

Sheltered Survey Form – 2016 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.

- 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.)**
- Have you already been interviewed today for the Point in Time Count? Yes **(Do not interview again.)**
 No **(Continue to question # 3.)**
- What is your DATE OF BIRTH **(mm/dd/yyyy)**? **(If this is a Domestic Violence program, year of birth is fine.)**
 Full Date of Birth: ____ / ____ / ____ Year Only: _____
- How do you identify your GENDER?
 Male Female Transgender (male to female) Transgender (female to male)
- 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
- Of the following options, which do you consider your ETHNICITY?
 Non-Hispanic/Non-Latino Hispanic/Latino
- If you have family currently with you, please complete 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						

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8. Are you a Domestic Violence Survivor? Yes No Person doesn't know Person Refused
9. 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
- 9b. 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
10. 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
11. In the last three years, HOW MANY TIMES have you been homeless (in emergency shelter or in a place not meant for sleeping)?
 1 (homeless only this once) 2 3 4 or more Person doesn't know Person refused
- 11a. (If Four or More Times homeless, ask:) What is the total number of months you were homeless in the last three years?
 12 or less months (Specify # of Months: _____) More than 12 months
 Person Doesn't Know Person refused

Disabling Conditions:

12. Do you have a Physical Disability? Yes No Person Doesn't Know Person refused
12a. 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
13. Do you have a Developmental Disability? Yes No Person Doesn't Know Person refused
13a. 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
14. Do you have a Chronic Health Condition? Yes No Person Doesn't Know Person refused
14a. If yes, is this a long-term condition that impairs your ability to hold a job or live independently?
 Yes No Person Doesn't Know Person refused
15. Do you have HIV/AIDS? 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. Is this a long-term problem that impairs your ability to hold a job or live independently?
 Yes No Person Doesn't Know Person refused
17. Do you have any Substance Abuse Issues? No Alcohol Abuse Drug Abuse
 Both Alcohol and Drug Person Doesn't Know Person Refused
17a. If yes, is this a long-term problem that impairs your ability to hold a job or live independently?
 Yes No Person Doesn't Know Person refused

Thank you for participating in this survey.