

Point In Time Survey - January 2016

Site of Interview: _____

ONE FORM PER HOUSEHOLD

Current City/Town: _____

Location: Where did you stay on January 28th? (choose one - applies to entire household)

Outdoors (street, tent, etc)
 Vehicle
 Abandoned Building
 Structure Lacking Any of the Following Amenities
 (Drinking water, restroom, heat, ability to cook hot food, ability to bathe)
 Emergency/Transitional Shelter (Please write shelter name) _____
 Hosp/Detox/Other facility (under 90 days)

How long have you experienced homelessness? (Head of Household Only)

When was the last time that you had a permanent residence? Month/Year: _____/_____ Last Known Permanent City: _____ Last Known Permanent Zip Code: _____	Have you had 3 or more breaks between permanent housing since 2013 (minimum of 7 days = 1 month) <input type="checkbox"/> Yes <input type="checkbox"/> No		
	First time	How many months were you continuously in permanent housing?	Start M/Yr ____/____ End M/Yr ____/____
	Second time	How many months were you continuously in permanent housing?	Start M/Yr ____/____ End M/Yr ____/____
	Third time	How many months were you continuously in permanent housing?	Start M/Yr ____/____ End M/Yr ____/____
	Fourth time	How many months were you continuously in permanent housing?	Start M/Yr ____/____ End M/Yr ____/____

Household Information															
(Please enter each HH member below. Use additional form if household has more than four members.)															
How many people are in your household? Adults: _____ Children: _____											Disabilities				
											Check all that apply to each client				
	Relation to Head of Household (Spouse/ Partner/ Child/Etc.)	Initials of First & Last Name (John Smith = J.S.)	Birth Date	Gender (a)	Race (b)	Ethnicity (c)	Domestic Violence Survivor	Served in the military (veteran)	Sexual Orientation (d)	Chronic Substance Abuse	Physical Disability (Permanent)	Developmental Disability	Mental Health (Substantial & Long-Term)	Chronic Health Condition	HIV/AIDS
Adults (18 yrs or older)	Self														
Children (0 to 17 yrs)															

- (a) Female (F), Male (M), Transgender (T)
- (b) White (W), Black or African-American (B), Asian (A), American Indian or Alaska Native (I), Native Hawaiian or Other Pacific Islander (H), Other (O)
- (c) Hispanic (H) or Non-Hispanic (N)
- (d) Heterosexual (H), Gay or Lesbian (G/L), Bisexual (B), Other (O)

FLIP PAGE FOR MORE QUESTIONS AND SIGNATURE CONFIRMATION

Circumstances that Caused Your Homelessness (check all that apply)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Alcohol/Substance Abuse | <input type="checkbox"/> Primarily Economic Reasons | <input type="checkbox"/> Displacement/lost temp. living situation | <input type="checkbox"/> Language Barrier |
| <input type="checkbox"/> Domestic Violence
(including Sex Trafficking) | <input type="checkbox"/> Job Loss | <input type="checkbox"/> Aged out of Foster Care | <input type="checkbox"/> Out of Home Youth |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Eviction | <input type="checkbox"/> Discharged from an Institution | <input type="checkbox"/> Transient on the Road |
| <input type="checkbox"/> Family Crisis/Break-up | <input type="checkbox"/> Lack of Childcare | <input type="checkbox"/> Lack of Job Skills | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Illness/Health Problems | <input type="checkbox"/> Medical Costs | <input type="checkbox"/> Conviction (misdemeanor/felony) | <input type="checkbox"/> Refused |

Source(s) of Household Income and Benefits (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Public Assistance
(Food Stamps, TANF, Medicare/Medicaid) | <input type="checkbox"/> Farm/Other Migrant Agricultural Work |
| <input type="checkbox"/> Veterans Administration Benefits | <input type="checkbox"/> Disability Public Assistance (ABD) | <input type="checkbox"/> Employed Full-time at Low-wage Job |
| <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> Social Security | <input type="checkbox"/> Part-time Work |
| <input type="checkbox"/> L&I/Workers' Compensation | <input type="checkbox"/> Relatives, Partners or Friends | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Don't Know | <input type="checkbox"/> Refused | |

I agree to the inclusion of my household's information to be reported aggregately for the purpose of the homeless survey. My initials and birthdate can only be used for the purpose of un-duplicating the information reported as required by the Department of Housing and Urban Development.

Signature(s) Head of Household: _____

Adult #2 (if applicable): _____