**2019 Point-in-Time (PIT) Count Non-HMIS Participating Survey**

**PLEASE complete ONE survey for EACH PERSON SERVED**

**Keep ALL households/family surveys together!**

**Agency**: \_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ **Town:** \_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_ **Zip Code: \_\_\_\_ \_\_\_\_\_\_\_\_\_**

**County: \_**\_ \_\_\_\_\_\_\_\_\_\_\_\_ **Interviewer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ **Date: 01/\_\_\_ \_/2019** **Time:** \_ \_\_\_\_ **AM/PM**

|  |  |
| --- | --- |
| Questions | Answers |
| 1. On January 22, 2019, where will you/did you sleep?
 |  Emergency shelter. Name of Shelter: \_\_\_\_ \_\_\_\_\_\_\_ \_\_ \_\_\_\_  Transitional Housing for homeless persons. Name: \_\_\_ \_\_\_\_\_\_\_\_  Safe Haven. Name of Safe Haven: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_  Hotel or Motel Paid for by: Name of Agency/Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 1. What is your full name?
 |  |
| 1. Are you a U.S. Military Veteran?
2. ***If yes***, were you ever called into active duty as a member of the National Guard or as a Reservist?
3. Have you ever received health care or benefits from the Veteran’s Administration medical center?
4. Do you receive any disability benefits such as Social Security Disability Income or Veteran’s Disability Benefits?
 | Yes No Client Doesn’t Know/Refused Yes No Client Doesn’t Know/RefusedYes No Client Doesn’t Know/RefusedYes No Client Doesn’t Know/Refused |
| 1. What is your date of birth?
 | \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_***If under age 25 (born after January 22, 1994), also fill out the Youth Addendum survey.*** |
| 1. What is your primary race?
 |  American Indian or Alaska Native  Asian Black/African American Native Hawaiian or Other Pacific Islander  White  Client Doesn’t Know/Refused |
| 1. What is your secondary race?
 |  American Indian or Alaska Native  Asian Black/African American Native Hawaiian or Other Pacific Islander  White  Client Doesn’t Know/Refused |
| 1. Are you Hispanic or Latino?
 | Yes No Client Doesn’t Know/Refused |
| 1. What is your gender?
 |  Male  Transgender Female to Male Female  Gender Non-Conforming Transgender Male to Female  Client Doesn’t Know/Refused |
| 1. Approximately, what date did you start staying on the streets?
 |  \_\_\_\_/\_\_\_\_/\_\_\_\_ Client Doesn’t Know/Refused |
| 1. Regardless of where you stayed, how many separate times have you stayed on the streets, in shelters or safe havens during the past 3 years?
 | **** 1 Time  3 Times**** 2 Times  4 or more times Client Doesn’t Know/Refused |
| 1. In total, how many months did you stay on the streets, in shelters or safe havens during the past 3 years?
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Months |
| 1. Are you the head of the household?
 | Yes, Self No, name of Head of Household:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 1. What is your relationship to Head of Household?
 | Self Other relation Spouse or Partner Child Non-Relation |
| 1. What is the zip code of your last permanent address, where you lived for 90 days or more?
 |  \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Client Doesn’t Know/Refused |
| 1. Do you have a disabling condition?
 |  Yes  No  Client Doesn’t Know/Refused  |

|  |  |  |
| --- | --- | --- |
|  **Disability Type**15a. | **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently** | **Documentation of the disability and severity on file?**  |
| **Physical**Yes No Client Doesn’t Know/Refused | Yes No Client Doesn’t Know/Refused | Yes No |
| **Developmental**Yes No Client Doesn’t Know/Refused  | Yes No Client Doesn’t Know/Refused | Yes  No |
| **Chronic Health Condition**Yes No Client Doesn’t Know/Refused  | Yes No Client Doesn’t Know/Refused  | Yes  No |
| **HIV/AIDS**Yes No Client Doesn’t Know/Refused | Yes No Client Doesn’t Know/Refused | Yes  No |
| **Mental Health Problem**Yes No Client Doesn’t Know/Refused | Yes No Client Doesn’t Know/Refused  | Yes  No |
| **Alcohol Abuse**Yes No Client Doesn’t Know/Refused | Yes No Client Doesn’t Know/Refused |  Yes  No |
| **Drug Abuse**Yes No Client Doesn’t Know/Refused | Yes No Client Doesn’t Know/Refused | Yes  No |

 **If client answers yes to Question 15, continue with the following disability subset questions.**

|  |  |
| --- | --- |
| 1. **Have you ever been a victim of domestic violence?**
 |  Yes  No  Client Doesn’t Know/Refused |
| 16a. **If Yes, how long ago?** |  Within the past three months  More than a year ago  Three to six months ago  Client Doesn't Know/Refused  From six to twelve months ago  |
| 16b. **If Yes, are you currently fleeing?** |  Yes  No  Client Doesn’t Know/Refused |

|  |  |
| --- | --- |
| Residence Prior to Project Entry: Please Choose One |  |
| Emergency Shelter | Rental by client with VASH subsidy |
| Foster Care Home or Foster Care Group Home | Rental by client with GPD TIP subsidy |
| Hospital or other Residential Non-Psychiatric Medical Facility | Rental by client with other ongoing housing subsidy-non-VASH |
| Hotel or Motel paid for without an emergency shelter voucher | Residential Project or Halfway House with no homeless criteria |
| Jail, Prison or Juvenile Detention Facility | Safe Haven |
| Long-term Care Facility or Nursing Home | Staying or living in a **FAMILY** member’s room, apartment or house |
| Owned by Client, no ongoing housing subsidy | Staying or living in a **FRIEND’S** room, apartment or house |
| Owned by Client, with ongoing housing subsidy | Substance Abuse Treatment Facility or Detox Center |
| Permanent housing for formerly homeless persons | Transitional housing for homeless persons-includes homeless youth |
| Place not meant for habitation | Other (specify) |
| Psychiatric hospital or other psychiatric facility | Client Doesn’t Know Client Refused Data not collected |
| Rental by client, no ongoing housing subsidy |  |

**Length of stay at location selected above:** 1 day or less; 2 days to 1 week; more than 1 week but less than 1 month;

1 to 3 months; more than 3 months but less than 1 year; 1 year or longer; Client Doesn’t Know; Client Refused

**\*\*\*END OF SURVEY\*\*\***