

2017 Point-in-Time Count – Data Collection Form

Hello, my name is _____ and I'm an outreach volunteer. We are conducting a survey to find out how many people in our region are homeless or have no permanent place to live. This information helps our region provide services and housing to folks who might be homeless. Your participation is voluntary! Your responses are private and confidential!

Where did you sleep on Wednesday night, January 25th, 2017?

- Street or sidewalk
- Vehicle (car, van, RV, truck)
- Park
- Bus, train station
- Under bridge/overpass
- Woods/camp
- Other location (specify) _____

- Emergency shelter
- Transitional housing
- Motel/hotel
- House or apartment
- Jail, hospital
- Treatment program

If the person answers one of these, STOP here.

Did another survey worker already ask you these same questions about where you were staying on Wednesday night?

- Yes No **If yes, STOP here.**

Is this the first time you have been homeless/ in this situation?

- Yes No Not sure/don't want to say

If not, how many times have you been homeless during the last 3 years? (includes only time in shelter or outside/unsheltered)

- Once Two or three times 4 or more times

How long have you been homeless in total during the last 3 years?

- More than 1 year Less than 1 year Not sure

I'd like to ask you a few questions about your health. This information helps us understand what types of services might be needed by people in our region who are homeless.

Do you get SSI, SSDI, or Veteran Disability benefits?

- [] Yes [] No [] Not sure/ no comment

Do any mental health issues interfere with your day-to-day life?

These might include major depression, schizophrenia, or post-traumatic stress disorder.

- Yes No Not sure/ no comment

Do drugs or alcohol prevent you from maintaining a decent housing situation?

- Yes No Not sure/ no comment

If no SSI, SSDI >> Do you have any type of health issue or disability that interferes with your daily life?

- Yes No Not sure/ no comment

These types of issues might include: traumatic brain injury; acute or chronic illness such as diabetes, stroke syndrome, or cancer; documented developmental disabilities; or serious physical disability.

Have you served in the United State Armed Forces on active military duty?

- Yes No Not sure

How old are you?

- Under 18 18-24 yrs 25 – 59 yrs 60+

How do you describe your gender?

- Female Male Trans

Are you Hispanic or Latino/a?

- Yes No Not sure/ no comment

What is your race?

- White Black/African American Asian
 American Indian/Alaskan Native Hawaiian/ Pacific Island Not sure/ no comment

Have you ever experienced domestic violence?

- Yes No Not sure/ no comment

We want to create a code for this survey so that we don't double-count you.

What month and year were you born? _____ / _____

What is the first letter of you first name? _____

What are the first 3 letters of your last name? _____

Thank you very much for completing this survey!