

Please write legibly and complete  
all location information

## Unsheltered Survey Form 2017 Point in Time Homeless Count

Block Group (# appears at the top of your map.):

0	9	0												
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Closest Street Address or Closest Approximate Street Address (INCLUDING STREET NUMBER):

\_\_\_\_\_

CHECK IF THE PERSON WAS FOUND OUTSIDE OF THE BLOCK GROUP

Town in which survey was conducted: \_\_\_\_\_

### 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. Skip any questions the respondent refuses. Conclude the survey if the respondent does not wish to continue. Do not wake anyone sleeping in order to conduct this survey.

**Introduction:** Hello, my name is \_\_\_\_\_. I am a volunteer with the CT Point in Time Count. We are asking questions tonight about housing situations. Any answers you provide will be kept confidential and will not affect your eligibility for services in any way.

1) Would you like to participate?

- Yes (continue to question #2)  
 No (skip to question #4, and 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 (or DV), 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 (Male to Female)  Transgender (Female to Male)  Do not identify as M, F, T

6) Of the following options, what do you consider your ethnicity?

- Non-Hispanic/Non-Latino  Hispanic/Latino  Person doesn't know  Person Refused

7) What do you consider your primary race?

- White  Black or African American  Asian  American Indian or Alaska native  
 Native Hawaiian or other Pacific Islander

8) Is this the first time you have 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.

Years: \_\_\_\_\_ Months: \_\_\_\_\_ Weeks: \_\_\_\_\_ Days: \_\_\_\_\_

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 times  Person doesn't know  Refused

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

Years: \_\_\_\_\_ Months: \_\_\_\_\_ Weeks: \_\_\_\_\_ Days: \_\_\_\_\_

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

Years: \_\_\_\_\_ Months: \_\_\_\_\_ Weeks: \_\_\_\_\_ Days: \_\_\_\_\_

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

21) 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.