# Point-in-Time Survey (Youth + Adults)

Person Condi	acting Surve	ey:		انان		ға	cility/Street Addre	ess:	
☐ Individ	ual does not w	ish to take th	e survey or the	situation	n is too dangerous	s (**compl	ete question #2 if info	ormation is ap	parent**).
1. Date of Birt	h (or Age)		Month:	Davi	: Year:	Ag	a:		
		I a $\square$ Fma	_		rear			atal paid w	ith own funds
2. Where did y	-		rgency shelf				m. 🗆 Hotel or mo	•	
on (specific nig	gnt/point		sitional hou	_	u /c . f . h		n.   Sharing hou	_	
in time?)?					Iter/Safe have		due to loss of h	_	
					on domiciliary		hardship, or sin		
Input cross	streets			_	e or overpass		o. □ Staying info	•	1 friends
(optional):			or train stat		•		p.□ Mental healt		
		_	ods or outdo		ampment		q.□ Substance ab		
			ındoned bui	lding			r.□ Corrections f	acility (incli	uding juvenile)
		i. □ Veh					s.□ Hospital		
		_	standard ho	_			t.□ Foster home	• .	
					being evicted		u.□ Permanent s		_
			vithin two w				v.□ Subsidized ho		
					r with voucher	-	w.□ Own home o	r apartme	nt (that is not
		from a c	hurch or so	cial serv	vices agency		substandard		
3A. Are you go	ing to stay	in the sam	e place ton	ight?	a.□ Yes		3B. If not, where	:?	
			-		b.□ No				
Interviewer: Do	es this pers	on qualify	to complete	e the re	st of the surve	y based	on the instruction	ons on the	front page? (If
not, say "thanl					-	-		•	, 3 ,,
4. How many t					-	c.□ Twi	-	or more	f.□ Don't
permanent ho	-					d.□ Thr		nt times	know
permanentne	tille p	uoto yeun	•			times	cc annere		
5. What is the	total numb	er of mon	ths vou've h	een ho			permanent hom	e in the	
past 3 years?	total liallis	Ci Oi illoll	tiis you ve k	ecii iio	MICICSS OF WIL	out a	permanent nom	c iii tiic	
	s the curre	nt anisada	of homele	senace (	or Vears:	Mo	nths: Days		
_		-		3311633 (	or rears	1010	IIIIIS Days	··	
not having a p				14/00	···· finat ave an	lanaa b	-ing hamalasa a		NA/:+b foresily
7A. At what ag							eing homeless or		With family
homelessness		ng a		•		me wit	h your family or	on b.	On your own
permanent ho		41 4		r own?					
		is that con	itributea to	wny yc	ou became no	meiess	or do not have a	i permanei	nt nome:
(Check all that							<u> </u>		
a. Financial re			j.□ Fan	-			away from	w. 🗆 Too	
b.□ Unable to		mortgage	k.□ Div			home		(double	• •
c.□ Loss of pub			separa				style choice	_	out of or ran
d.  □ Natural dis				-	Ū		ial orientation		ster care
e.□ Unemployi			m.□ Pr	_		_	der identity	•	d out of the
f.□ Moved to s	eek work		parent	_			protect yourself		oy family
g.□ Evicted			n.□ Me				ily members		d out of the
h.□ Physical di		ry, or	o.□ Sul	ostance	abuse v		ndonment by	house k	oy friends
physical heal	th reasons		p.□ Lef	t jail, pi	rison, or	parent	t/guardian	aa.	
i.□ Domestic vi	olence		deter	ntion		(passe	d away,	□ Other:	
			q.□ Cri	minal re	ecord	depor	ted, prison)		
9. What is you	r gender?		a.□ Ma	le l	b.□ Female	c. □ M	to F Transgender	d.□ F to N	/I Transgender
10. What is yo	ur sexual or	ientation	?	a.□ Str	aight	<b>C.</b> □	Bisexual	e.□ Sor	mething else
				b.□ Ga	y or Lesbian	d.□	Not sure		
11: Race: (Che	ck all that	a.□ Whit	e c.□ Am	erican	Indian or Alasl	kan	e.□ Native I		r Other Pacific
apply)		b.□ Asiar					Islander		
, , ,				ck or A	frican America	an			
12. Do you cor	sider vours	elf Hisnan			a.□ Yes		c.□ No		
13A. Are you e	-	a.□ Yes				o vou n	lan to return to	a.□ Yes	c.□ N/A
school right no			Answer #13I		school in the			b.□ No	V.□ 1 <b>V</b> //\
14. Highest lev			than 9 <sup>th</sup> grad		d.□ HS diplon		g.□ Technic		 Training
education: (Ch			e high schoo		e.□ Some coll		program	ai 3011001/ 1	runing
caacation. (Ci	cer one)	c.□ GED	ב וווקוו שנווטנ		f.□ College gr	•	program h.□ Master'	s degree o	r higher
15A. While in	school have	l .	needed	ı.□ Yes	b.□ No		f yes, did you re	_	
Special Educat		•	necueu d	(C)	D.⊔ NU		ore than 6 mont		b.□ No
_			<b>at</b> a = 11e	omple	od/Not would				
abla ta	a.□ Yes	16B. Wh			ed/Not worki	•	d.□ Regular	•	ງບນ
	b.□ No	is your jo		_	vork (answer ‡	-	e.□ Tempor		_
work?		status?			ng or looking f	or worl	•	or/odd jobs	;
					II-time job		g.□ Retired		
16C. If you are							Years: N	1onths:	Days:
17A. Have you	served in t	he U.S. Ar	my, Navy, A	ir Force	e, Marine Cor	ps, or C	oast Guard?	a.□ Yes	b.□ No
17D Ware vo.	called into	active du	ty as a mem	ber of	the National (	Guard o	r Reservist?	a.□ Yes	b.□ No
I/D. WEID VIII		JULIAC MM				_ ~~. ~ 0	VIJE:		NATION OF

17C. Und					•		a. b.	□ <b>Ko</b> .□	rea		⊐ Ku orm)		t (De	sert		e.⊏	I Iraq			o. # o Servic	f Year :e:	S	
•								ietna			□ Af												
17E. Wha															norabl								
17F. Have																			a.□	Yes		.□ No	
18. Have	-		-		-	hysic	al or	sexu	ıal vi	olend	e w	hile	hon	nele	ss or v	witho	out		a.□	Yes	b	.□ No	
having a 19. Are y						ng a cl	hild?	)											a.⊓	Yes	h	.□ No	
20A. Hav						g u c.														Yes		.□ No	
20B. Is th		a.□			_	C. If n	10.	a.□	With	fami	ilv					d	.□ Ac	lopte			neone		
child						he	-,			frier							.□ De	•					
currently		b.□	No		chi	ild:		C.□	With	Child	d Pro	otect	tive	Serv	vices	f.	□ Otl	her_			_		
with you 21. How			ho	-+ d	) Sorib	o who		. ara	ctovi	<b>5</b> 6 W	i+h +	oda		4	family	tuno	73 (C	book	+ الم	·hat ·	annly (		
a.□ I am a						e wno	you	ıare	Stayı						couple					.IIdl c	appiy)		
b.□ I am a	_					or (not	t livii	ng wi	th			•			arent	•							
parent/	-	-		•													or m	ore	pare	nt(s),	/guaro	dian(s)	)
c.□ I am a				_		: famil .lcohol	_					her			family IV/AIC								
22A. Do y			-	וט		ther s					1				other o		ic ph	vsica	ıl illn	ess			
condition	_					1ental				- <b>-</b>			_					-			r (PTSI	D)	
that appl	y)					hysica			•				i.	□ Tr	rauma	itic br	rain iı	njury					
220.5		<b>4</b> J-	!			evelo	•				V- ·					222	ı£.		: -1-2				
22B. Do a 23. Have					•					 mest	Yes ic vi	olen		No		<b>22C.</b>					rior c	onvicti	ion
following	-		-			-	tile			ild al				ect		e.□ S	_	•		, or p	1101 (	JIIVICU	
	•									ster c						f.□ G	ang i	nvol	/eme	ent			
24. What			soui													pply)							
a.□ Child b.□ Child			fi+c	_		al Sec	•			Jnem		•			ance come					□ No .□ Ot			
c.□ Medi		ene	IILS			y (SSE ned In	•			VA h				y IIIC	Lome				u.	.⊔ ∪ι	ner:		
d.□ Section		ubli	С			dit (El		•		Work													_
housing				i.⊏	Tem	porary	<b>y</b>							nd (	Childre	en (W	VIC)						
e.□ SNAP	(food					ce for				er Ca													
stamps) f.□ Social	SACIIR	itv/			•	amilie service			•						ooard g vou		tance	5					
Suppleme			ritv	-		s CHIF			•						wance								
Income (S				,						Γuitio			_										
25. Are tl		-		s tha	-					g? C													
a.□ Birth		cate				Eme	_							-	Voice	mail				-	Restro		
b.□ Bus p						ı Hygi∈ ⊒ Laun						□ St □ St								ai sed her: _	curity	card	
d.□ Contr	_	ion			8.∟	Laan	iai y	iaciii	iics		J.	_ 50	Orug	, C				1111.	_ O (.				
26. Which			do y	/ou	need <sup>•</sup>	that y	ou a	re no	ot get	tting	? (Ch	neck	all t	hat	apply	r)							
a.□ Case	-	geme	ent			Enrol			<b>.</b>						nedica		e				ce abu	ise	
b.□ Child c.□ Child		rt			_	overn Enrol									ealth o		.vo		atme Tran		nal he	ucina	
d.□ Denta					-	GED o			JC11U(	JI					nt sup disable	•	٧C				rtatio	ousing n	
e.□ Eman						Help	•		famil	У					nt hou	-	(for			oring			
assistance						Legal			_				disa		•			•			s com	ο.	
f.□ Emerg				or.		□ Life □ Eme			_	, I	S.				ort or suppor		er	Z.□	Oth	er:			
h.□ Englis	•		IVIC	25	cai		rgen	icy III	euica	11	t.				sed se		es						
Relation to																							
Head of	Age		Ge	nder		Ra		hoose apply)		at	Latino		_ ا	adults only)			Disa	bilitie	s (cho	ose a	ll that a	apply)	
Household (Spouse/							,	appiy)	•		Lat		Veteran	lults									
Child Etc.)					_				ر				Ş V	(ac			1	1			1		
				M - F	F - M	laska		aiian	an An						esnq	ntal	bility	ntal	, ,	nic	atic der	rain	<u>~</u>
		Male	Female	nder	nder	ndian Al Native	Asian	Hawa	Africa	White	Yes	No	Yes	No	stance Al Disorder	ous Mer Illness	l Disa	zelopmer Disability	HIV/AIDS	Chro	raum Disor	matic B Injury	None Apply
		2	Fe	Transgender M	Transgender F - M	Am Indian Alaska Native	Ä	Native Hawaiian Pacific islander	Black or African Am	>					Substance Abuse Disorder	Serious Mental	ohysical Disability	Developmental Disability	₹	Other Chronic	Post-Traumatic Stress Disorder	Traumatic Brain Injury	Non
1.				Tra	Tre	An		Ž	Blac						Sı	S	₹	٦		- "	7 S	-	<u> </u>
2.																							
					_																П		
3.							ш	ш			_												
3.									П	П		П		П	П	П	П	П	П			_	
<ul><li>3.</li><li>4.</li><li>5.</li></ul>																							

Person Conducting Survey:			City: _		Fa	acility/Street Addres	s:	
☐ Individual does not wish to tak	e the surv	ey or th	e situation is	too dangerous (**	complete q	uestion #2 if information	is apparent**	).
1. Date of Birth (or Age)			Month:	Day: Ye	ar:	Age:		
2. Where did you sleep on (specific night/point in time?)?  Input cross streets (optional):	b.   Tra c.   Do d.   Ve e.   Str f.   Bus g.   Wo h.   Ab i.   Ve j.   Suk k.   In	nsitio mesti terans eet/S s or tra bods o andor hicle ostanda a plac	cy shelter nal housin c violence s Administ idewalk/B ain station or outdoor ned building that you	ng shelter/Safe h tration domicili ridge or overpa n/Airport encampment ng ng	aven iary ass	m. □ Hotel or mon. □ Sharing house due to loss of he hardship, or sime o. □ Staying infor p.□ Mental health q.□ Substance ab r.□ Corrections fars.□ Hospital t.□ Foster home of u.□ Permanent su	sing of othe ousing, eco nilar reason rmally with n facility use treatm ncility (inclu or group ho upportive h	er person(s) chomic friends ent center ding juvenile) ome ousing
			n two wee		l	v.□ Subsidized ho	•	
			-	d for with vouc ial services age		w.□ Own home o substandard)	r apartmen	it (that is not
3A. Are you going to stay in t				_		3B. If not, where	2	
Interviewer: Does this person								ont page? (If
no, say "thank you" and disco			•		•		,	, 5 ()
4. How many times have you permanent home in the past			t a	a.□ Never b.□ Once	c.□ T d.□ T time	hree differe		f.□ Don't know
5. What is the total number of past 3 years?	of month	ns you	ı've been l	homeless or w	ithout a	permanent home i	n the	
6. How long has your current	episode	of ho	omelessne	ess or not	Years:	Months:	Days:	
having a permanent home la							, _	
7A. At what age did you first				-		eing homeless or		With family
homelessness or not having	а			-	nome wi	th your family or o	n b.□ 0	On your own
permanent home?		!	your ow					4. 15
8. Please share the reasons t (and/or why you are no long			•	•		•	•	
a.□ Financial reasons	ci abic t	O IIVC	j.□ Famil			n away from home		
b.□ Unable to pay rent or mo	rtgage		k.□ Divo	•		estyle choice	(double	
c.□ Loss of public aid	0 0		separa	tion		kual orientation or		out of or ran
d.□ Natural disaster			I.□ Hosp	ital discharge	gend	ler identity	from fo	ster care
e.□ Unemployment			m.□	_		protect yourself	•	ed out of the
f.□ Moved to seek work			•	nt/parenting		mily members		by family
g.□ Evicted	ar nhusi	cal		tal illness tance abuse		andonment by		ed out of the
h.□ Physical disability, injury, health reasons	or priysi	Cai		jail, prison, or		nt/guardian sed away,	aa.	oy friends
i.□ Domestic violence			detent			orted, prison)	□ Other:	
				inal record	•	,, ,	•	
9. What is your gender?			a.□ Male	e b.□ Female	c.□ M	to F Transgender	d.□ F to M	Transgender
10. What is your sexual orien	tation?		a.□ Strai	ght	c.□ Bis	exual	e.□ Some	ething else
				or Lesbian	d.□ No	ot sure		
11: Race: (Check all that	a.□ Wh			rican Indian or	Alaskan		lawaiian or	Other Pacific
apply)	b.□ Asi	an	Native	k or African Am		Islander		
			ח ⊓ אוארו	K OF ATRICAN AM	ierican			

Person Conducting Survey: \_\_\_\_\_ City: \_\_\_\_\_ Facility/Street Address: \_\_\_\_\_

12. Do you con	•		itino?	a.□ Yes		b.□ No	1	
13A. Are you e		a.□ Yes			•	lan to return	a.□ Yes	c.□ N/A
school right no		b.□ No (Answ		to school i			b.□ No	
14. Highest lev		a.□ Less than	•	d.□ HS dip		g.□ Technica	ıl school/T	raining
education: (Ch	eck one)	b.□ Some hig	h school	e.□ Some		program		
		c.□ GED		f.□ College				
15A. While in s		ou ever neede	<b>d</b> a.□ Ye	s b.□ No	-	es, did you recei		a.□ Yes
Special Educati						than 6 months		b.□ No
16A. Are you	a.□ Yes	16B. What		nployed/Not wo	_	d.□ Regular		ob
able to	b.□ No	is your job	_	for work (answ	-	e.□ Tempora		
work?		status?		vorking or looki	ng for worl	k f.□ Day labo	r/odd jobs	
				lar full-time job				
16C. If you are	unemployed,	how long have	e you been	n looking for wo	ork?	Years: Mo	nths:	_ Days:
				ce, Marine Cor <sub>l</sub>			a.□ Yes	b.□ No
17B. Were you	called into ac	tive duty as a	member o	f the National (	Suard or Re	eservist?	a.□ Yes	b.□ No
17C. Under wh		-	a.□ Iraq	b.□ Afghan	istan	17D. # of Ye	ars in	
served? (Check		•	c.□ Other		<del></del>	Service:		
17E. What was	<u> </u>			lonorable b.□ l			1	
_				efits from the			a.□ Yes	b.□ No
18. Have you e	xperienced ph	ysical or sexua	al violence	while without	permanen	t housing?	a.□ Yes	b.□ No
19. Are you pre	egnant or expe	ecting a child?					a.□ Yes	b.□ No
20A. Have you	ever had a chi	ld?					a.□ Yes	b.□ No
20B. Is the	a.□ Yes	20C. If no,	a.□ With	the other parer	nt	d.□ Adopted	by someo	ne else
child		is the		family or friend		e.□ Decease	d	
currently	b.□ No	child:	c.□ With	Child Protective	Services	f.□ Other		
with you?								
			are stayin			type)? (Check a		ly)
a.□ I am a singl		ıult				uple w/no child	ren	
	accompanied r							
	•	ninor (not livin	g with			ent w/children		\
parent/legal a	guardian)		_	f.□ I am a	minor livir	ng w/one or mor	e parent(s	)/guardian(s)
c.□ I am a pare	guardian) nt in a two-pai	rent family w/c	children	f.□ I am a g.□ Other	minor livir	ng w/one or mor mily	e parent(s	)/guardian(s)
c.□ I am a pare 22A. Do you ha	guardian) nt in a two-pai ave any of	rent family w/c a.□ Alcohol a	children buse or ad	f.□ I am a g.□ Other Idiction	minor livir type of far f.□ HIV/AI	ng w/one or mor mily DS		)/guardian(s)
c. lam a pare  22A. Do you ha the following h	guardian) nt in a two-par ave any of nealth	rent family w/o a. Alcohol a b. Other sul	children buse or ad bstance ab	f.□ I am a g.□ Other Idiction	minor livir type of far f.□ HIV/AI g.□ Other	ng w/one or mor mily DS chronic physical	illness	
c. lam a pare  22A. Do you ha the following h conditions? (Cl	guardian) nt in a two-par ave any of nealth	rent family w/c a. Alcohol a b. Other sul c. Mental ill	children buse or ad bstance ab Iness	f.□ I am a g.□ Other Idiction	minor livir type of far f.□ HIV/AI g.□ Other h.□ Post-T	ng w/one or mor mily DS chronic physical Traumatic Stress	illness	
c. lam a pare  22A. Do you ha the following h	guardian) nt in a two-par ave any of nealth	rent family w/c a. Alcohol a b. Other sul c. Mental ill d. Physical c	children buse or ad bstance ab lness disability	f.□ I am a g.□ Other Idiction ouse	minor livir type of far f.□ HIV/AI g.□ Other h.□ Post-T	ng w/one or mor mily DS chronic physical	illness	
c. lam a pare  22A. Do you ha the following h conditions? (Ch apply)	guardian) nt in a two-par ave any of nealth neck all that	rent family w/o a. Alcohol a b. Other sul c. Mental ill d. Physical o e. Developn	children buse or ad bstance ab lness disability nental disa	f.□ I am a g.□ Other ddiction buse ability	minor livir type of far f. HIV/AI g. Other h. Post-T i. Trauma	ng w/one or mor mily DS chronic physical Traumatic Stress atic brain injury	illness Disorder (	
c.   I am a pare  22A. Do you ha the following h conditions? (Ch apply)  22B. Do any of	guardian) nt in a two-par ave any of nealth neck all that	rent family w/o a. Alcohol a b. Other sul c. Mental ill d. Physical o e. Developn	children buse or ad bstance ab lness disability nental disa	f.□ I am a g.□ Other ddiction buse ability	minor livir type of far f.□ HIV/AI g.□ Other h.□ Post-T	ng w/one or mor mily DS chronic physical Traumatic Stress	illness Disorder (	
c.   I am a pare  22A. Do you hat the following hat conditions? (Chapply)  22B. Do any of job?	guardian) nt in a two-par ave any of nealth neck all that these keep yo	rent family w/c a. Alcohol a b. Other sul c. Mental ill d. Physical c e. Developn ou from getting	children buse or ad bstance ab lness disability nental disa g or holdin	f.□ I am a g.□ Other ddiction buse ability ng a a.□ Yes	minor livir type of far f. HIV/AI g. Other h. Post-T i. Trauma	ng w/one or mor mily DS chronic physical raumatic Stress atic brain injury	illness Disorder (	PTSD)
c.   I am a pare  22A. Do you ha the following h conditions? (Ch apply)  22B. Do any of job?  23. Have you e	guardian) nt in a two-par ave any of nealth neck all that these keep yo	rent family w/o  a. Alcohol a  b. Other sul  c. Mental ill  d. Physical o  e. Developm  ou from getting	children buse or ad bistance ab lness disability mental disa g or holdin	f.   I am a g.   Other didiction buse    ability   ag a   a.   Yes   Family violend	minor livir type of far f. HIV/AI g. Other h. Post-T i. Trauma b. No	ng w/one or mor mily DS chronic physical Traumatic Stress atic brain injury 22C. If yes, wl	illness Disorder (  nich? e system in	PTSD)
c.   I am a pare  22A. Do you hat the following hat conditions? (Chapply)  22B. Do any of job?	guardian) nt in a two-par ave any of nealth neck all that these keep yo	rent family w/o  a. Alcohol a  b. Other sul  c. Mental ill  d. Physical o  e. Developm  ou from getting	children buse or ad bstance ab lness disability mental disa g or holdin a.t	f.   I am a g.   Other didiction ouse ability  ability  ability  Family violence Child abuse o	minor livir type of far f. HIV/AI g. Other h. Post-T i. Trauma b. No	ng w/one or mor mily DS chronic physical raumatic Stress atic brain injury 22C. If yes, wl e. Foster car (complete qu	illness Disorder (  nich? e system intestion 24)	PTSD)
c.   I am a pare  22A. Do you ha the following h conditions? (Ch apply)  22B. Do any of job?  23. Have you e	guardian) nt in a two-par ave any of nealth neck all that these keep yo	rent family w/o  a. Alcohol a  b. Other sul  c. Mental ill  d. Physical o  e. Developm  ou from getting	children buse or ad bstance ab lness disability mental disa g or holdin b.i c.c.	f.   I am a g.   Other didiction ouse ability  a fine a a a   Yes  The Family violence of the Child abuse of Sexual assault	minor living type of far f	ng w/one or mor mily DS chronic physical raumatic Stress atic brain injury  22C. If yes, wl  e.   Foster car (complete que f.   Legal prob	illness Disorder (  nich? e system in lestion 24) blems or pr	PTSD)  nvolvement
c.   I am a pare  22A. Do you ha the following h conditions? (Ch apply)  22B. Do any of job?  23. Have you e	guardian) nt in a two-par ave any of nealth neck all that these keep yo ver experience eck all that ap	rent family w/o  a. Alcohol a  b. Other sul  c. Mental ill  d. Physical o  e. Developm  ou from getting  ed any of the  ply)	children buse or ad bistance ab liness disability mental disa g or holdin  a.t b.t c.t d.d	f.   I am a g.   Other didiction buse   Ability   I am a a label   I am a label   I	minor livir type of far f. HIV/AI g. Other h. Post-T i. Trauma b. No ce r neglect	ng w/one or mor mily DS chronic physical raumatic Stress atic brain injury 22C. If yes, wl e. Foster car (complete qu	illness Disorder (  nich? e system intestion 24) blems or promplete quantum pro	PTSD)  nvolvement ior uestion 25)
c.   I am a pare  22A. Do you ha the following h conditions? (Ch apply)  22B. Do any of job?  23. Have you e	guardian) nt in a two-par ave any of nealth neck all that these keep you ver experience eck all that ap	rent family w/c  a. Alcohol a  b. Other sul  c. Mental ill  d. Physical c  e. Developm  ou from getting  ed any of the  ply)	children buse or ad bstance ab lness disability mental disa g or holdin  a.t b.t c.t d.f	f.   I am a g.   Other didiction ouse ability  a family violence   Child abuse o   Sexual assault   Gang involver ondent indicated	minor living type of far f	ng w/one or mor mily  DS chronic physical raumatic Stress atic brain injury  22C. If yes, wl  e. Foster car (complete que f. Legal probe conviction (conviction (conviction))	illness Disorder (  nich? e system intestion 24) blems or promplete quantum pro	PTSD)  nvolvement ior uestion 25)
c.   I am a pare  22A. Do you ha the following h conditions? (Ch apply)  22B. Do any of job?  23. Have you e	guardian) nt in a two-par ave any of nealth neck all that these keep you ver experience eck all that ap	rent family w/o  a. Alcohol a  b. Other sul  c. Mental ill  d. Physical o  e. Developm  ou from getting  ed any of the  ply)	children buse or ad bstance ab lness disability mental disa g or holdin  a.t b.t c.t d.f	f.   I am a g.   Other didiction ouse ability  a family violence   Child abuse o   Sexual assault   Gang involver ondent indicated	minor livir type of far f. HIV/AI g. Other h. Post-T i. Trauma b. No ce r neglect	ng w/one or mor mily  DS chronic physical raumatic Stress atic brain injury  22C. If yes, wl  e. Foster car (complete que f. Legal probe conviction (conviction (conviction))	illness Disorder (  nich? e system intestion 24) blems or promplete quantum pro	PTSD)  nvolvement ior uestion 25)

Person Conducting Survey: \_\_\_\_\_ City: \_\_\_\_\_ Facility/Street Address: \_\_ 24C. "Aging out" of foster care means remaining in the care of CPS until you a.□ Yes b.⊓ No reach 18. Did you age out of foster care? **24D.** If they did NOT age out: How did you a.□ Reunited w/ parent(s) c.□ Ran away leave foster care? b.□ Placed with relatives/kin d.□ Adopted 24E. If they a. Did you age out of foster care in Texas? a.□ Yes b.□ No DID age b. Did you participate in extended foster care after age 18? b.□ No a.□ Yes out: c. Did you ever have a job while in foster care? a.□ Yes b.□ No d. Did you ever have a savings account while in foster care? a.□ Yes b.□ No e. Where did you live after leaving foster care? a.□ Emergency shelter d.□ Leased an apartment b.□ Transitional living program e.□ Stayed with a friend c.□ Returned to biological parent/kin f.□ I was homeless when I left care f. Did you feel prepared to live independently when you aged a.□ Yes b.□ No out of care? Please complete the following if respondent indicated that he or she has experienced legal trouble/prior conviction: 25A. Have you ever been involved in the adult criminal justice system? a.□ Yes b.□ No 25B. Have you ever been involved in the juvenile justice system? a.□ Yes b.□ No 25C. At what age were you first involved with the legal system (juvenile or criminal justice) system? 26. What are your sources of income/benefits besides work? (Check all that apply) a.□ Child support g.□ Social Security k.□ Unemployment insurance t.□ None b. ☐ Child care benefits I.□ Veteran's disability income Disability (SSDI) u. Other: c. Medicaid h.□ Earned Income m.□ VA health care d.□ Section 8, public Tax Credit (EITC) n.□ Worker's comp. housing i.□ Temporary o.□ Women, Infants and Children (WIC) e.□ SNAP (food Assistance for Foster Care Benefits: stamps) **Needy Families** p.□ After care room and board assistance f.□ Social security/ (TANF) services q.□ Education and training voucher Supplemental Security r.□ Transitional living allowance i.□ Texas CHIP Income (SSI) s.□ Tuition and fee waiver 27. Are there any important things that you need help getting? (Check all that apply) h.□ Phone #/Voicemail **a.**□ Birth certificate e.□ Emergency food k.□ Shower/Restroom f.□ Hygiene supplies b.□ Bus pass i.□ State ID I.□ Social security card m. Other: \_\_\_\_\_ c.□ Clothing (deodorant, toothbrush) j.□ Storage d.□ Contraception g.□ Laundry facilities 28. Which services do you need that you are not getting? (Check all that apply) a.□ Case management i.□ Enrollment in o.□ Routine medical care t.□ School-based b.□ Child care government benefits p. Mental health care homeless services j.□ Enrollment in school or c.□ Child support u.□ Substance abuse g.□ Permanent supportive d. Dental care housing (for disabled) GED program treatment e.□ Emancipation assistance k. ☐ Help locating family r.□ Permanent housing (for v. Transitional housing f.□ Emergency shelter w. Transportation I.□ Legal aid not disabled) g.□ Employment services m.□ Life skills training s.□ Peer support or other x.□ Tutoring n.□ Emergency medical h.□ English classes emotional support y.□ Worker's comp. z. Other: \_\_\_\_\_ care

Person Conducting Survey: _	City: Facility/Street Address	3:	
29. Which of the following ser	vices have you used in the past? (Check all that apply)		
a.□ Drop-in center (help with II		al housing	
shower, laundry, etc.)	d.□ Emergency shelter (adult) g.□ Permaner	_	e housing
b.□ Emergency health care	e.□ Transition center h.□ None		oo u.og
	t shelters or other services that you used?		
a.□ Church or faith community	· · · · · · · · · · · · · · · · · · ·	ices agency	,
b.□ Family member or relative	, , , , ,		
c.□ Foster or adoptive family	f.□ Peers or word of mouth i.□ Other:	i serioor per	30111101
	ne when you went to a shelter and did not feel safe?	a.	b.
JIA. Has there ever seem a thi		□ Ye	
	31B. If YES to #31A: Why didn't you feel safe?		
	a.□ Age b.□ Gender c.□ Sexual Orientation d.□	Other:	
32A. Has there ever been a tin	ne when you went to a shelter but did not stay the night?	□ Ye:	s 🗆 No
	32B: If YES to #32A: Why didn't you stay at the shelter?		
	a.□ You were too old to stay i.□ 0	Other:	
	b.□ You were too young to stay		
	c.□ You didn't like the shelter rules		
	d. You couldn't stay with your child(ren) in the shelter		
	e. Your partner could not stay at the shelter with you		
	f.□ Your pet could not stay at the shelter with you		
	g. \( \text{You felt uncomfortable or unsafe in the shelter} \)		
	h.□ The shelter was full and you could not stay		
33. What support or service ha			
past year that has been most I	•		
34. What do you do for	a.□ Receive financial support from d.□ Trade or sell drugs		h.□ Work
money or to get the things	family, relatives, friends e. Trade services, clothe	es, or food	i.□ Steal
you need? (Check all that	b.□ Borrow from others f.□ Seek services (food page 1)	antry)	j.□ Other
apply)	c.□ Panhandle g.□ Receive public assista	• •	
	d to leave or quit a work situation due to fears of violence or	a.□ Yes	b.□ No
other threats of harm to yours	·		
	nised work where the work or payment ended up being differen	t a.□ Yes	b.□ No
from what you expected?			
, ,	35C. If yes to #35A or B: Did you feel forced, pressured, or	a.□ Yes	b.□ No
	tricked into continuing this job?		
	35D. If yes to #35A or B: Have you had any jobs like these in the	e a.□ Yes	b.□ No
	last 3 months?		
36A. Have you ever received a	nything in exchange for having sexual relations with another	a.□ Yes	b.□ No
person, such as money, food,			
,	36B. If yes to #36A: has it happened in last 3 months?	a.□ Yes	b.□ No
	36C. If yes to #36A: how many times have you received	a.□ 1	d.□ 11-20
	something in return for having sexual relations?	b.□ 2-5	e.□ 20 +
		C.	-
		□ 6-10	
	36D. If yes to #36A: Did you ever feel forced, pressured, or	a.□ Yes	b.□ No
	tricked into continuing the exchange?		

Person Conducting Survey	:		City:			Facility/S	street Ado	lress:		
37. On a scale of 1-10, with	1 heing "	not challe	enging at :	all" and	10 heing	"extreme	lv challe	nging." n	ease rate	how
challenging the following is:					-0	CAU CITIC	ory criamo			
		llenging						Extren	nely chall	enging
	1	2	3	4	5	6	7	8	9	10
Anxiety/Nervousness										
Controlling your anger										
Depression										
Difficulty sleeping										
Disturbing thoughts										
Drug and alcohol use										
Finding housing										
Finding food										
Legal issues/Trouble with										
the police										
Loneliness										
Past abuse/Victimization										
Personal safety										
Physical health										
Relationship conflicts										
School issues										
Transportation										
Work issues										
Other:										
38. Are there rules or practi	-		unity that			ıt loiterin	_	•	c spaces	
make your life harder? (Che	ck all tha	t apply)			•	nst sleepi	•			
					•	ist panha	•	•	r money	
					•	nst sleepi the polic	•	icies		
						ess to pul		noms		
					ack of pay	-	one resere	701113		
					ther:					
39. What special strengths	or talents	do you h	ave that							
have kept you moving forw	ard and v	vill help y	ou to							
stay safe?										
40. Imagine you are in charg			_							
thing (like a rule or law) to I		h who ar	е							
homeless, what would it be	ſ									

reison Conducting Survey. City. racinty/Street Address.	Person Conducting Survey:	City:	Facility/Street Address:	
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# 41. Please fill out for each $\underline{additional}$ member of the household

Relation to Head of Household (Spouse/ Child Etc.)	Age		Ger	nder		Ra		hoose apply)		at	Latino		Veteran	(adults only)			Disab	ilities	(choo	se all	that a	pply)	
Cima Etc.,		Male	Female	Transgender M - F	Transgender F - M	Am Indian Alaska	Asian	Native Hawaiian	Black or African Am	White	Yes	No	Yes	No	Substance Abuse	Serious Mental	Physical Disability	Developmental Disability	HIV/AIDS	Other Chronic	Post-Traumatic Stress Disorder	Traumatic Brain	None Apply
1.																							
2.																							
3.																							
4.																							
5.																							