

Youth Count Texas!
Youth Count Survey

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**).

1. Date of Birth (or Age)		Month: __ Day: __ Year: ____ Age: ____	
2. Where did you sleep on (specific night/point in time?)? Input cross streets (optional): _____ _____	a. <input type="checkbox"/> Emergency shelter	m. <input type="checkbox"/> Hotel or motel paid with own funds	
	b. <input type="checkbox"/> Transitional housing	n. <input type="checkbox"/> Sharing housing of other person(s) due to loss of housing, economic hardship, or similar reason	
	c. <input type="checkbox"/> Domestic violence shelter/Safe haven	o. <input type="checkbox"/> Staying informally with friends	
	d. <input type="checkbox"/> Veterans Administration domiciliary	p. <input type="checkbox"/> Mental health facility	
	e. <input type="checkbox"/> Street/Sidewalk/Bridge or overpass	q. <input type="checkbox"/> Substance abuse treatment center	
	f. <input type="checkbox"/> Bus or train station/Airport	r. <input type="checkbox"/> Corrections facility (including juvenile)	
	g. <input type="checkbox"/> Woods or outdoor encampment	s. <input type="checkbox"/> Hospital	
	h. <input type="checkbox"/> Abandoned building	t. <input type="checkbox"/> Foster home or group home	
	i. <input type="checkbox"/> Vehicle	u. <input type="checkbox"/> Permanent supportive housing	
	j. <input type="checkbox"/> Substandard housing	v. <input type="checkbox"/> Subsidized housing (Sec 8, VASH, etc.)	
	k. <input type="checkbox"/> In a place that you are being evicted from within two weeks	w. <input type="checkbox"/> Own home or apartment (that is not substandard)	
	l. <input type="checkbox"/> Hotel or motel paid for with voucher from a church or social services agency		
3A. Are you going to stay in the same place tonight?		a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No	3B. If not, where? _____
<i>Interviewer: Does this person qualify to complete the rest of this survey based on the instructions on the front page? (If no, say "thank you" and discontinue survey. If yes, please complete the rest of the survey).</i>			
4. How many times have you been without a permanent home in the past 3 years?		a. <input type="checkbox"/> Never	b. <input type="checkbox"/> Once
		c. <input type="checkbox"/> Twice	d. <input type="checkbox"/> Three times
		e. <input type="checkbox"/> 4 or more different times	f. <input type="checkbox"/> Don't know
5. What is the total number of months you've been homeless or without a permanent home in the past 3 years?			_____
6. How long has your current episode of homelessness or not having a permanent home lasted?		Years: _____ Months: _____ Days: _____	
7A. At what age did you first face homelessness or not having a permanent home?	_____	7B. Was your first experience being homeless or without a permanent home with your family or on your own?	a. <input type="checkbox"/> With family b. <input type="checkbox"/> On your own
8. Please share the reasons that contributed to why you are homeless or do not have a permanent place to live (and/or why you are no longer able to live where you lived previously) at this time: (Check all that apply)			
a. <input type="checkbox"/> Financial reasons	j. <input type="checkbox"/> Family illness	r. <input type="checkbox"/> Ran away from home	w. <input type="checkbox"/> Too crowded (doubled up)
b. <input type="checkbox"/> Unable to pay rent or mortgage	k. <input type="checkbox"/> Divorce or separation	s. <input type="checkbox"/> Lifestyle choice	x. <input type="checkbox"/> Aged out of or ran from foster care
c. <input type="checkbox"/> Loss of public aid	l. <input type="checkbox"/> Hospital discharge	t. <input type="checkbox"/> Sexual orientation or gender identity	y. <input type="checkbox"/> Kicked out of the house by family
d. <input type="checkbox"/> Natural disaster	m. <input type="checkbox"/> Pregnant/parenting	u. <input type="checkbox"/> To protect yourself or family members	z. <input type="checkbox"/> Kicked out of the house by friends
e. <input type="checkbox"/> Unemployment	n. <input type="checkbox"/> Mental illness	v. <input type="checkbox"/> Abandonment by parent/guardian (passed away, deported, prison)	aa. <input type="checkbox"/> Other: _____
f. <input type="checkbox"/> Moved to seek work	o. <input type="checkbox"/> Substance abuse		
g. <input type="checkbox"/> Evicted	p. <input type="checkbox"/> Left jail, prison, or detention		
h. <input type="checkbox"/> Physical disability, injury, or physical health reasons	q. <input type="checkbox"/> Criminal record		
i. <input type="checkbox"/> Domestic violence			
9. What is your gender?		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
10. What is your sexual orientation?		a. <input type="checkbox"/> Straight	b. <input type="checkbox"/> Gay or Lesbian
		c. <input type="checkbox"/> Bisexual	d. <input type="checkbox"/> Not sure
		e. <input type="checkbox"/> Something else	
11: Race: (Check all that apply)		a. <input type="checkbox"/> White	b. <input type="checkbox"/> Asian
		c. <input type="checkbox"/> American Indian or Alaskan Native	d. <input type="checkbox"/> Black or African American
		e. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

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12. Do you consider yourself Hispanic or Latino?		a. <input type="checkbox"/> Yes		b. <input type="checkbox"/> No	
13A. Are you enrolled in school right now?	a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No (Answer #13B)	13B. If not, do you plan to return to school in the future?		a. <input type="checkbox"/> Yes c. <input type="checkbox"/> N/A b. <input type="checkbox"/> No	
14. Highest level of education: (Check one)	a. <input type="checkbox"/> Less than 9 th grade b. <input type="checkbox"/> Some high school c. <input type="checkbox"/> GED	d. <input type="checkbox"/> HS diploma e. <input type="checkbox"/> Some college f. <input type="checkbox"/> College graduate	g. <input type="checkbox"/> Technical school/Training program h. <input type="checkbox"/> Master's degree or higher		
15A. While in school, have you ever needed Special Education services?		a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No		15B. If yes, did you receive them for more than 6 months?	
16A. Are you able to work?	a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No	16B. What is your job status?		a. <input type="checkbox"/> Unemployed/Not working but looking for work (answer #16C) b. <input type="checkbox"/> Not working or looking for work c. <input type="checkbox"/> Regular full-time job	
16C. If you are unemployed, how long have you been looking for work?		Years: _____ Months: _____ Days: _____			
17A. Have you served in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard?				a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No	
17B. Were you called into active duty as a member of the National Guard or Reservist?				a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No	
17C. Under what tours of duty have you served? (Check all that apply)		a. <input type="checkbox"/> Iraq b. <input type="checkbox"/> Afghanistan c. <input type="checkbox"/> Other: _____		17D. # of Years in Service: _____	
17E. What was your discharge status?		a. <input type="checkbox"/> Honorable b. <input type="checkbox"/> Dishonorable			
17F. Have you ever received health care or other benefits from the VA Medical Center?				a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No	
18. Have you experienced physical or sexual violence while without permanent housing?				a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No	
19. Are you pregnant or expecting a child?				a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No	
20A. Have you ever had a child?				a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No	
20B. Is the child currently with you?	a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No	20C. If no, is the child:		a. <input type="checkbox"/> With the other parent b. <input type="checkbox"/> With family or friends c. <input type="checkbox"/> With Child Protective Services d. <input type="checkbox"/> Adopted by someone else e. <input type="checkbox"/> Deceased f. <input type="checkbox"/> Other _____	
21. How would you best describe who you are staying with today (your family type)? (Check all that apply)					
a. <input type="checkbox"/> I am a single individual adult		d. <input type="checkbox"/> I am part of a couple w/no children		e. <input type="checkbox"/> I am a single parent w/children	
b. <input type="checkbox"/> I am an unaccompanied minor (not living with parent/legal guardian)		f. <input type="checkbox"/> I am a minor living w/one or more parent(s)/guardian(s)		g. <input type="checkbox"/> Other type of family	
c. <input type="checkbox"/> I am a parent in a two-parent family w/children					
22A. Do you have any of the following health conditions? (Check all that apply)		a. <input type="checkbox"/> Alcohol abuse or addiction b. <input type="checkbox"/> Other substance abuse c. <input type="checkbox"/> Mental illness d. <input type="checkbox"/> Physical disability e. <input type="checkbox"/> Developmental disability		f. <input type="checkbox"/> HIV/AIDS g. <input type="checkbox"/> Other chronic physical illness h. <input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD) i. <input type="checkbox"/> Traumatic brain injury	
22B. Do any of these keep you from getting or holding a job?		a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No		22C. If yes, which? _____	
23. Have you ever experienced any of the following? (Check all that apply)		a. <input type="checkbox"/> Family violence b. <input type="checkbox"/> Child abuse or neglect c. <input type="checkbox"/> Sexual assault d. <input type="checkbox"/> Gang involvement		e. <input type="checkbox"/> Foster care system involvement (complete question 24) f. <input type="checkbox"/> Legal problems or prior conviction (complete question 25)	
<i>Please complete the following if respondent indicated that he or she has experienced foster care:</i>					
24A. How long were you in foster care?		Years: _____ Months: _____			
24B. How many placements (i.e. places to stay) did you have in foster care?				_____	

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

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29. Which of the following services have you used in the past? (Check all that apply)		
a. <input type="checkbox"/> Drop-in center (help with ID, taking shower, laundry, etc.)	c. <input type="checkbox"/> Emergency shelter (youth)	f. <input type="checkbox"/> Transitional housing
b. <input type="checkbox"/> Emergency health care	d. <input type="checkbox"/> Emergency shelter (adult)	g. <input type="checkbox"/> Permanent supportive housing
	e. <input type="checkbox"/> Transition center	h. <input type="checkbox"/> None
30. How did you find out about shelters or other services that you used?		
a. <input type="checkbox"/> Church or faith community	d. <input type="checkbox"/> Hospital/Police/First responder	g. <input type="checkbox"/> Social services agency
b. <input type="checkbox"/> Family member or relative	e. <input type="checkbox"/> Internet search	h. <input type="checkbox"/> Teacher or school personnel
c. <input type="checkbox"/> Foster or adoptive family	f. <input type="checkbox"/> Peers or word of mouth	i. <input type="checkbox"/> Other:
31A. Has there ever been a time when you went to a shelter and did not feel safe?		a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No
31B. If YES to #31A: Why didn't you feel safe?		
a. <input type="checkbox"/> Age	b. <input type="checkbox"/> Gender	c. <input type="checkbox"/> Sexual Orientation d. <input type="checkbox"/> Other: _____
32A. Has there ever been a time when you went to a shelter but did not stay the night?		<input type="checkbox"/> Yes <input type="checkbox"/> No
32B. If YES to #32A: Why didn't you stay at the shelter?		
a. <input type="checkbox"/> You were too old to stay	i. <input type="checkbox"/> Other: _____	
b. <input type="checkbox"/> You were too young to stay		
c. <input type="checkbox"/> You didn't like the shelter rules		
d. <input type="checkbox"/> You couldn't stay with your child(ren) in the shelter		
e. <input type="checkbox"/> Your partner could not stay at the shelter with you		
f. <input type="checkbox"/> Your pet could not stay at the shelter with you		
g. <input type="checkbox"/> You felt uncomfortable or unsafe in the shelter		
h. <input type="checkbox"/> The shelter was full and you could not stay		
33. What support or service have you received in the past year that has been most helpful to you?		
34. What do you do for money or to get the things you need? (Check all that apply)		
a. <input type="checkbox"/> Receive financial support from family, relatives, friends	d. <input type="checkbox"/> Trade or sell drugs	h. <input type="checkbox"/> Work
b. <input type="checkbox"/> Borrow from others	e. <input type="checkbox"/> Trade services, clothes, or food	i. <input type="checkbox"/> Steal
c. <input type="checkbox"/> Panhandle	f. <input type="checkbox"/> Seek services (food pantry)	j. <input type="checkbox"/> Other
	g. <input type="checkbox"/> Receive public assistance	
35A. Have you ever been afraid to leave or quit a work situation due to fears of violence or other threats of harm to yourself, family, or friends?		a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No
35B. Have you ever been promised work where the work or payment ended up being different from what you expected?		a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No
35C. If yes to #35A or B: Did you feel forced, pressured, or tricked into continuing this job?		a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No
35D. If yes to #35A or B: Have you had any jobs like these in the last 3 months?		a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No
36A. Have you ever received anything in exchange for having sexual relations with another person, such as money, food, drugs, or shelter?		a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No
36B. If yes to #36A: has it happened in last 3 months?		a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No
36C. If yes to #36A: how many times have you received something in return for having sexual relations?		a. <input type="checkbox"/> 1 d. <input type="checkbox"/> 11-20 b. <input type="checkbox"/> 2-5 e. <input type="checkbox"/> 20 + c. <input type="checkbox"/> 6-10
36D. If yes to #36A: Did you ever feel forced, pressured, or tricked into continuing the exchange?		a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No

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37. On a scale of 1-10, with 1 being “not challenging at all” and 10 being “extremely challenging,” please rate how challenging the following issues are for you right now:										
	Not challenging					Extremely challenging				
	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 practices in your community that make your life harder? (Check all that apply)	a. <input type="checkbox"/> Rules about loitering or sitting in public spaces b. <input type="checkbox"/> Rules against sleeping in public c. <input type="checkbox"/> Rules against panhandling or asking for money d. <input type="checkbox"/> Rules against sleeping in vehicles e. <input type="checkbox"/> Issues with the police f. <input type="checkbox"/> Lack of access to public restrooms g. <input type="checkbox"/> Lack of pay phones h. <input type="checkbox"/> Other: _____									
39. What special strengths or talents do you have that have kept you moving forward and will help you to stay safe?										
40. Imagine you are in charge. If you could change one thing (like a rule or law) to help youth who are homeless, what would it be?										

