

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

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

Individual does not wish to take the survey or the situation is too dangerous (\*\*complete question #2 if information is apparent\*\*).

<b>1. Date of Birth (or Age)</b>		Month: __ Day: __ Year: ____ Age: ____		
<b>2. Where did you sleep on (specific night/point in time?)?</b>	a. <input type="checkbox"/> Emergency shelter b. <input type="checkbox"/> Transitional housing c. <input type="checkbox"/> Domestic violence shelter/Safe haven d. <input type="checkbox"/> Veterans Administration domiciliary e. <input type="checkbox"/> Street/Sidewalk/Bridge or overpass f. <input type="checkbox"/> Bus or train station/Airport g. <input type="checkbox"/> Woods or outdoor encampment h. <input type="checkbox"/> Abandoned building i. <input type="checkbox"/> Vehicle j. <input type="checkbox"/> Substandard housing k. <input type="checkbox"/> In a place that you are being evicted from within two weeks l. <input type="checkbox"/> Hotel or motel paid for with voucher from a church or social services agency		m. <input type="checkbox"/> Hotel or motel paid with own funds n. <input type="checkbox"/> Sharing housing of other person(s) due to loss of housing, economic hardship, or similar reason o. <input type="checkbox"/> Staying informally with friends p. <input type="checkbox"/> Mental health facility q. <input type="checkbox"/> Substance abuse treatment center r. <input type="checkbox"/> Corrections facility (including juvenile) s. <input type="checkbox"/> Hospital t. <input type="checkbox"/> Foster home or group home u. <input type="checkbox"/> Permanent supportive housing v. <input type="checkbox"/> Subsidized housing (Sec 8, VASH, etc.) w. <input type="checkbox"/> Own home or apartment (that is not substandard)	
	<b>Input cross streets (optional):</b>	_____ _____		
<b>3A. Are you going to stay in the same place tonight?</b>		a. <input type="checkbox"/> Yes	<b>3B. If not, where?</b> _____	
		b. <input type="checkbox"/> No		
<i>Interviewer: Does this person qualify to complete the rest of the survey based on the instructions on the front page? (If not, say "thank you" and discontinue survey. If yes, please complete the rest of the survey.)</i>				
<b>4. How many times have you been without a permanent home in the past 3 years?</b>		a. <input type="checkbox"/> Never	c. <input type="checkbox"/> Twice	e. <input type="checkbox"/> 4 or more different times
		b. <input type="checkbox"/> Once	d. <input type="checkbox"/> Three times	f. <input type="checkbox"/> Don't know
<b>5. What is the total number of months you've been homeless or without a permanent home in the past 3 years?</b>				_____
<b>6. How long has the current episode of homelessness or not having a permanent home lasted?</b>		Years: ____ Months: ____ Days: ____		
<b>7A. At what age did you first face homelessness or not having a permanent home?</b>	_____	<b>7B. Was your first experience being homeless or without a permanent home with your family or on your own?</b>		a. <input type="checkbox"/> With family
				b. <input type="checkbox"/> On your own
<b>8. Please share the reasons that contributed to why you became homeless or do not have a permanent home: (Check all that apply)</b>				
a. <input type="checkbox"/> Financial reasons		j. <input type="checkbox"/> Family illness		r. <input type="checkbox"/> Ran away from home
b. <input type="checkbox"/> Unable to pay rent or mortgage		k. <input type="checkbox"/> Divorce or separation		w. <input type="checkbox"/> Too crowded (doubled up)
c. <input type="checkbox"/> Loss of public aid		l. <input type="checkbox"/> Hospital discharge		s. <input type="checkbox"/> Lifestyle choice
d. <input type="checkbox"/> Natural disaster		m. <input type="checkbox"/> Pregnant or parenting		t. <input type="checkbox"/> Sexual orientation or gender identity
e. <input type="checkbox"/> Unemployment		n. <input type="checkbox"/> Mental illness		u. <input type="checkbox"/> To protect yourself or family members
f. <input type="checkbox"/> Moved to seek work		o. <input type="checkbox"/> Substance abuse		v. <input type="checkbox"/> Abandonment by parent/guardian (passed away, deported, prison)
g. <input type="checkbox"/> Evicted		p. <input type="checkbox"/> Left jail, prison, or detention		w. <input type="checkbox"/> Too crowded (doubled up)
h. <input type="checkbox"/> Physical disability, injury, or physical health reasons		q. <input type="checkbox"/> Criminal record		x. <input type="checkbox"/> Aged out of or ran from foster care
i. <input type="checkbox"/> Domestic violence				y. <input type="checkbox"/> Kicked out of the house by family
				z. <input type="checkbox"/> Kicked out of the house by friends
				aa. <input type="checkbox"/> Other: _____
<b>9. What is your gender?</b>		a. <input type="checkbox"/> Male	b. <input type="checkbox"/> Female	c. <input type="checkbox"/> M to F Transgender
		d. <input type="checkbox"/> F to M Transgender		
<b>10. What is your sexual orientation?</b>		a. <input type="checkbox"/> Straight		c. <input type="checkbox"/> Bisexual
		b. <input type="checkbox"/> Gay or Lesbian		e. <input type="checkbox"/> Something else
		d. <input type="checkbox"/> Not sure		
<b>11: Race: (Check all that apply)</b>		a. <input type="checkbox"/> White		c. <input type="checkbox"/> American Indian or Alaskan Native
		b. <input type="checkbox"/> Asian		e. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
		d. <input type="checkbox"/> Black or African American		
<b>12. Do you consider yourself Hispanic or Latino?</b>		a. <input type="checkbox"/> Yes		c. <input type="checkbox"/> No
<b>13A. Are you enrolled in school right now?</b>		a. <input type="checkbox"/> Yes		<b>13B. If not, do you plan to return to school in the future?</b>
		b. <input type="checkbox"/> No (Answer #13B)		a. <input type="checkbox"/> Yes
				c. <input type="checkbox"/> N/A
				b. <input type="checkbox"/> No
<b>14. Highest level of education: (Check one)</b>		a. <input type="checkbox"/> Less than 9 <sup>th</sup> grade		d. <input type="checkbox"/> HS diploma
		b. <input type="checkbox"/> Some high school		e. <input type="checkbox"/> Some college
		c. <input type="checkbox"/> GED		f. <input type="checkbox"/> College graduate
				g. <input type="checkbox"/> Technical school/Training program
				h. <input type="checkbox"/> Master's degree or higher
<b>15A. While in school, have you ever needed Special Education Services?</b>		a. <input type="checkbox"/> Yes		<b>15B. If yes, did you receive them for more than 6 months?</b>
		b. <input type="checkbox"/> No		a. <input type="checkbox"/> Yes
				b. <input type="checkbox"/> No
<b>16A. Are you able to work?</b>	a. <input type="checkbox"/> Yes	<b>16B. What is your job status?</b>	a. <input type="checkbox"/> Unemployed/Not working but looking for work (answer #16C)	
	b. <input type="checkbox"/> No		b. <input type="checkbox"/> Not working or looking for work	
			c. <input type="checkbox"/> Regular full-time job	
			d. <input type="checkbox"/> Regular part-time job	
			e. <input type="checkbox"/> Temporary job	
			f. <input type="checkbox"/> Day labor/odd jobs	
			g. <input type="checkbox"/> Retired	
<b>16C. If you are unemployed, how long have you been looking for work?</b>			Years: ____ Months: ____ Days: ____	
<b>17A. Have you served in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard?</b>				a. <input type="checkbox"/> Yes
				b. <input type="checkbox"/> No
<b>17B. Were you called into active duty as a member of the National Guard or Reservist?</b>				a. <input type="checkbox"/> Yes
				b. <input type="checkbox"/> No



