2016 Point-in-Time Count – Data Collection Form - Unsheltered Individuals

Hello, my name is _____ and I'm an outreach volunteer. We are conducting a survey to count homeless people to provide better programs and services to them. Your participation is voluntary and your responses are confidential.

Where are you sleeping tonight?

☐ 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 locations, STOP the interview.

Did another survey worker already ask you these same questions about where you are staying tonight?	☐ Yes	☐ No	**If yes, STOP the interview.**	
Is this the first time you have been homeless?	☐ Yes	☐ No	☐ Don't know	☐ Refused
How long have you been homeless <u>this time</u>? Only include time spent staying in shelters and/or on the streets.	_____ days	_____ weeks	____months	_____ years
	☐ Don't know	☐ Refused		
<u>If homeless before</u> > How many times have you been homeless before this time?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4 or more
> If 4 or more times, did these episodes occur in the last 3 years?	☐ Yes	☐ No	☐ Don't know	☐ Refused
> How long have you been homeless (Shelters/Streets) in total, over the last 3 years?	☐ Less than 12 months	☐ 12 months or more	☐ Don't know	☐ Refused

Do you have any of the following?

Ongoing health problems/medical conditions: diabetes, cancer, heart disease?	□Yes	□No	□Don't know	□Refused
Post-traumatic stress disorder or PTSD?	□Yes	□No	□Don't know	□Refused
Psychiatric or emotional conditions such as depression or schizophrenia?	□Yes	□No	□Don't know	□Refused
Physical disability?	□Yes	□No	□Don't know	□Refused
AIDS or are you HIV positive?	□Yes	□No	□Don't know	□Refused
Received special ed. for more than 6 months?	□Yes	□No	□Don't know	□Refused
Had a traumatic injury to your brain from a blow or wound to the head?	□Yes	□No	□Don't know	□Refused
Do you have a substance abuse problem (legal or illegal drugs)?	□Yes	□No	□Don't know	□Refused
Have you ever received substance abuse treatment or had a DUI?	□Yes	□No	□Don't know	□Refused
Do any of the issues discussed keep you from holding a job or living in stable housing?	□Yes	□No	□Don't know	□Refused
Do you receive benefits such as SSI, SSDI, or Veteran's Disability benefits?	□Yes	□No	□Don't know	□Refused
Have you served in the United State Armed Forces?	□Yes	□No	□Don't know	□Refused
Were you ever activated as a member of the National Guard or as a Reservist?	□Yes	□No	□Don't know	□Refused
Have you ever received health care or benefits from a VA Medical Center?	□Yes	□No	□Don't know	□Refused

What's your age category? ☐ Under 18 ☐ 18-24 ☐ 25 or older

What's your date of birth? _____/_____/_____ (We use this to make sure that we aren't counting the same person more than once)
month / day / year

Are you male, female, or transgender? ☐ Male ☐ Female ☐ Transgender M to F ☐ Transgender F to M

Are you Hispanic or Latino? ☐ Yes ☐ No ☐ Don't know ☐ Refused to answer

What is your race? (Can select one or more)
☐ White ☐ Black/African American ☐ Asian
☐ American Indian/Alaska Native ☐ Native Hawaiian/Other Pacific Islander
☐ Multiple ☐ Don't know ☐ Refused

What is the first letter of your first name? ___ What are the first 3 letters of your last name ___ ___ ___