

PLEASE PRINT NEATLY

Unanswered questions will not be "interpreted". Include notes at the bottom if necessary, but answer all questions.

| | | | | | | | |
|---|--|---|---|---|--|---|--|
| Survey Type: <input type="radio"/> Observational <input type="radio"/> Interview | | With Household <input type="radio"/> No <input type="radio"/> Yes | | TOTAL number of people in household # | | | |
| Name or identifier of person <i>First Last</i> | | Head of household <input type="radio"/> No <input type="radio"/> Yes | | Name of the head of household | | | |
| Name of County where person was homeless | | Name of the head of household | | | | | |
| "Where are (were) you sleeping on the night of January 24, 2024 ?" | <input type="radio"/> 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: _____ | | | |
| Age | <input type="radio"/> Under 18 | <input type="radio"/> 18 - 24 | <input type="radio"/> 25 - 34 | <input type="radio"/> 35 - 44 | <input type="radio"/> 45-54 | <input type="radio"/> 55-64 | <input type="radio"/> 65 and older |
| Gender <i>Mark all that apply</i> | <input type="radio"/> Woman (Girl if a child) | | <input type="radio"/> Man (Boy if a child) | | <input type="radio"/> Culturally Specific Identity (e.g., Two-Spirit) | | <input type="radio"/> Different Identity |
| | <input type="radio"/> Transgender | | <input type="radio"/> Non -Binary | | <input type="radio"/> Questioning | | |
| Race & Ethnicity <i>Mark all that apply</i> | <input type="radio"/> American Indian, Alaska Native, or Indigenous | <input type="radio"/> Asian or Asian American | <input type="radio"/> Black, African American, or African | <input type="radio"/> Hispanic / Latina/e/o | <input type="radio"/> Middle Eastern or North African | <input type="radio"/> Native Hawaiian or Pacific Islander | <input type="radio"/> White |
| | How long have you been living on the streets or in emergency shelters? | | | <input type="radio"/> Less than a year | <input type="radio"/> A year or more | | |
| Number of times homeless (on the streets or in emergency shelters) in the past 3 years? | | | <input type="radio"/> 1 (this time) | <input type="radio"/> 2-3 | <input type="radio"/> 4 or more | | |
| 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 | | | <input type="radio"/> Fewer than 12 | <input type="radio"/> 12 or more | | | |
| Zip Code of Last Permanent Address: <i>(Last stayed 90 days or more)</i> | | | | | | | |
| Do you have a disability related to... <i>Mark all that apply</i> | <input type="radio"/> No Disability | | <input type="radio"/> Mental Health | | <input type="radio"/> Drug Abuse | | <input type="radio"/> Physical |
| | <input type="radio"/> Developmental | | <input type="radio"/> Chronic Health Condition | | <input type="radio"/> Alcohol Abuse | | <input type="radio"/> HIV/AIDS |
| Are (were) you fleeing a domestic violence situation on the night of the count? | | <input type="radio"/> No | <input type="radio"/> Yes | | Call 911 or a local crisis line for help. State of Iowa DV Helpline: 1-800-770-1650 | | |
| Have you served in the military? | | <input type="radio"/> No | <input checked="" type="radio"/> Yes | | Go to the Veteran Supplemental Form found on the back of this form. | | |
| Put any notes to the data analyst here. Please still pick the categories above; otherwise the analyst will HAVE to guess at random. | | | | | | | |

Veteran Supplemental form

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

Social Security Number

| | | |
|------|------|------|
| ____ | ____ | ____ |
|------|------|------|

Branch of Service

Army

Air Force

Coast Guard

Marine
Corps

Navy

Space
Force

National Guard/Reserve

No

Yes

Full Date of Birth

| | | | | |
|------|---|------|---|------|
| ____ | / | ____ | / | ____ |
|------|---|------|---|------|

Contact information such as
phone or email

| |
|-------|
| _____ |
|-------|

INFORMED CONSENT STATEMENT

READ TO EACH RESPONDANT

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 completely confidential.
- The agency responsible for the Point in Time count will make reports from the surveys.
- The surveys don't get shared, and when the reports are done the surveys are deleted.
- The reports are used for planning and do not include names.
- If you agree to participate, I will read the question to you and I will record your answers. It will take approximately 10 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 Respondant _____

_____ 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)