



COUNTY _____ LOCATION OF CLIENT _____ AGENCY _____

2019 SHORT FORM – POINT IN TIME SURVEY –Tuesday January 29, 2019

Your answers to the following survey by questions will help us understand how we can better meet the needs of people who are homeless. This survey is voluntary. You may choose not to answer some questions. You may also stop answering at any time. Your answers will not affect the services available to you or your family, even if you do not answer at all. Thank you for taking a few moments to help is.

Please answer these questions about yourself.

1. Have you completed this survey earlier today or this week? Yes No (if answers is yes, there is no need to continue)
2. Please tell us your first name and last intial: _____
3. Are you Homeless? Yes No
4. Where are you sleeping tonight?
 Street or sidewalk Vehicle (Car, Van, RV, Truck) Park
 Bus, train station, airport Under bridge/ overpass Woods or outdoor encampment
 Abandoned Building Emergency Shelter Transitional Housing
 Motel / Hotel House or apartment Jail, hospital, treatment program
 Other Location (Specify) _____
5. Including yourself, how many family members are sleeping in the same location as you are tonight?
_____ Adults Males (Ages 18 -24) _____ Adult Females (Ages 18-24)
_____ Adults Males (Ages 25 – Older) _____ Adult Females (Ages 25 – Older)
_____ Children Males (Age 17 and Younger) _____ Children Females (Ages 17 and Younger)
6. Are you a Parenting youth 17 or younger?
7. Have you ever served in the United States Armed Forces? (Army, Navy, Air Force, Marine Corp or Coast Guard)
 YES NO
8. Are you Male or Female? Male Female Transgender Gender non conforming
9. What is your age? _____
10. Are you Hispanic or Latino? YES NO
11. What is your race? (you may name more than one)
 American Indian/Alaskan Native Asian Black/African American
 Native Hawaiian/ Other Pacific Islander White Multiracial
12. What is your Children's race? (they may name more than one)
 American Indian/Alaskan Native Asian Black/African American
 Native Hawaiian/ Other Pacific Islander White Multiracial
13. How many separate occasions in the last 3 years have you been without a home?
 1 time 2-3 times 4 or more times
14. Did the occasions spent homeless add up to 12 months total in the last 3 years? YES NO
15. How long has it been since you had a regular place to stay?
 1 week or less More than 1 week less than a month 1-3 months more than 3 months less than 1 year
 1 Year or longer
16. Where you homeless 1 year or longer continuous? YES NO
17. What caused you to become homeless?
 Employment/financial issues Natural/other disasters Forced to relocate
 Trafficking Medical/disability problems Substance abuse issues
 Eviction Recent Immigration Currently Fleeing Domestic Violence
18. Do you have a disabling condition? YES NO
19. What type of disabling or medical condition do you have?
 Physical Developmental Mental Health Drug or Alcohol Addiction HIV/AIDS
20. Were you ever a Foster Child? YES NO