

Households threatened by DV, households with an individual with HIV/AIDS, and minors: Do not sign the back of the form

Location where household was surveyed _____

Current City/Town: _____

Have you completed Point in Time Survey within the last week? Yes No

Location: Where did you stay last night? (choose one - applies to entire household)

<input type="radio"/> Out of Doors (street, tent, etc)	<input type="radio"/> Emergency Shelter (Write shelter name) _____
<input type="radio"/> Vehicle	<input type="radio"/> Transitional Housing (Write transitional housing name) _____
<input type="radio"/> Abandoned Building	<input type="radio"/> Temp. Living with Family or Friends
<input type="radio"/> Structure Lacking Any of the Following Amenities (Drinking water, restroom, heat, ability to cook hot food, ability to bathe)	<input type="radio"/> Currently in Hospital/Detox/Other facility

Have you been continuously homeless for a year or more? Yes (skip to Household Information section) No

How many episodes of homelessness have you had in the past 3 years? Less than 4 (skip to Household Information) At least 4

Do these episodes, added together, amount to a year or more? Yes No

Household Information																	
(Please enter each Household member below. Use additional form if household has more than four members.)																	
How many people are in your household? Adults: _____ Children: _____								Disabilities									
Last Known Permanent City _____								Check all that apply to each client									
Relation to Head of Household (if applicable) Spouse/ Partner/ Child/Etc.		Initials for First and Last Name (I.e. – John Smith is J.S.)		Birth Date (or if DOB refused; Year of Birth)		Gender (Male (M), Female (F), Transgender (T), Does Not Identify as M, F, T (D))	Race* (enter all that apply)	Ethnicity (Hispanic (H) or Non-Hispanic (N))	Domestic Violence Survivor (check if yes)	Veteran (ever served in the military)	Sexual Orientation Heterosexual (H), Gay or Lesbian (G/L), Bisexual (B), Other (O)	Chronic Substance Abuse	Physical Disability (Permanent)	Developmental Disability	Mental Health (Substantial & Long-Term)	Chronic Health Condition (Permanently Disabling)	HIV/AIDS
Self																	

*Race: White (W), Black or African-American (B), Asian (A), American Indian or Alaska Native (I), Native Hawaiian or Other Pacific Islander (H), 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 Living Situation | <input type="checkbox"/> Language Barrier |
| <input type="checkbox"/> Domestic Violence | <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 | <input type="checkbox"/> Farm/Other Migrant Agricultural Work |
| <input type="checkbox"/> Veterans Administration Benefits | <input type="checkbox"/> L&I/Workers' Compensation | <input type="checkbox"/> Relatives, Partners or Friends |
| <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> Part-time Work | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Employed Full-time at Low-wage Job | <input type="checkbox"/> Don't Know |
| | | <input type="checkbox"/> Refused |

I agree to the inclusion of my household's information for Point In Time Count purposes. Non-identifying information may be shared with the U.S. Department of Housing & Urban Development and the Washington State Department of Commerce as required.

Reminder: Households threatened by DV, households with an individual with HIV/AIDS, and minors: Do not sign the back of the form

Signature(s) (each adult or legally emancipated youth must sign): _____

Adult #2 (if applicable): _____