



Indiana Housing & Community Development Authority

Survey for DOMESTIC VIOLENCE SHELTERS ONLY
2012 Indiana Point-in-Time Homeless Count
1/25/2012

Complete only one survey per household.

Facility Name: _____
Program Name: _____
County of Program: _____

Initials: _____
Birth Date: _____
Gender: [] Male [] Female

Select only one option for each question below unless otherwise noted.

Ethnicity

- [] Hispanic/Latino
[] Non-Hispanic/Non-Latino

Race (Select all that apply)

- [] American Indian or Alaska Native
[] Black or African- American
[] White
[] Asian
[] Native Hawaiian or or Pacific Islander

Residence Prior to Entry in Shelter Program

- [] Emergency Shelter
[] Transitional Housing
[] Place not meant for human habitation (street, car, etc.)
[] Psychiatric hospital or facility
[] Substance abuse treatment facility/detox center
[] Hospital (non-psychiatric)
[] Jail/prison/juvenile detention center
[] Permanent housing for formerly homeless
[] Apartment/House - Own
[] Apartment/Room/House - Rent
[] Staying in a family member's room/ap't/house
[] Staying/living with a friend
[] Motel paid for without emergency shelter voucher
[] Foster care home/group home
[] Other _____

How Many Episodes of Homelessness* Have You Had in the Past 3 Years?

- [] 1 [] 2 [] 3 [] 4
[] 5 [] 6 [] 7 [] 8
[] 9 [] 10 or more

Episode = a separate, distinct and sustained stay on the streets and/or in an emergency homeless shelter.

How Long Have You Been Homeless?

- [] 0-30 days
[] 31-60 days
[] 61-90 days
[] 91-180 days
[] between 6 -12 months
[] longer than 12 months
[] Unknown

INDIVIDUAL/FAMILY TYPE

Include yourself and only family members staying with you.

- [] Individual Male
[] Individual Female
[] Individual Male - Youth (<18)
[] Individual Female - Youth (<18)
[] Single Parent Family - Male Head
[] Single Parent Family - Female Head
[] Single Parent Family - Youth Head
[] Two Parent Family - Adult
[] Two Parent Family - Youth
[] Adult Couple without Children

Number of Children: _____
(Include only children under 18 currently staying with you)

Number of Other Adults in Family: _____
(Do NOT include yourself!)

Are you a veteran? (served in U.S. Armed Forces or activated into active duty as a member of the National Guard or as a Reservist)

- [] No
[] Yes

Are you a domestic violence victim or survivor?

- [] No
[] Yes

Have you ever been diagnosed with or told that you have any of the following disabling conditions**? (Select all that apply)

- [] None
[] Physical Disability
[] Developmental Disability
[] Chronic Health Condition
[] HIV/AIDS
[] Mental Health Disability
[] Drug/Alcohol Abuse Disability

Definition of Homeless*:

An unsheltered homeless person resides in a place not meant for human habitation: such as cars, parks, sidewalks, abandoned buildings, streets, parks, etc.

A sheltered homeless person resides in:

- Emergency shelters. Includes temporary emergency weather shelters and domestic violence shelters.
• Transitional housing (for homeless persons who originally came from the streets or emergency shelters).
• Residential programs for runaway/homeless youth (not foster care or government funded youth programs)
• Hotel, motel, or apartment voucher arrangements paid for by a public/private agency because the person or family is homeless.

Definition of Disabling Condition**:

A physical, mental, or emotional impairment which is (a) expected to be of long-continued and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions; (d) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome; or (e) a diagnosable substance abuse disorder.