



COUNTY \_\_\_\_\_ LOCATION OF CLIENT \_\_\_\_\_ AGENCY \_\_\_\_\_

**2020 SHORT FORM – POINT IN TIME SURVEY –Wednesday January 22, 2020**

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?
 

<input type="checkbox"/> Street or sidewalk	<input type="checkbox"/> Vehicle ( Car, Van, RV, Truck )	<input type="checkbox"/> Park
<input type="checkbox"/> Bus, train station, airport	<input type="checkbox"/> Under bridge/ overpass	<input type="checkbox"/> Woods or outdoor encampment
<input type="checkbox"/> Abandoned Building	<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Motel / Hotel	<input type="checkbox"/> House or apartment	<input type="checkbox"/> Jail, hospital, treatment program
<input type="checkbox"/> 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. What is your birth date? \_\_\_\_\_
11. Are you Hispanic or Latino?  YES  NO
12. What is your race? (you may name more than one)
 

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Multiracial
13. What is your Children’s race? (they may name more than one)
 

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Multiracial
14. How many separate occasions in the last 3 years have you been without a home?  
 1 time  2-3 times  4 or more times
15. Did the occasions spent homeless add up to 12 months total in the last 3 years?  YES  NO
16. 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
17. Where you homeless 1 year or longer continuous?  YES  NO
18. What caused you to become homeless?
 

<input type="checkbox"/> Employment/financial issues	<input type="checkbox"/> Natural/other disasters	<input type="checkbox"/> Forced to relocate
<input type="checkbox"/> Trafficking	<input type="checkbox"/> Medical/disability problems	<input type="checkbox"/> Substance abuse issues
<input type="checkbox"/> Eviction	<input type="checkbox"/> Recent Immigration	<input type="checkbox"/> Currently Fleeing Domestic Violence
19. Do you have a disabling condition?  YES  NO
20. What type of disabling or medical condition do you have?  
 Physical  Developmental  Mental Health  Drug or Alcohol Addiction  HIV/AIDS
21. Were you ever a Foster Child?  YES  NO
22. If you were offered housing assistance would you take it?  Yes  No
23. If you were able to stay in a shelter, would you?  YES  NO