

Please write legibly and complete  
all location information

## Unsheltered Survey Form 2016 Point in Time Homeless Count

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

0	9	0																	
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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 #5, and use your best judgment to answer 5,6,7,8)**
- 2) Have you already been interviewed today for the Point in Time Count?
  - Yes **(Do Not interview again)**
  - No **(continue to question #3)**
- 3) Are you planning to sleep tonight in a place that is not usually meant for sleeping?
  - Yes     No     Person doesn't know     Person Refused
- 4) What is your date of birth (mm/dd/yyyy) \_\_\_/\_\_\_/\_\_\_\_\_     Person doesn't know     Person Refused
- 5) How do you identify your gender?
  - Male     Female     Transgender (Male to Female)     Transgender (Female to Male)
- 6) What do you consider your primary race?
  - White     Black or African American     Asian     American Indian or Alaska native
  - Native Hawaiian or other Pacific Islander
- 7) Of the following options, what do you consider your ethnicity?
  - Non-Hispanic/Non-Latino     Hispanic/Latino
- 8) 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						

## Unsheltered Survey Form

### 2016 Point in Time Homeless Count

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

10a) 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

10b) 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

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

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

12) In the last three years, how many times have you been homeless (in emergency shelter or in a place not meant for sleeping)? This current episode counts as one time.

Three or fewer times  Four or more times  Person doesn't know  Person Refused

12a) (If Four or More Times homeless, ask:) What is the total time 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  Refused

#### Disabling Conditions:

**13. Do you have a Physical 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 Developmental Disability?**  Yes  No  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 HIV/AIDS?**  Yes  No  Person Doesn't Know  Person refused

**17. Do you have a Mental Health Problem?**  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 any Substance Abuse Issues?**  No  Alcohol Abuse  Drug Abuse  Both Alcohol and Drug  
 Person Doesn't Know  Person Refused

18a. 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

Thank you for participating in this survey.