual orientation
- Released from prison/jail
- Released from hospital
- Household breakup/death in household
- Injury/Illness
- Release from mental health treatment facility
- Foreclosure of rented or owned property
- Drug/Alcohol Abuse
- Other (specify): _____
- Don't know
- Refuse to answer

23. Right now, what do you need to improve your well-being? (check all that apply)

- Birth Certificate
- Birth Control/Condoms
- Counseling /Mental Health Services
- Drug/Alcohol Treatment
- Education/help with school
- Employment/career help
- Financial Assistance
- Food
- Help with being able to go back home
- Help with a physical or learning disability
- Hygiene Products
- I.D. Card
- Immigration Assistance for myself
- Immigration Assistance for a parent
- Language Classes
- Legal Help
- Medical services
- Place to live short-term
- Place to shower
- Place to do laundry
- Place to live long-term
- Transportation
- Other: _____

Thank you