

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

Are you a domestic violence victim/survivor?

- No
- Yes

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

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
- Drug/Alcohol Abuse

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.