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| Point in Time Count Unsheltered SurveyIntroduction & Screener: |
| \*Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I'm a volunteer for local outreach. We are conducting a survey to better understand homelessness in our community and improve programs. If you participate your responses will be kept confidential. You can choose to skip any question and your answers will not affect your eligibility for any compensation or services, and the information will not be shared with anyone outside of our team. I need to read each question all the way through. Can I have about 10 minutes of your time? \* |
| 1. Have you already been interviewed today for the Point in Time Count?
 | ❑ Yes ❑ No (If Yes --- STOP)  |
| 1. Where are you sleeping on the night of the Count? (If an option in bold is selected, continue with the survey)
 | ❑ Abandoned building ❑ Under a bridge / overpass ❑ Jail ❑ Bus/ Train station ❑ Vehicle / Boat / RV ❑ Motel/Hotel paid for w/ own $❑ Motel/Hotel paid for by agency ❑ Emergency shelter ❑ Transitional housing❑ Outdoor encampment ❑ House or apt – rent/own❑ Treatment program ❑ Park ❑ Hospital ❑ Street or Sidewalk ❑ w/ friend or family (couch surfing)❑ In a place being evicted from ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. What is your name?
 | First Name (or Initial): \_\_\_\_\_\_\_\_\_\_\_\_ Last Name (or Initial): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Person prefers not to answer |
| * 1. If hesitant, ask “What are your initials?”
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| Demographic Questions |
| 1. What is your gender? (select all that apply)
 | ❑ Woman ❑ Man ❑ Culturally Specific Identity (e.g., Two-Spirit) ❑ Transgender ❑ Non-Binary ❑ Questioning ❑ Different Identity ❑ Person doesn’t know ❑ Person prefers not to answer |
| * 1. If Different Identity, please specify
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| 1. What is your date of birth?
 | (mm/dd/yyyy) \_\_\_/ \_\_\_ /\_\_\_\_\_\_\_ ❑ Person doesn’t know ❑ Person prefers not to answer |
| * 1. If refused to answer date of birth, ask “How old are you?”
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| * 1. If refused to answer age, “What age range do you fall into?”
 | ❑ <5 ❑ 5-12 ❑ 13-17 ❑ 18-24 ❑ 25-34 ❑ 35-44 ❑ 45-54 ❑ 55-64 ❑ 65+ |
| 1. What is your race? (select all that apply)
 | ❑ American Indian, Alaska Native, or Indigenous (Specify Tribe (optional): \_\_\_\_\_\_) ❑ Asian or Asian American ❑ Black, African American, or African ❑ Hispanic/Latina/e/o ❑ Middle Eastern or North African ❑ Native Hawaiian or Pacific Islander ❑ White ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_ ❑ Person doesn’t know ❑ Person prefers not to answer |
| 1. Which of these options best describes your sexual orientation?
 | ❑ Lesbian ❑ Gay ❑ Bisexual ❑ Queer ❑ Straight ❑ Other Identity: \_\_\_\_\_\_\_\_\_\_\_\_ ❑ Person doesn’t know ❑ Person prefers not to answer |
| 1. Is this the first time you have been homeless?
 | ❑ Yes ❑ No❑ Person Doesn’t Know ❑ Person prefers not to answer |
| 1. How long have you been homeless this time? Only include time you spent staying in shelters and/or on the streets.
 | ❑ 0 to 3 months ❑ 4 to 6 months ❑ 7 to 11 months ❑ 12 to 23 months ❑ 24 to 35 months ❑ 36 months or more |
| 1. How many months did you stay in shelters or on the streets over the past 3 years?
 | ❑ 0 to 3 months ❑ 4 to 6 months ❑ 7 to 11 months ❑ 12 to 23 months ❑ 24 to 35 months ❑ 36 months or more |
| 1. How many separate times in the past 3 years have lived in a shelter, on the streets, or in a car?
 | ❑ Fewer than 4 times ❑ 4 or more times ❑ Person doesn’t know ❑ Person prefers not to answer |
| 1. How long in months have you been in this community?
 | ❑ 0 to 3 months ❑ 4 to 6 months ❑ 7 to 11 months ❑ 12 to 23 months ❑ 24 to 35 months ❑ 36 months or more |
| 1. Do you remember the address where you were living when you became homeless this time?
 | ❑ Yes ❑ No❑ Person Doesn’t Know ❑ Person prefers not to answer |
| * 1. If yes
 | **Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_** |

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| Sensitive Questions - (Skip for individuals under 18) |
| \*Next, I’m going to read you a list of “yes-no” questions about different situations you may be facing. The information you choose to share on these next questions will help our community better understand the specific services and resources that people in our community need.Again, this survey is confidential, and your answers will not affect your eligibility for services or programs. And we can skip any question you don’t feel comfortable answering. \* |
| 1. Do you have a Substance Use Disorder?
 | ❑ No ❑ Alcohol use disorder ❑ Drug use disorder ❑ Both Alcohol and Drug use disorders ❑ Person Doesn’t Know ❑ Person prefers not to answer |
| * 1. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?
 | ❑ Yes ❑ No❑ Person Doesn’t Know ❑ Person prefers not to answer |
| 1. Do you have a Chronic Health Condition?
 | ❑ Yes ❑ No❑ Person Doesn’t Know ❑ Person prefers not to answer |
| * 1. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?
 | ❑ Yes ❑ No❑ Person Doesn’t Know ❑ Person prefers not to answer |
| 1. Do you have a Mental Health Disorder?
 | ❑ Yes ❑ No❑ Person Doesn’t Know ❑ Person prefers not to answer |
| * 1. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?
 | ❑ Yes ❑ No❑ Person Doesn’t Know ❑ Person prefers not to answer |
| 1. Do you have a Physical Disability?
 | ❑ Yes ❑ No❑ Person Doesn’t Know ❑ Person prefers not to answer |
| * 1. If yes, is this a long-term disability that impairs your ability to hold a job or live independently?
 | ❑ Yes ❑ No❑ Person Doesn’t Know ❑ Person prefers not to answer |
| 1. Do you have a Developmental Disability?
 | ❑ Yes ❑ No❑ Person Doesn’t Know ❑ Person prefers not to answer |
| 1. Do you receive disability benefits?
 | ❑ Yes ❑ No❑ Person Doesn’t Know ❑ Person prefers not to answer |
| 1. Are you living with HIV or AIDS?
 | ❑ Yes ❑ No❑ Person Doesn’t Know ❑ Person prefers not to answer |
| 1. Do you have a traumatic injury to the brain?
 | ❑ Yes ❑ No❑ Person Doesn’t Know ❑ Person prefers not to answer |
| * 1. Do you feel this keeps you from holding a job or living in stable housing?
 | ❑ Yes ❑ No❑ Person Doesn’t Know ❑ Person prefers not to answer |
| 1. Are you a survivor of domestic violence?
 | ❑ Yes ❑ No❑ Person Doesn’t Know ❑ Person prefers not to answer |
| * 1. If yes, when did the experience(s) occur?
 | ❑ Within the last three months❑ Three to six months ago (excluding six months exactly) ❑ Six months to one year ago (excluding one year exactly) ❑ One year ago, or more ❑ Person prefers not to answer |
| * 1. Are you experiencing homelessness because you are currently fleeing domestic violence, dating violence, or stalking?
 | ❑ Yes ❑ No❑ Person Doesn’t Know ❑ Person prefers not to answer |
| 1. Are you a veteran? *(served in the US Armed Forces OR been called into duty as a member of the National Guard or as a Reservist)*
 | ❑ Yes ❑ No❑ Person Doesn’t Know ❑ Person prefers not to answer |

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| Final Questions |
| 1. Notes (any distinguishing characteristics to prevent duplication, ex: specific location, identifying tattoos, companion animals, etc)
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| 1. Please indicate the County where you are completing this survey.
 | ❑ Allegany County❑ Calvert County❑ Cecil County❑ Charles County❑ Frederick County❑ Garrett County❑ Harford County❑ St. Mary’s County❑ Washington County |
| \*Those are all the questions I have for you. We realize that some of the topics covered are personal and can be difficult to think and talk about. We appreciate your willingness to participate tonight. Thank you for taking the survey! \* |