

Please Print Neatly

Un-answered questions will not be "interpreted" (Include notes at the bottom if necessary, but answer all questions.)

Survey Type: Observational Interview

Name or Identifier of Person
 First Last

Name of County Where Person Was Homeless

With household	No <input type="radio"/>	Yes <input type="radio"/>	TOTAL number of people in household #
Head of the household	No <input type="radio"/>	Yes <input type="radio"/>	
Name of the head of the household			

"Where are (were) you sleeping on the night of January 29, 2020?"

Abandoned Property <input type="radio"/>	Local Shelter <input type="radio"/>	Institutional Setting/Jail <input type="radio"/>	My House / Apartment <input type="radio"/>	Hotel/Motel <input type="radio"/>	Friend/Family (doubled up) <input type="radio"/>
Vehicle/Car <input type="radio"/>	On the streets, homeless camp, or other location not meant for habitation. <input type="radio"/>		Other: _____ <input type="radio"/>		

Age: Under 18 18-24 years 25 and over Refused

Gender: Male Female Trans-gender Gender Non-Confirming Refused

Race: White Black Asian Native American Pacific Islander Multiple Races Refused

Hispanic: Yes No Refused

How long have you been living on the streets or in emergency shelters?
 Less than a year A year or more Refused

Number of times homeless (on the streets or in emergency shelters) in the past 3 years?
 1 (this time) 2-3 4 or more Refused


Add together all the months in the last 3 years during which you spent at least one day on the streets or in emergency shelters.
 Fewer than 12 12 or more Refused

Zip Code of Last Permanent Address: (Last stayed 90 days or more) Refused

Do you have a disability related to...
 MARK ALL THAT APPLY

No Disability <input type="radio"/>	Drug Abuse <input type="radio"/>	Developmental <input type="radio"/>	Physical <input type="radio"/>	Refused <input type="radio"/>
Mental Health <input type="radio"/>	Alcohol Abuse <input type="radio"/>	Chronic Health Condition <input type="radio"/>	HIV/AIDS <input type="radio"/>	

Are you currently fleeing as a victim of domestic violence?
 No Yes Call 911 or local crisis line for help. Refused

Have you served in the military?
 No Yes  Go to Veteran Supplemental Form found on the back of this form. Refused

Put any notes to the data analyst here. Please, still pick categories above.

Veteran Supplemental Form

**IF YOU COMPLETE THIS VETERANS SUPPLEMENTAL FORM
THIS ENTIRE DOCUMENT WILL BE SHARED WITH THE VETERANS ADMINISTRATION**

Social Security Number

____	____	____
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Refused

Branch of Service

Air Force <input type="radio"/>	Army <input type="radio"/>	Coast Guard <input type="radio"/>
Marine Corps <input type="radio"/>	Navy <input type="radio"/>	

Refused

National Guard/Reserve

Yes <input type="radio"/>	No <input type="radio"/>
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Refused

Full Date of Birth

__/__/__

Refused

Contact information
such as phone or email

Refused

INFORMED CONSENT STATEMENT

READ TO EACH RESPONDENT

We are conducting a community-wide survey related to characteristics of people and their housing.

- Participation is completely voluntary.
- If you don't want to take the survey, you don't have to answer any questions.
- If you do the survey you can stop, you can change your mind or you can skip questions with no bad consequences.
- Doing the survey or not doing the survey won't change what benefits you qualify for.
- We will keep your participation in this survey confidential.
- The agency responsible for the Point in Time count will make reports from the forms. The reports don't include names. The forms don't get shared, then when the reports are done the forms are shredded.
- The reports are used for planning.

If you agree to participate, I will read the questions to you and I will record your answers.
It will take approximately ten minutes to complete.

**IF YOU COMPLETE THE VETERANS SUPPLEMENTAL FORM THIS ENTIRE
DOCUMENT WILL BE SHARED WITH THE VETERANS ADMINISTRATION**

IF YOU ARE WILLING TO PARTICIPATE, PLEASE SIGN BELOW. THANK YOU FOR YOUR HELP.

(Signature of Respondent)

(Date)

**I READ THE ABOVE CONSENT STATEMENT TO THE RESPONDENT AND TO THE BEST OF MY
KNOWLEDGE IT WAS UNDERSTOOD, AND THE RESPONDENT HAS AGREED TO PARTICIPATE.**

PRINTED SURVEYOR NAME

SURVEYING AGENCY (Optional)