

Victims of Domestic Violence - Only fill in gender and birth year for individuals 1-4 below

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

<p>Disabilities (For each individual above, circle the related number if they have a disability)</p> <p>1 2 3 4 Physical/medical (permanent) 1 2 3 4 Physical (temporary)</p> <p>1 2 3 4 Mental Health 1 2 3 4 Alcohol or drug abuse</p> <p>1 2 3 4 Visual (Uncorrected) 1 2 3 4 Developmental</p> <p>1 2 3 4 HIV/AIDS 1 2 3 4 Literacy</p> <p>1 2 3 4 Untreated dental 1 2 3 4 Other: _____</p>	<p>Have anyone in your household ever served in the Armed Forces of the US?</p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p>Is anyone in your household receiving Veterans Administration benefits?</p> <p><input type="radio"/> No <input type="radio"/> Yes</p>
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Household Information (Applies to everyone listed above)

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

<p>Source(s) of household income (check all that apply)</p> <p><input type="checkbox"/> None <input type="checkbox"/> Social Security</p> <p><input type="checkbox"/> Unemployment insurance <input type="checkbox"/> Part-time work</p> <p><input type="checkbox"/> Public assistance <input type="checkbox"/> Employed at low-wage job</p> <p><input type="checkbox"/> Relatives, partners or friends <input type="checkbox"/> Day laborer type jobs</p> <p><input type="checkbox"/> L&I/Workman's compensation <input type="checkbox"/> Farm or other migrant agricultural work</p> <p><input type="checkbox"/> Other _____</p>	<p>What is the zip code of the apartment, room, or house you last lived for six consecutive months or more?</p> <p>Zip code: _____</p> <p>OR</p> <p>City name: _____</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.

Do not provide initials, birth day, or birth month for victims of domestic violence or anyone you do not have written informed consent from (signature below). However, a signature is not needed to collect other information.

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 or "couch surfing" should complete this survey.

Anyone living in one of the situations listed in the "Current Living Status" question should complete the survey.

People living in a dwelling lacking any of the following should be considered homeless (check "living out of doors"): ability to cook hot food, drinking water, restroom, heat, or ability to bath.

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 four individuals. If there are more than four members in your household, staple a second form to the first and enter the client information on the second form.

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 birth year 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.

Consent to Provide Initials and Birthday

To provide the most effective services in moving people from homelessness to permanent housing, we need an accurate count of all people experiencing homelessness in Washington.

To make sure that you are not counted twice if you get services from another agency, we need to collect personal information about you. Specifically, **we need your initials and birth date.** The information will be stored for seven years.

We will guard this information with security policies to protect your privacy. Our computer system is secure and uses protection features such as data encryption and passwords.

Still, the small risk of a security breach exists, and someone might obtain and use your information inappropriately. If you ever suspect the data from the Point in Time Count has been misused, immediately contact the CTED at 306.725.2930.

Whether or not you choose to consent to the collection of your personal information will not affect the quality or quantity of any services you are eligible to receive. However, if you do choose to consent, services may improve in the future if we can collect accurate information about our homeless clients and what they need most.

Signature: _____

Date: _____

Thank you for helping us improve services to homeless persons.