



Indiana Housing & Community Development Authority

Survey
2012 Indiana Point-in-Time Homeless Count
1/25/2012

Complete only one survey per household.

SHELTERED PERSON

Facility Name:
Program Name:
Primary County of Program:

First Name:
Last Name:
Initials:

UNSHELTERED PERSON

Have you already been asked these questions today?

No Yes (stop here!)

Survey Location:
County:

Birth Date:

SSN:

Gender: Male Female

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

ETHNICITY
RACE (Select all that apply)

Where Did You Sleep Last Night?/Residence Prior to Entry

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

How Long Have You Been Homeless (current episode only)?

INDIVIDUAL / FAMILY TYPE
Include yourself and only family members staying with you.

Number of Children:
Number of Other Adults in Family:

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)

Are you a domestic violence victim or survivor?

Have you ever been diagnosed with or told that you have any of the following disabling conditions?

Definition of Homeless:
Definition of Disabling Condition: