

**Point-in-Time Count of Homeless Persons -- See instructions on back**

**January 2005**

<b>Individual #1</b>	<b>First Initial:</b>	<b>Middle Initial:</b>	<b>Last Initial:</b>	<b>Gender:</b> <input type="radio"/> Male <input type="radio"/> Female	<b>Birth Month:</b>	<b>Birth Day:</b>	<b>Birth Year:</b>
<b>Individual #2</b>	<b>First Initial:</b>	<b>Middle Initial:</b>	<b>Last Initial:</b>	<b>Gender:</b> <input type="radio"/> Male <input type="radio"/> Female	<b>Birth Month:</b>	<b>Birth Day:</b>	<b>Birth Year:</b>
<b>Individual #3</b>	<b>First Initial:</b>	<b>Middle Initial:</b>	<b>Last Initial:</b>	<b>Gender:</b> <input type="radio"/> Male <input type="radio"/> Female	<b>Birth Month:</b>	<b>Birth Day:</b>	<b>Birth Year:</b>
<b>Individual #4</b>	<b>First Initial:</b>	<b>Middle Initial:</b>	<b>Last Initial:</b>	<b>Gender:</b> <input type="radio"/> Male <input type="radio"/> Female	<b>Birth Month:</b>	<b>Birth Day:</b>	<b>Birth Year:</b>

<p><b>Disabilities (For each individual above, circle the related number if they have a disability)</b></p> <p>1 2 3 4 Physical/medical    1 2 3 4 Mental Health</p> <p>1 2 3 4 Developmental    1 2 3 4 Visual (Uncorrected)</p> <p>1 2 3 4 HIV/AIDS    1 2 3 4 Substance abuse</p> <p>1 2 3 4 Literacy    1 2 3 4 Untreated dental</p> <p>1 2 3 4 Other: _____</p>	<p><b>Have anyone in your household ever served on active duty in the Armed Forces of the US?</b></p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p><b>Is anyone in your household receiving Veterans Administration benefits?</b></p> <p><input type="radio"/> No <input type="radio"/> Yes</p>
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**Number of *other* individuals in household (in addition to those above): \_\_\_\_\_**

<p><b>Household Information</b> (Applies to everyone listed above)</p>																											
<p><b>Where did you stay last night (check one)?</b></p> <table border="1"> <tr> <td><input type="radio"/> Emergency Shelter</td> <td><input type="radio"/> Transitional housing</td> </tr> <tr> <td><input type="radio"/> Permanent Supportive Housing</td> <td><input type="radio"/> Temporarily living with family or friends</td> </tr> <tr> <td><input type="radio"/> Out of doors (Street, tent)</td> <td><input type="radio"/> Vehicle</td> </tr> </table>	<input type="radio"/> Emergency Shelter	<input type="radio"/> Transitional housing	<input type="radio"/> Permanent Supportive Housing	<input type="radio"/> Temporarily living with family or friends	<input type="radio"/> Out of doors (Street, tent)	<input type="radio"/> Vehicle	<p><b>What situations have caused you to become homeless (check all that apply)</b></p> <table border="1"> <tr> <td><input type="checkbox"/> Domestic violence victim</td> <td><input type="checkbox"/> Evicted for non-payment</td> </tr> <tr> <td><input type="checkbox"/> Job lost</td> <td><input type="checkbox"/> Evicted for other reasons</td> </tr> <tr> <td><input type="checkbox"/> Medical costs</td> <td><input type="checkbox"/> Unable to pay rent/mortgage</td> </tr> <tr> <td><input type="checkbox"/> Convicted of a felony</td> <td><input type="checkbox"/> Convicted of a misdemeanor</td> </tr> <tr> <td><input type="checkbox"/> Poor credit rating</td> <td><input type="checkbox"/> Family break-up</td> </tr> <tr> <td><input type="checkbox"/> Mental Illness</td> <td><input type="checkbox"/> Failed job drug screening</td> </tr> <tr> <td><input type="checkbox"/> Medical problems</td> <td><input type="checkbox"/> Temporary living situation ended</td> </tr> <tr> <td><input type="checkbox"/> Drug or alcohol use</td> <td><input type="checkbox"/> Discharged from an institution or jail</td> </tr> <tr> <td><input type="checkbox"/> Lack of child care</td> <td><input type="checkbox"/> Lack of job skills</td> </tr> <tr> <td><input type="checkbox"/> Language Barrier</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Domestic violence victim	<input type="checkbox"/> Evicted for non-payment	<input type="checkbox"/> Job lost	<input type="checkbox"/> Evicted for other reasons	<input type="checkbox"/> Medical costs	<input type="checkbox"/> Unable to pay rent/mortgage	<input type="checkbox"/> Convicted of a felony	<input type="checkbox"/> Convicted of a misdemeanor	<input type="checkbox"/> Poor credit rating	<input type="checkbox"/> Family break-up	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Failed job drug screening	<input type="checkbox"/> Medical problems	<input type="checkbox"/> Temporary living situation ended	<input type="checkbox"/> Drug or alcohol use	<input type="checkbox"/> Discharged from an institution or jail	<input type="checkbox"/> Lack of child care	<input type="checkbox"/> Lack of job skills	<input type="checkbox"/> Language Barrier	<input type="checkbox"/> Other: _____
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<p><b>What month and year did you become homeless?</b></p> <p>Month _____ / Year _____</p> <p><b>How many times have you become homeless over the past three years?</b></p> <p>_____</p>																											

<p><b>Source(s) of household income (check all that apply)</b></p> <table border="1"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Social Security</td> </tr> <tr> <td><input type="checkbox"/> Unemployment insurance</td> <td><input type="checkbox"/> Part-time work</td> </tr> <tr> <td><input type="checkbox"/> Public assistance</td> <td><input type="checkbox"/> Employed at low-wage job</td> </tr> <tr> <td><input type="checkbox"/> Relatives, partners or friends</td> <td><input type="checkbox"/> Day laborer type jobs</td> </tr> <tr> <td><input type="checkbox"/> L&amp;I/Workman's compensation</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> None	<input type="checkbox"/> Social Security	<input type="checkbox"/> Unemployment insurance	<input type="checkbox"/> Part-time work	<input type="checkbox"/> Public assistance	<input type="checkbox"/> Employed at low-wage job	<input type="checkbox"/> Relatives, partners or friends	<input type="checkbox"/> Day laborer type jobs	<input type="checkbox"/> L&I/Workman's compensation	<input type="checkbox"/> Other _____	<p><b>What is the zip code of the apartment, room, or house you last lived for six consecutive months or more?</b></p> <p><b>Zip code:</b> _____</p> <p><b>OR</b></p> <p><b>City name:</b> _____</p>
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**Thank you for completing this survey. Your response will help us improve services to homeless persons.**

# Instructions

**At the very least, please fill in the gender and year born for each household member.** If you do not know the precise birth year of a household member, guesses are OK.

## Purpose

The purpose of this survey is to assist with the planning of services for homeless individuals to identify the types of assistance needed.

## Who should complete this survey?

Any homeless person. "Homeless" means persons who, on one particular day or night, do not have a decent and safe shelter or sufficient funds to purchase a place to stay. People living in emergency shelters and transitional shelters are considered homeless. People living temporarily with friends or family (i.e., couch surfing) are homeless.

See the "Current Living Status" question for examples of living situations that qualify a person or family as homeless.

People living without any of the following should be considered homeless: ability to cook hot food, drinking water, restroom, or heat.

## Identifying Information

Please do not provide your name, social security number, or anything that identifies you by name.

## Individual Information

Space is provided to collect unique identifying information (initials, gender, and birthday), and some basic information for one individual. There is an additional three spaces to enter basic information for other household members. If there are more than four members in your household, enter the number of additional members in the blank next to the "Number of *other* individuals in household" question.

## Household Information

The information collected in the "Household Information" section applies to all the members of the household listed in the "Individuals" blanks. **A single person is considered a household** (i.e., "a household consisting of one person"), so **single individuals should fill-in the household section.**

## What if I don't know, or are unwilling to provide an answer to a question?

No part of this survey is required. If you do not know an answer, or are uncomfortable providing an answer, you can leave the question blank.

**At the very least, please fill in the gender and year born for each household member.** If you do not know the precise birth year of a household member, guesses are OK.

## Additional Questions About Survey

If you have any questions about how to fill-out this survey, or how this information will be used, please don't hesitate to call (360) 725-2930.

***Thank you for helping us improve services to homeless persons.***