

Individual #1	Gender: <input type="radio"/> Male <input type="radio"/> Female	Birth Year:
Individual #2	Gender: <input type="radio"/> Male <input type="radio"/> Female	Birth Year:
Individual #3	Gender: <input type="radio"/> Male <input type="radio"/> Female	Birth Year:
Individual #4	Gender: <input type="radio"/> Male <input type="radio"/> Female	Birth Year:

<p>Disabilities (For each individual above, circle the related number if they have a disability)</p> <p>1 2 3 4 Physical/medical (permanent) 1 2 3 4 Physical/medical (temporary)</p> <p>1 2 3 4 Mental Health 1 2 3 4 Alcohol or drug abuse</p> <p>1 2 3 4 Visual (Uncorrected) 1 2 3 4 Developmental</p> <p>1 2 3 4 HIV/AIDS 1 2 3 4 Literacy</p> <p>1 2 3 4 Untreated dental 1 2 3 4 Other: _____</p>	<p>US Armed Forces</p> <p>If any member of your household has served in the Armed Forces of the US, please circle the related number of the individual from above: 1 2 3 4</p> <p>Veterans Administration Benefits</p> <p>If any member of your household is receiving Veterans Administration benefits, please circle the related number of the individual from above: 1 2 3 4</p>
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Household Information (Applies to everyone listed above)																							
<p>Where did you stay last night? (check one)</p> <p><input type="radio"/> Emergency Shelter ES name _____</p> <p><input type="radio"/> Homeless Transitional Housing program TH name _____</p> <p><input type="radio"/> Permanent Supportive Housing PSH name _____</p> <p><input type="radio"/> Vehicle</p> <p><input type="radio"/> Temporarily living with family or friends</p> <p><input type="radio"/> Out of doors (street, tent, etc.)</p> <p><input type="radio"/> Abandoned building</p> <p><input type="radio"/> Currently in Jail</p> <p>Zip code _____ or City name _____</p> <p>What month and year did you become homeless? Month _____ / Year _____</p> <p>How many times have you become homeless over the past three years? _____</p>	<p>What situations have caused you to become homeless? (check all that apply)</p> <table border="0"> <tr> <td><input type="checkbox"/> Victim of domestic violence</td> <td><input type="checkbox"/> Evicted for non-payment</td> </tr> <tr> <td><input type="checkbox"/> Job lost</td> <td><input type="checkbox"/> Evicted for other reasons</td> </tr> <tr> <td><input type="checkbox"/> Medical costs</td> <td><input type="checkbox"/> Unable to pay rent/mortgage</td> </tr> <tr> <td><input type="checkbox"/> Convicted of a felony</td> <td><input type="checkbox"/> Convicted of a misdemeanor</td> </tr> <tr> <td><input type="checkbox"/> Poor credit rating</td> <td><input type="checkbox"/> Family break-up</td> </tr> <tr> <td><input type="checkbox"/> Mental illness</td> <td><input type="checkbox"/> Failed job drug screening</td> </tr> <tr> <td><input type="checkbox"/> Medical problems</td> <td><input type="checkbox"/> Lack of job skills</td> </tr> <tr> <td><input type="checkbox"/> Alcohol or drug use</td> <td><input type="checkbox"/> Temporary living situation ended</td> </tr> <tr> <td><input type="checkbox"/> Lack of child care</td> <td><input type="checkbox"/> Discharged from an institution or jail</td> </tr> <tr> <td><input type="checkbox"/> Language Barrier</td> <td><input type="checkbox"/> Aged out of foster care</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Victim of domestic violence	<input type="checkbox"/> Evicted for non-payment	<input type="checkbox"/> Job lost	<input type="checkbox"/> Evicted for other reasons	<input type="checkbox"/> Medical costs	<input type="checkbox"/> Unable to pay rent/mortgage	<input type="checkbox"/> Convicted of a felony	<input type="checkbox"/> Convicted of a misdemeanor	<input type="checkbox"/> Poor credit rating	<input type="checkbox"/> Family break-up	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Failed job drug screening	<input type="checkbox"/> Medical problems	<input type="checkbox"/> Lack of job skills	<input type="checkbox"/> Alcohol or drug use	<input type="checkbox"/> Temporary living situation ended	<input type="checkbox"/> Lack of child care	<input type="checkbox"/> Discharged from an institution or jail	<input type="checkbox"/> Language Barrier	<input type="checkbox"/> Aged out of foster care	<input type="checkbox"/> Other: _____	
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<p>Source(s) of household income (check all that apply)</p> <table border="0"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Social Security</td> </tr> <tr> <td><input type="checkbox"/> Unemployment insurance</td> <td><input type="checkbox"/> Part-time work</td> </tr> <tr> <td><input type="checkbox"/> Public Assistance</td> <td><input type="checkbox"/> Employed at low-wage job</td> </tr> <tr> <td><input type="checkbox"/> Relatives, partners or friends</td> <td><input type="checkbox"/> Day laborer type jobs</td> </tr> <tr> <td><input type="checkbox"/> L&I/Workman's compensation</td> <td><input type="checkbox"/> Farm or other migrant agricultural work</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	<input type="checkbox"/> None	<input type="checkbox"/> Social Security	<input type="checkbox"/> Unemployment insurance	<input type="checkbox"/> Part-time work	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Employed at low-wage job	<input type="checkbox"/> Relatives, partners or friends	<input type="checkbox"/> Day laborer type jobs	<input type="checkbox"/> L&I/Workman's compensation	<input type="checkbox"/> Farm or other migrant agricultural work	<input type="checkbox"/> Other _____		<p>What is the zip code of the apartment, room, or house you last lived for six consecutive months or more?</p> <p>Zip code: _____</p> <p>or</p> <p>City name: _____</p>
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Instructions

At the very least, please fill in the gender and year born for each household member. If you do not know the precise birth year of a household member, guesses are OK.

****Important: Do not provide initials, birth day, or birth month for victims of domestic violence or anyone you do not have written informed consent from (signature below).**** Use the form with the signature line at the bottom to collect initials and full birth date.

What is the purpose of the survey?

The purpose of this survey is to help with the planning of providing services and housing to homeless individuals and to identify the types of assistance needed.

Who should complete the survey?

Any homeless person. "Homeless" means persons who, on one particular day or night, do not have a decent and safe shelter or sufficient funds to purchase a place to stay.

People living in a dwelling lacking any of the following should be considered homeless (check "living out of doors"): ability to cook hot food, drinking water, restroom, heat, or ability to bathe. People living in emergency and transitional shelters are considered homeless. (For the purposes of this survey, transitional housing refers to housing with a 2 year stay limit where being homeless is a prerequisite for eligibility and case management services are required as part of the program, such as THOR and HOME TBRA.) (see count guidelines for more clarification)

People living temporarily with family or friends due to loss of housing, economic hardship, or a similar reason (often referred to as "doubled-up" or "couch surfing") should complete the survey.

Anyone living in one of the situations listed in the "Where did you stay last night?" question should complete the survey. People living in permanent supportive housing only should complete the "Where did you stay last night?" question, and do not need to complete the entire survey.

Identifying Information

Please do not provide your name, social security number, or anything that identifies you by name.

Individual Information

Space is provided to collect unique identifying information (initials, gender, and birthday) and some basic information for four individuals. If there are more than four members in your household, staple a second form to the first and enter the client information on the second form.

Household Information

The information collected in the "Household Information" section applies to all the members of the household listed in the "Individual" blanks. **A single person is considered a household** (i.e., "a household consisting of one person"), so **single individuals should fill in the household section.**

What if I don't know, or am unwilling to provide an answer to a question?

No part of this survey is required. If you do not know an answer, or are uncomfortable providing an answer, you can leave the question blank. At the very least please fill in the gender and year of birth for each household member. If you do not know the precise birth year of a household member, guesses are OK.

Additional questions about the survey.

If you have any questions about how to fill out this survey or how this information will be used, please don't hesitate to call (360) 725-3028.

Thank you for helping us improve services to homeless persons.