

2009 Point-in-Time Street Count Survey
_____ County

Volunteers – Instructions to be read to the client by you:

1. Your answers to the following survey questions will help us understand how we can better meet the needs of people who are homeless in _____ County.
2. This survey is **voluntary**.
3. You may choose not to answer some questions.
4. You may also stop answering at any time.
5. Your answers will not affect the services available to you or your family, even if you do not answer at all.
6. Your answers will not be shared with anyone.
7. Thank you for taking a few moments to help us.

(Volunteers to ask the Clients) Please answer these questions about yourself:

Have you been asked to complete this **(color)** survey earlier today?

(Volunteers: If answer is yes, do not proceed)

1. Where did you sleep last night - January 28th?

- | | |
|---|---|
| <input type="checkbox"/> Homeless Shelter | <input type="checkbox"/> Own home/apartment |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Jail/prison |
| <input type="checkbox"/> Substance abuse treatment facility | <input type="checkbox"/> Hotel/Motel |
- (paid by someone else; paid by you)

(If hospital, jail/prison or substance abuse treatment facility, did you stay longer than 30 days?) Yes No

Home of family, relatives or friends, how long will you be able to stay there?

(If the client can not stay longer than a week and they'll either be evicted or forced out within a week, and no subsequent residence has been identified, check the above box and continue with survey.)

- | | |
|---|--|
| <input type="checkbox"/> Tent | <input type="checkbox"/> Local community park |
| <input type="checkbox"/> Vehicle | <input type="checkbox"/> Abandoned building or structure |
| <input type="checkbox"/> RV/Camper | <input type="checkbox"/> Under bridges |
| <input type="checkbox"/> Outdoors/Unsheltered | <input type="checkbox"/> If location other than above,
specify: _____ |

2. Did you have anyone staying with you last night?

Yes No (If yes, list age, gender and relationship on back of survey)

3. When was the last time you had your own permanent address?

_____ Years _____ Months _____ Days

4. When did you become homeless?

- within the last month within the last year
 Over a year; How many years ago _____

5. How many times have you been homeless?

- 1-2 times 3-4 times
 5 or more times Continuous since (date): _____

6. Male Female Other _____

7. Do you have a disability?

- Physical Substance Abuse Mentally Ill
 HIV/AIDS Other _____

8. Are you of Hispanic Ethnicity? yes no

9. What is your primary race (please mark the best one)?

- White Black/African-American American Indian/Alaskan Native
 Asian Native Hawaiian/Pacific Islander Other Multi-racial

10. How old are you?

- 17 years old or younger 18-39 40-64 65 + Above

11. Have you ever served in the U.S. military? yes no

If yes, what years _____

12. How long have you been staying/living in _____ County?

- One week or less more than 1 week, less than 1 month
 one to three months More than 3 months, less than 1 year
 one year or longer

13. Were you ever a foster care child?

- Yes No Refused to Answer

Thank you for helping us with this survey.

Office Use Only	
Person Completing Survey _____	Date: _____
Agency/Location Where Survey Completed: _____	
County: _____	