

Have you completed this ORANGE survey this week—Only ONE survey per household

- Yes⇒If YES, STOP. Thank you for your participation, do not repeat the survey
- No ⇒If you are willing, please answer the following questions
- REFUSED to take the survey entirely

TOMPKINS COUNTY 2015 HOMELESS POINT-IN-TIME SURVEY

- This survey is voluntary and confidential
 - You may choose not to respond to any of the questions
 - Your participation will not affect you or your family's access to services
- Thank you for taking a few minutes to help

Date: _____

Time: _____

Agency: _____

Location: _____

Where did you sleep/are you sleeping the night of Thursday, January 29th? (please select only ONE type)

In a shelter-providing facility

- Emergency Shelter/Motel Voucher
- Homeless, Transitional Housing Program
- Permanent Supportive Housing Program
- Hospital, detox, jail or other facility/institution

STOP, do not complete the rest of this survey

In a place not meant for habitation

- Out of doors (street, tent, park, etc.)
- Vehicle (car, travel trailer, etc.)
- Abandoned building
- Bus station, airport
- Under bridge/underpass
- Other: _____

How many times have you lived on the street or one of these other places in the last 3 years? (include your current situation)

- 1
- 2
- 3
- 4 or more

How long has your current episode on the street been: (select one)

- Less than a week
- Less than 1 month
- 1-3 months
- 3-12 months
- 1 year or longer

If you have stayed in one of these places please continue survey **ON NEXT PAGE**

Your own home or apartment

By Thursday, January 29th, had you received an eviction notice?

- Yes⇒If Yes, at what date will you lose your housing? _____

⇒If YES, do you have a backup place to stay: Yes No⇒ If NO, Please continue survey **ON NEXT PAGE**

- No⇒If NO, **STOP**, do not complete the rest of this survey

Temporarily living with family, friends, or at a hotel/motel

How long are you or were you able to stay there (select one)?

- Less than 14 days without another place to go except the street or a homeless shelter.

Please continue the survey **ON NEXT PAGE**

- 14 days or more or time unknown

⇒If 14 days or more:

How many times have you moved and lived temporarily lived with family, friends, or at a motel/hotel in the past two months? (include your current situation) 1 2 or more

⇒If less than 2, **STOP**, do not complete the rest of this survey

⇒If 2 or more, please continue the survey **ON NEXT PAGE**

***Race: (select all that apply)**

- White American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander
 Asian Black/African-American Don't Know Other _____ Refused

***Are you of Hispanic or Latino ethnicity?** Yes No Don't Know/Refused

***Have you served on active duty in the US Armed Forces (Army, Navy, Air Force, Marines or Coast Guard)?**

- Yes No Don't Know/Refused

Were you ever called for active duty as a member of the National Guard or a Reservist?

- Yes No Don't Know/Refused

Have you ever received health care or benefits from a VA medical center?

- Yes No Don't Know/Refused

On the night of Thursday, January 29th how many people from your household were staying with you?

Adults (age 18+): _____

Children (age 17 and younger): _____

Please list each of these individuals below.

Do you/people from your household have any of the following situations which limit your ability to hold a job or live in stable housing?

Relation to head of household (if applicable) Spouse/Partner/Child/Etc.	Initials	*Age	*Gender (M/F/Transgender)	None Apply	*Alcohol use	*Illegal drug use	Ongoing Health Problems (i.e. Diabetes, cancer, heart disease)	Post Traumatic Stress Disorder	*Psychiatric/emotional Condition (i.e. depression, schizophrenia)	Physical disability	Traumatic brain injury	*HIV/AIDS
<i>Self</i>												

Have you (or household members) ever received special education services for more than 6 months?

- Yes (if yes, which HH member(s)? _____) No Don't Know/Refused

Do you receive any disability benefits such as Social Security Income, Social Security Disability Income, or Veteran's Disability Benefits?

- Yes (if yes, which HH member(s)? _____) No Don't Know/Refused

THANK YOU FOR TAKING THE SURVEY!

**Required fields*