

# Sheltered Survey Form – 2017 Point in Time Homeless Count

Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Address: \_\_\_\_\_

Program City: \_\_\_\_\_ State: CT Zip: \_\_\_\_\_

Program Type:  Emergency Shelter  Transitional Housing *Do not survey residents in PSH*

## Directions for using this survey form:

Read each question exactly as it is written. Do NOT read aloud the text that appears in **(bold and parentheses)**. Obtain as many answers as possible. Conclude the survey if the respondent does not wish to continue.

1. We are conducting a survey that helps advocates obtain funding to end homelessness. Would you like to participate?  Yes **(Continue to question # 2)**

No **(Skip to question # 4. Use your best judgment to answer 4, 5, 6, 7.)**

2. Have you already been interviewed today for the Point in Time Count?

Yes **(Do not interview again.)**

No **(Continue to question # 3.)**

3. What is your name? (If hesitant, ask What are your Initials)

First Name (or Initial): \_\_\_\_\_ Last Name (or Initial): \_\_\_\_\_  Person Refused

4. What is your date of birth (mm/dd/yyyy) \_\_\_/\_\_\_/\_\_\_\_  Person doesn't know  Person Refused

*If refused, please estimate the age grouping in which the person may be:*  Under 18  18-24  25+

5. How do you identify your GENDER?

Male  Female  Transgender  Do not identify as Male, Female, or Transgender

6. Of the following options, which do you consider your ETHNICITY?

Non-Hispanic/Non-Latino  Hispanic/Latino

7. What do you consider to be your RACE? Select all that apply.

White  Black or African-American  Asian

American Indian or Alaska Native  Native Hawaiian /Pacific-Islander

8. Is this the first time you've been homeless?  Yes  No  Person doesn't know  Person Refused

9. How long have you been homeless this time? (Only include time spent staying in shelters and/or on the streets.)

\_\_\_\_\_ Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months \_\_\_\_\_ Years  Person doesn't know  Person refused

10. Including this time, how many separate times have you stayed in shelters or on the streets in the past 3 years?

Fewer than 4 Times  4 or more  Person doesn't know  Person refused

11. In total, how long did you stay in shelters or on the streets those times?

\_\_\_\_\_ Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months \_\_\_\_\_ Years  Person doesn't know  Person refused

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11a. How long have you been living in this community?

\_\_\_\_\_ Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months \_\_\_\_\_ Years     Person doesn't know     Person refused

12. Have you ever served in the US Armed Forces (Army, Navy, Air Force, Marines or Coast Guard)?

Yes     No     Person doesn't know     Person refused

13. Were you ever called into active duty as a member of the National Guard or as a Reservist?

Yes     No     Person doesn't know     Person refused

**Disabling Conditions:**

14. Do you have any Substance Abuse Issues?     No     Alcohol Abuse     Drug Abuse     Both Alcohol and Drug  
 Person Doesn't Know     Person Refused

14a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?

Yes     No     Person Doesn't Know     Person refused

15. Do you have a Chronic Health Condition?     Yes     No     Person Doesn't Know     Person refused

15a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?

Yes     No     Person Doesn't Know     Person refused

16. Do you have a Mental Health Problem?     Yes     No     Person Doesn't Know     Person refused

16a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?

Yes     No     Person Doesn't Know     Person refused

17. Do you have a Physical Disability?     Yes     No     Person Doesn't Know     Person refused

17a. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?

Yes     No     Person Doesn't Know     Person refused

18. Do you have a Developmental Disability?     Yes     No     Person Doesn't Know     Person refused

19. Do you have HIV/AIDS?     Yes     No     Person Doesn't Know     Person refused

20. Are you a victim of Domestic Violence?     Yes     No     Person doesn't know     Person Refused

If respondent has family currently with them, please provide the following (use additional form for more children):

Household Member	Date of Birth	Gender	Race	Ethnicity	Veteran (Y/N)	Disabling Condition (Y/N)
Partner / Spouse						
Child 1						
Child 2						
Child 3						
Child 4						

Thank you for participating in this survey.