

3 County CoC Point-in-Time Count Data Collection Form | 2018

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 right now. Your participation will help local organizations create housing opportunities for people who need them. Your participation is voluntary! Your responses are private and confidential!

Where did you sleep on Wednesday night, January 24th, 2018?

- 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, no voucher
- House or apartment
- Jail, hospital
- Treatment program

If the person answers one of these, STOP here.

What town did you stay in?

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)

- 2 - 3 times

4 or more times

Don't know

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

- More than 1 year

Less than 1 year

Not sure

Were you fleeing domestic violence when you became homeless this time?

Yes

No

Not sure/ no comment

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

- Yes No

Not sure/ no comment

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

Do drugs or alcohol prevent you from maintaining stable housing?

Yes

No

Not sure

Are you HIV positive?

Yes

No

Not sure/ no comment

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; developmental disabilities; or a long-term physical disability.

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

Yes

No

Not sure

What is your age?

Under 18

18-24 yrs.

25-59 yrs.

60+

How do you describe your gender identity?

Female

Male

Transgender

Other

Are you Hispanic or Latinx?

Yes

No

Not sure/ no comment

What is your race? Check all that apply.

American Indian/Alaskan

White

Native Hawaiian/ Pacific Islander

Black/African Am.

Asian

Not sure/ no comment

Help us to not double count you! We are collecting the following information only to make sure we don't count you twice.

What is the first letter of your first name? _____

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

What month and year were you born? _____ / _____

[mm/yy]

Household status: [] Individual [] Couple → if part of a couple, please provide the partner's initials: _____

Please return form to Kate Bavelock: kateb@hilltowncdc | Fax: 413-296-4020 | Mail: PO Box 17, Chesterfield MA 01012