

Unsheltered Count Form

Unsheltered Count Form for Night of Count

Location: _____	County: _____
Interviewer: _____	Date: _____ Time: _____ AM/PM

Hello, my name is _____ and I'm a volunteer for the *Ithaca CoC*. We are conducting a survey to count homeless people to provide better programs and services to them. Your participation is voluntary and your responses to questions 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?

- Yes → [GO TO Q1] No → [THANK RESPONDENT AND GO TO OBSERVATION TOOL]

<p>1. Where are you sleeping tonight?</p> <p>1a. Where did you sleep on the night of Monday, January 23rd?</p> <p><i>[DO NOT READ CATEGORIES. SELECT ONLY ONE CATEGORY.]</i></p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>1. Street or sidewalk</p> <p>2. Vehicle (car, van, RV, truck)</p> <p>3. Park</p> <p>4. Abandoned building</p> <p>5. Bus, train station, airport</p> <p>6. Under bridge/overpass</p> <p>7. Woods or outdoor encampment</p> <p>8. Other location (specify) →</p> <p>_____</p> </div> <p style="text-align: right; margin-right: 20px;">GO TO Q2</p> <div style="border: 1px solid black; padding: 5px;"> <p>9. Emergency shelter</p> <p>10. Transitional housing</p> <p>11. Motel/hotel</p> <p>12. Jail, hospital, treatment program</p> </div> <p style="text-align: right; margin-right: 20px;"><i>Thank respondent</i></p> <p>13. House or apartment <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13a. Are you being evicted with nowhere else to go?</p> <p>Yes → Go to Q2 No → Thank respondent</p> <p>14. Temporarily with family and friends, or at hotel/motel that is safe and comfortable <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14a. How long are you able to stay there (select one)?</p> <p>Less than 14 days with nowhere else to go <input type="checkbox"/></p> <p>14 days or more <input type="checkbox"/></p> <p>15. How many times you have you moved in the past 2 months?</p> <p><input type="checkbox"/> 1 <i>[Do not complete survey]</i> <input type="checkbox"/> 2 or more <i>[continue to Q2]</i></p>
<p>2. Did another volunteer or survey worker already ask you these same questions about where you are staying tonight (or on the night of January 23rd)?</p>	<p><input type="checkbox"/> Yes → THANK YOU, THOSE ARE ALL THE QUESTIONS I HAVE</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK/REF</p>

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Now a few questions about your household.

<p>3. Including yourself, how many adults and children are there in your household, who are sleeping in the same location with you tonight?</p>	<p>_ Adults (Age 18 and older) _ Children (Age 17 and younger)</p>		
	4a. Person 1	Person 2	Person 3
<p>4a. What are your initials? <i>[IF RESPONDENT SAYS DON'T KNOW OR REFUSED,</i></p>	<p>_____</p>		
<p>4b-4c. What are the initials of other people in your household from oldest to youngest? <i>[IF DON'T KNOW OR REFUSED WRITE OUT "DON'T KNOW" OR "REFUSED"]</i></p>	<p>_____</p>		

IF OTHER ADULT HOUSEHOLD MEMBERS ARE PRESENT, ASK EACH INDIVIDUALLY FOR THEIR ANSWERS TO Q5-Q17. IF OTHER HOUSEHOLD MEMBERS ARE NOT PRESENT, PERSON 1 SHOULD ANSWER FOR THEM. IF MORE THAN 3 PEOPLE IN HH, USE ANOTHER SURVEY.]

	Person 1	Person 2	Person 3
<p>5. How is <i>[FILL INITIALS OF PERSON 2-3]</i> related to you/Person 1?</p>	<p>Self</p>	<p><input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family <input type="checkbox"/> Non-Married Partner <input type="checkbox"/> Other, Non-Family → _____</p>	<p><input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family <input type="checkbox"/> Non-Married Partner <input type="checkbox"/> Other, Non-Family → _____</p>
<p>6. How old are you/is <i>[FILL INITIALS]</i>? <i>[ENTER NUMBER]</i></p>		<p>Person 2</p>	<p>Person 3</p>
<p>a. <i>[IF HESITANT ASK:]</i> Are you...?</p>	<p><input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> DK/REF</p>	<p><input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> DK/REF</p>	<p><input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> DK/REF</p>
<p>7. Are you Hispanic or Latino?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF</p>
<p>8. What is your race? Select all that apply. <i>[READ CATEGORIES, DO NOT READ "Please Specify."]</i></p>	<p><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Please specify → _____ <input type="checkbox"/> DK/REF</p>	<p><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Please specify → _____ <input type="checkbox"/> DK/REF</p>	<p><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Please specify → _____ <input type="checkbox"/> DK/REF</p>

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	Person 1	Person 2	Person 3
9. What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Don't identify as Male, Female, or Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Don't identify as Male, Female, or Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Don't identify as Male, Female, or Transgender
10. Have you served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
11. Do you receive any disability benefits such as Social Security Income, Social Security Disability Income, or Veteran's Disability Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
12. Is this the first time you have been homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
13. How long have you been homeless <u>this time</u>? Only include time spent staying in shelters and/or on the streets.	Days Weeks Months Years DK/REF	Days Weeks Months Years DK/REF	Days Weeks Months Years DK/REF
14. Including this time, how many times have you been homeless in the past 3 years, that is, since January 2014? Was it 4 or more times or less than 4 times?	<input type="checkbox"/> Less than 4 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> DK/REF	<input type="checkbox"/> Less than 4 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> DK/REF	<input type="checkbox"/> Less than 4 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> DK/REF

	Person 1	Person 2	Person 3
14a. If you add up all the times you have been homeless in the last 3 years, how long have you been homeless? [ENTER DAYS OR WEEKS OR MONTHS OR YEARS]	Days Weeks Months Years DK/REF	Days Weeks Months Years DK/REF	Days Weeks Months Years DK/REF

15. Do you have any of the following situations which limit your ability to hold a job or live in stable housing?

	Person 1	Person 2	Person 3
A. Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Illegal drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Psychiatric/emotional condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Ongoing health issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Physical disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. PTSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Traumatic brain injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Just a few more questions ...

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	Person 1	Person 2	Person 3
16. Have you/has Person [2-3] ever received special education (or special ed.) services for an extended period of time?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
17. Where you ever in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
18. Why are you homeless now?			
18a. What could have prevented your situation?			

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!

