APPENDIX B

YCT! Survey instruments

Person Conducting Survey: _

Point-in-Time Survey (Youth + Adults) _ City:_____

_ Facility/Street Address: _

□ Individual does not wish to take the survey or the situation is too dangerous (**complete question #2 if information is apparent**).

1. Date of Bir	th (or Age)		Month:	Г) 21/1	Vear	٨	α۵.				
2. Where did		2 🗆 Emo			Jay		<u></u> ^8		u bica lata	vith own funds		
on (specific n	• •				.				•			
in time?)?	ignt/point			-	-	/Safa hav	on	-	-	• • • •		
in time: j:									-			
Input cross	streets											
(optional):					-	•	,		•	in interiors		
(optional).					•			•	•	ment center		
		-				pinene		-				
		i. □ Veh			0							
				ousir	ng			•	or group h	ome		
		-			sing n. □ Sharing housing of other person(s) cc shetter/Safe haven istration domicillary due to loss of housing, economic hardship, or similar reason /Bridge or overpass on/Airport D. □ Staying informally with friends on/Airport D. □ Staying informally with friends on ercompment Q. □ Staying informally with friends diagonal L.□ Foster home or group home ou are being evicted U.□ Permanent supportive housing w.□ Own home or apartment (that is not all services agency Subsidized housing (Sec 8, VASH, etc.) all services agency substandard ght? a.□ Yes 38. If not, where? b.□ No Immed instructions on the front page? (If b.□ Once Immed instructions on the front page? (If b.□ Once sylas part first experience being homeless or out a permanent home with your family or on out a ged out of or ran fine family members a.□ With family b.□ On your own on foster care y.□ Kicked out of the house by friends sial, prison, or							
3A. Are you g	oing to stay	in the sam	e place to	night	?	a.□ Yes		3B. If not, wher	e?			
			-	-		b.□ No						
Interviewer: D	Does this pers	son qualify	to comple	te the	e rest c	of the surv	vey base	ed on the instructi	ons on the	front page? (If		
not, say "thar	nk you" and a	liscontinue	survey. If	yes, p	olease	complete	the rest	t of the survey.)				
4. How many	times have y	you been v	vithout a		a.□ Ne	ever	c.⊡ Tw	vice e. 🗆 4	or more	f.□ Don't		
permanent h	ome in the p	ast 3 years	rgency shelter m. □ Hotel or motel paid with own funds sitional housing of other person(s) due to loss of housing, economic m. □ Sharing housing of other person(s) due to loss of housing, economic hardship, or similar reason o. □ Staying informally with friends p.□ Mental health facility q.□ Substance abuse treatment center r.□ Corrections facility (including juvenile) sicle standard housing there house are being evicted within two weeks el or motel paid for with voucher b.□ Nor el paid for with voucher b.□ Nore el place that you are being evicted within two weeks el or motel paid for with voucher b.□ Nore d.□ Yes places agency substandard el place that you are being evicted within two weeks el or motel paid for with voucher b.□ Nore d.□ Three d.□ Three									
									Sharing housing of other person(s) to loss of housing, economic dship, or similar reason Staying informally with friends lental health facility ubstance abuse treatment center prections facility (including juvenile) ospital oster home or group home ermanent supportive housing ubsidized housing (Sec &, VASH, etc.) who home or apartment (that is not istandard not, where? e			
	What is the total number of months you've been homeless or without a permanent home in the											
past 3 years?						N		a dha na ba				
-		-		essne	ess or	Years: _	IVI	onths: Day	s:			
not having a	-					first over		haing hamalass a		Mith family		
7A. At what a					-	-		-				
homelessness permanent h		ng a			-	manent n	iome wi	ith your family of		On your own		
•		as that con				ocamo h	omolos	s or do not have	a normano	nt home:		
(Check all tha					y you i	Jecamen	Unieles	s of do not have	a permane	int nome.		
a.□ Financial	11 7		i 🗆 Fai	mily i	illness		r 🗆 Rar	n away from	w 🗆 Too	crowded		
b.□ Unable to		mortgage										
c.□ Loss of pu		montgage							•			
d.□ Natural d			•			arge		•	-			
e. Unemploy				•								
f.□ Moved to	•			-			-		•			
g. 🗆 Evicted			•	•	l illnes	S						
h. Physical d	lisability, inju	iry, or	o.□ Sι	ıbsta	nce ab	use	v. 🗆 Ab	andonment by	house	by friends		
physical hea	alth reasons		p.□ Le	eft jai	l, priso	n, or	parer	nt/guardian	aa.			
i. Domestic	violence		dete	entio	n		(pass	ed away,	Other:			
			q.□ Cr	imina	al reco	rd	depo	rted, prison)				
9. What is yo	-											
10. What is y	our sexual or	rientation	•		-				e.□ So	mething else		
					-							
11: Race: (Ch	eck all that	a.□ White			an Ind	ian or Ala	skan		Hawaiian c	or Other Pacific		
apply)		b.□ Asiar						Islander				
12 Do you oo							can					
-	•	a. Ves	ic or Lating)?			da yayı					
13A. Are you school right n			howor #13	20)				•		C.⊔ N/A		
14. Highest le										Training		
education: (C			•			•		-				
		c.⊡ GED		51					's degree o	or higher		
15A. While in	school. have		needed	a.□ Y					-	-		
Special Educa		-		- •	-			• • •				
16A. Are	a.□ Yes	16B. What	at a.⊡ Ui	nemp	bloyed	/Not work						
you able to	b.□ No	is your jo							•			
work?		status?		-		-	-	•		s		
					-	-		•	•			
16C. If you ar	e unemploye	ed, how lo		-		-	vork?	-		Days:		
17A. Have vo	u served in t	he U.S. Arı	ny, Navy.	Air Fo	orce, N	/larine Co	rps, or (Coast Guard?	a.□ Yes	b.□ No		
-					-			or Reservist?	a.□ Yes	b.□ No		
TYD. Were yo		active uu	as a mer	inger	orthe	National	Guaru					

17C. Und					-		a. – Korea c. – Kuwait (Desert e. – Iraq 1									17D	. # of	Year	s				
you serve	ed? (C	heck	all	that	t appl	y)	b.				orm)								in S	ervic	e:		
							Vi	etnai				-											
17E. Wha	it was	you	r dis	scha	rge st	atus?		a	a.⊡ H	onora	able	b.	🗆 Dis	istan in Service: istan in Service: istan in Service: istan in Service: istan a.□ Yes b.□ No (your family type)? (Check all that apply) mit of a couple w/no children minor living w/one or more parent(s)/guardian(s) ype of family f.□ HIV/AIDS g.□ Other chronic physical illness b.□ Post-Traumatic Stress Disorder (PTSD) i.□ Traumatic Stress Disorder (PTSD) i.□ Traumatic brain injury □ ce d.□ Legal problems or prior conviction eglect f.□ Gang involvement exckall that apply) t.□ None tin insurace t.□ None									
17F. Have	e you	ever	rec	eive	d hea	lth ca	re or	othe	er be	nefit	s fro	m tl	he V	stan in Service:									
18. Have	you e	ver e	expe	erier	nced physical or sexual violence while homeless or without											in Service: Center? a							
having a	perma	anen	t ho	me	?																		
19. Are yo	ou pre	egna	nt o	r ex	pecti	ng a ch	nild?												a.□	Yes	b	.□ No)
20A. Have	e you	ever	r ha	dao	child?														a.□	Yes	b	.□ No)
20B. Is th		a.🗆			-	C. If n	0,	a.□ [*]	With	fami	ly					d	. 🗆 Ac	lopte	d by	som	eone	else	
child					is t	the		b.□	With	frier	nds												
currently	,	$b.\square$	No		chi	ild:		c .□ '	With	Child	l Pro	otect	ive S	Serv	vices	f.	🗆 Otl	her			_		
with you																							
		-					you	ares	stayi	-										hat a	pply)		
a.⊡ I am a	•						. 1::		+ la			•			•	-			1				
b.□ I am a parent/			•		a mine	or (not	. IIVII	ig wi	th				_	•					aaro	nt(c)/	auaro	dian/s	1
c.□ I am a		-			varent	t famil [,]	. w/	child	ren						•	•	01 11	10161	Jarei	11(5)/	guart)
22A. Do y	-					lcohol	-					ner											
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that apply	•					hysica			y												·	,	
					e.□ D	evelop	omei	ntal c	disab	ility													
22B. Do a	ny of	thes	se ko	eep	you fi	rom ho	oldin	ng a je	ob?		Yes			No		22C.	If yes	s, wh	ich?				
23. Have	-		-			-	the			mest							-	•		or p	rior co	onvict	tion
following	? (Che	eck a	ill th	nat a	apply)	1						or r	negle	ect									
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	-		sour													pply)							
a. Child			C 1	-		ial Secu																	
b.□ Child c.□ Medio		ene	TITS			ty (SSD ned Inc				etera VA h				/ inc	ome				u.		ner:		
d.□ Sectio		huhli	c			dit (EIT				VA II Nork													
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stamps) f.□ Social	secur	ity/				Familie service			•								tance	9					
		•	rity	(T.	ANF) s		es		q.⊡ E	Educa	ation	and	d trai	inin	g vou	cher	tance	2					
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Person Conducting Survey: _____ City: _____ Facility/Street Address: _____

□ Individual does not wish to take the survey or the situation is too dangerous (**complete question #2 if information is apparent**).

1. Date of Birth (or Age)		Month:	Day: _	_Year:	Age:		
2. Where did you sleep on	a. 🗆 Emer	gency shelter				motel p	aid with own funds
(specific night/point in	b.□ Trans	itional housin	Ig			•	of other person(s)
time?)?		estic violence	-	fe haven	due to loss of	-	
	d. 🗆 Vete	rans Administ	ration dor	niciliary	hardship, or s		•
Input cross streets		t/Sidewalk/B			o. □ Staying in		
(optional):		r train station	-	•	p. Mental hea		•
		ds or outdoor		ent	•		reatment center
	-	doned buildi			•		(including juvenile)
	i. 🗆 Vehio		C		s.□ Hospital		
	j. 🗆 Subst	andard housi	ng		t. I Foster hom	e or gro	oup home
	-	lace that you	-	evicted	u. Permanent	-	•
	-	thin two wee	-		v. Subsidized	housing	g (Sec 8, VASH, etc.)
	I. 🗆 Hotel	or motel paid	hor with ۱	oucher		-	rtment (that is not
		church or soci			substandard)	•	•
3A. Are you going to stay in				I Yes b.□ No	3B. If not, whe	re?	
Interviewer: Does this person	-	_					the front page? (If
no, say "thank you" and disco		•	•	•			
4. How many times have you	ı been with	iout a	a.□ Neve	r c.□ [·]	Twice e 4	4 or mo	re f.□ Don't
permanent home in the past	: 3 years?		b.□ Once	d.□	Three diffe	erent tin	nes know
				time	es		
5. What is the total number	of months	you've been	nomeless	or without a	permanent hom	e in the	e
past 3 years?		-					
6. How long has your curren	t episode o	f homelessne	ess or not	Years	: Months: _	C)ays:
having a permanent home la	sted?						
7A. At what age did you first	face	7B. Was	your first	experience	being homeless o	or	a.□ With family
homelessness or not having	a _	without	a permano	ent home w	ith your family or	on	b.□ On your own
permanent home?		your ow	n?				
8. Please share the reasons t	hat contrik	outed to why	you are ho	omeless or c	lo not have a per	manent	place to live
(and/or why you are no long	er able to	ive where yo	u lived pre	viously) at	this time: (Check	all that	apply)
a. Financial reasons		j.□ Famil	y illness	r.⊡ Ra	an away from hon	ne w.	Too crowded
b. Unable to pay rent or mo	ortgage	k.□ Divo	rce or	s.□ Lit	festyle choice	(0	doubled up)
c.□ Loss of public aid		separa	tion	t.□ Se	exual orientation of	or x.⊡	Aged out of or ran
d.□ Natural disaster		l 🗆 Hosni				fr	om foster care
· · ·		1. 🗆 1103 p	ital dischar	ge gen	der identity		
e. 🗆 Unemployment		m.⊡	ital dischaı	• •	der identity o protect yourself		Kicked out of the
e.□ Unemployment f.□ Moved to seek work		m.□	ital dischar ant/parenti	u.⊡ To	•	÷ y.⊏	Kicked out of the ouse by family
		m.□ Pregna		u.⊡ To ing or fa	o protect yourself	⁼ y.⊏ h	
f. Moved to seek work	or physica	m.□ Pregna n.□ Men	ant/parenti	u.⊡ To ing or fa v.⊡ Al	o protect yourself amily members	f y.⊏ h z.⊏	ouse by family
f.□ Moved to seek work g.□ Evicted	or physica	m.⊡ Pregna n.⊡ Men o.⊡ Subs	nt/parenti tal illness	u.□ To ing or fa v.□ Al se pare	o protect yourself amily members bandonment by	f y.⊏ h z.⊏	ouse by family Kicked out of the ouse by friends
 f.□ Moved to seek work g.□ Evicted h.□ Physical disability, injury, 	or physica	m.⊡ Pregna n.⊡ Men o.⊡ Subs	ant/parenti tal illness tance abus jail, prison,	u.□ To ing or fa v.□ Al se pare , or (pas	o protect yourself amily members bandonment by ent/guardian	ry.⊏ h z.⊏ h aa.	ouse by family Kicked out of the ouse by friends
 f.□ Moved to seek work g.□ Evicted h.□ Physical disability, injury, health reasons 	or physica	m.□ Pregna n.□ Men o.□ Subs p.□ Left detent	ant/parenti tal illness tance abus jail, prison,	u. da To ing or fa v. da se pare , or (pas dep	o protect yourself amily members bandonment by ent/guardian ssed away,	ry.⊏ h z.⊏ h aa.	ouse by family Kicked out of the ouse by friends
 f.□ Moved to seek work g.□ Evicted h.□ Physical disability, injury, health reasons 	or physica	m.□ Pregna n.□ Men o.□ Subs p.□ Left detent q.□ Crim	ant/parenti tal illness tance abus jail, prison, ion	u.□ To ing or fa v.□ Al se pare , or (pas dep	o protect yourself amily members bandonment by ent/guardian ssed away, orted, prison)	- y.⊏ h z.⊏ h aa. □ (ouse by family Kicked out of the ouse by friends
 f.□ Moved to seek work g.□ Evicted h.□ Physical disability, injury, health reasons i.□ Domestic violence 		m.□ Pregna n.□ Men o.□ Subs p.□ Left detent q.□ Crim	ant/parenti tal illness tance abus jail, prison, ion inal recorc e b.□ Fem	u.□ To ing or fa v.□ Al se pare , or (pas dep l ale c.□ M	o protect yourself amily members bandonment by ent/guardian ssed away, orted, prison)	F y.⊏ h z.⊏ h aa. □ (r d.⊡ F	ouse by family Kicked out of the ouse by friends Other:
 f.□ Moved to seek work g.□ Evicted h.□ Physical disability, injury, health reasons i.□ Domestic violence 9. What is your gender? 		m.□ Pregna n.□ Men o.□ Subs p.□ Left detent q.□ Crim a.□ Male	ant/parenti tal illness tance abus jail, prison, ion inal recorc e b.□ Fem	u.□ To ing or fa v.□ Al se pare , or (pas dep d ale c.□ M c.□ Bi	o protect yourself amily members bandonment by ent/guardian ssed away, orted, prison) to F Transgender	F y.⊏ h z.⊏ h aa. □ (r d.⊡ F	ouse by family Kicked out of the ouse by friends Other: to M Transgender
 f. Moved to seek work g. Evicted h. Physical disability, injury, health reasons i. Domestic violence 9. What is your gender? 10. What is your sexual orien 		m.□ Pregna n.□ Men o.□ Subs p.□ Left detent q.□ Crim a.□ Male b.□ Gay	ant/parenti tal illness tance abus jail, prison, ion inal recorc b.□ Fem ght or Lesbian	u.□ To ing or fa v.□ Al se pare , or (pas dep d ale c.□ M c.□ Bi	o protect yourself amily members bandonment by ent/guardian ssed away, orted, prison) to F Transgender sexual ot sure	F y.⊏ h z.⊏ h aa. □ (r d.⊡ F	ouse by family Kicked out of the ouse by friends Other: to M Transgender
 f.□ Moved to seek work g.□ Evicted h.□ Physical disability, injury, health reasons i.□ Domestic violence 9. What is your gender? 	ntation?	m.□ Pregna n.□ Men o.□ Subs p.□ Left detent q.□ Crim a.□ Male a.□ Strai b.□ Gay	ant/parenti tal illness tance abus jail, prison, ion inal recorc b.□ Fem ght or Lesbian	u.□ To ing or fa v.□ Al se pare , or (pas dep l ale c.□ M c.□ Bi d.□ N	o protect yourself amily members bandonment by ent/guardian ssed away, orted, prison) to F Transgender sexual ot sure	= y.□ h z.□ h aa. □ (r d.□ F e.□	ouse by family Kicked out of the ouse by friends Other: to M Transgender Something else

Person Condu	cting Survey:		City	y:		Facili	ty/Street Address	s:	
12. Do you con	sider vourself	Hispanic or La	tino?		a.□ Yes		b.□ No		
, 13A. Are you e	-	a.□ Yes				do vou p	lan to return	a.□ Yes	c.□ N/A
school right no		b.□ No (Answ	ver #13	в)	to school in			b.□ No	•
14. Highest lev		a. Less than		,	d.□ HS dipl	oma	g.□ Technica		raining
education: (Ch		b.□ Some hig	-		e.□ Some c		program		
	cen oney	c.□ GED	, in Series	01	f.□ College	-		s degree o	r higher
15A. While in s	chool have vo		d a 🗆	Yes	b.□ No	-	es, did you recei		a.□ Yes
Special Educati	· · · ·		u u	105	0.0100		e than 6 months		b.□ No
16A. Are you	a.□ Yes	16B. What	a⊓llr	hemplo	yed/Not wo		d.□ Regular		
able to		is your job		•	work (answe	-	e. Tempora	•	100
	b.□ No			-	-		•		
work?		status?			ing or lookir	ig for wor	k f.□ Day labo	r/000 jobs	b
					ull-time job				-
16C. If you are		-	-		-		Years: Mo		_ ,
17A. Have you				-	•			a.□ Yes	b.□ No
17B. Were you	called into ac	tive duty as a	membe	er of the	e National G	uard or R	eservist?	a.□ Yes	b.□ No
17C. Under wh			a.⊡ Ira	pq	b.□ Afghani	stan	17D. # of Yea	ars in	
served? (Check	all that apply)	c.□ Ot				Service:		
17E. What was	your discharg	e status?	a.	🗆 Hono	rable b.□ D	ishonorat	ple		
17F. Have you	ever received	health care or	other l	benefit	s from the V	A Medica	l Center?	a.□ Yes	b.□ No
18. Have you e	xperienced ph	ysical or sexua	al viole	nce wh	ile without	permanen	it housing?	a.□ Yes	b.□ No
19. Are you pre	egnant or expe	ecting a child?						a.□ Yes	b.□ No
20A. Have you	ever had a chi	ld?						a.□ Yes	b.□ No
20B. Is the	a.□ Yes	20C. If no,	a.⊔ W	ith the	other paren	t	d.□ Adopted	by some	one else
child		is the	b.□ W	'ith fam	ily or friends	5	e.□ Decease	d	
currently	b.□ No	child:			d Protective		f.□ Other		
with you?									
21. How would	you best desc	ribe who you	are sta	ying wi	ith today (yo	our family	type)? (Check a	ll that app	oly)
a.□ I am a singl	-					-	uple w/no childi		
b.□ I am an una			g with		•		ent w/children		
parent/legal g	•	(8				ng w/one or mor	e parent(s)/guardian(s)
$c.\Box$ I am a pare	-	ent family w/o	hildrer	า	g.□ Other		•	e parent(5,,, 80010101(0)
22A. Do you ha	-	a. Alcohol a				f.□ HIV/AI			
the following h	•	b.□ Other sul				-	chronic physical	lillness	
conditions? (Ch		c.□ Mental ill		. abuse		-	Fraumatic Stress		
apply)		d.□ Physical o		-v			atic brain injury	DISCIDEN	
appiy)		e. Developn					atic brain injury		
22P De crue f	those keeps				ĺ		220 16 100 11	aich 2	
22B. Do any of	these keep yo	u from getting	g or noi	iding a	a.□ Yes	b.□ No	22C. If yes, wh		
job?		ad any of the		0 = F	miluuialaa			0. 0) (0 ⁺ 0	nuclucies
23. Have you e	•	•			mily violenc		e. 🗆 Foster car		
following? (Che	eck all that ap	ріу)			ild abuse or	neglect	(complete qu		
					xual assault		f.□ Legal prob	-	
	21				ang involven		conviction (co		
	Please compl	ete the followi	ng if re	sponde	nt indicated	that he or	r she has experie	nced foste	er care:
	24A. How lor	ng were you in	foster	care?	Years:	Month	ns:	1	
	240 11			Jacob	لينابر (ريمام	h '	- f		
	24B. How ma	ny placement	s (I.e. p	places to	o stay) did y	ou nave li	n toster care?		

Person Condu	ucting Survey:	City:	Facility/Street Ac	ldress:
		out" of foster care means remain I you age out of foster care?	ining in the care of CPS until y	vou a.□ Yes b.□ No
		did NOT age out: How did you	a. Reunited w/ parent(s)	c.□ Ran away
	leave foster		b.□ Placed with relatives/ki	-
	24E. If they	a. Did you age out of foster ca		a.□ Yes b.□ No
	DID age	b. Did you participate in exter	nded foster care after age 18?	a.□ Yes b.□ No
	out:	c. Did you ever have a job whi	ile in foster care?	a.□ Yes b.□ No
		d. Did you ever have a savings	s account while in foster care	? a.□ Yes b.□ No
		e. Where did you live after lea	aving foster care?	
		a. Emergency shelter	d. Leased an	-
		b. Transitional living program	-	
		c.□ Returned to biological pare	1	less when I left care
		f. Did you feel prepared to live out of care?	e independently when you ag	a.□ Yes b.□ No
		lete the following if respondent i	indicated that he or she has ex	perienced legal trouble/prior
	conviction:	ways have involved in the ed	ult animinal institut avatom?	
	-	ou ever been involved in the ad		a.□ Yes b.□ No
	-	ou ever been involved in the juv		a.□ Yes b.□ No
	criminal justi	age were you first involved wi ice) system?	th the legal system (Juvenile o	Jr
26. What are y	our sources of	income/benefits besides work	? (Check all that apply)	
a. Child suppo	ort g.🗆	Social Security k.□ Unemplo	oyment insurance	t.□ None
b. Child care b	penefits Disa	ibility (SSDI) I. 🗆 Veteran's	s disability income	u. 🗆 Other:
c.□ Medicaid		Earned Income m. DVA heal		
d.□ Section 8, p		Credit (EITC) n. Worker	•	
housing			, Infants and Children (WIC)	
e. SNAP (food		stance for <u>Foster Care</u>		
stamps)			re room and board assistance	
f. Social secur		· ·	on and training voucher	
Supplemental S	Security j.□1		nal living allowance	
Income (SSI)	• • •		ind fee waiver	
		things that you need help getting		k = Chevren/Destructure
a. Birth certifi	icate		h. Phone #/Voicemail	k.□ Shower/Restroom
b.□ Bus pass		70 11	i.□ State ID	I.□ Social security card
c.□ Clothing d.□ Contracept	ion	(deodorant, toothbrush) g.□ Laundry facilities	j.□ Storage	m. 🗆 Other:
-				
	-	ed that you are not getting? (C		
a. Case manag	gement	i.□ Enrollment in	o.□ Routine medical care	t. CSchool-based
b.□ Child care		government benefits	p.□ Mental health care	homeless services
c.□ Child suppo		j.□ Enrollment in school or	q. Permanent supportive	u. Substance abuse
d.□ Dental care e.□ Emancipati		GED program	housing (for disabled) r.□ Permanent housing (for	treatment
f. Emergency		k.□ Help locating family I.□ Legal aid	not disabled)	v. Transitional housing w. Transportation
g. Employmer		m.□ Life skills training	s. Peer support or other	x. Tutoring
h. English clas		n. Emergency medical	emotional support	y.□ Worker's comp.
	5555	care		z.□ Other:
		cure		

Person Conducting Survey: _	City:		Facility	/Street Address: _		
29. Which of the following ser	vices have you used in the	e past? (Che	ck all that ap	ply)		
a. Drop-in center (help with I	D, taking c.□ Emergency	shelter (you	ith)	f. Transitional h	nousing	
shower, laundry, etc.)	d.□ Emergency	shelter (adu	ult)	g. Permanent s	upportiv	e housing
b.□ Emergency health care	e. Transition of	center		h.□ None		
30. How did you find out about	t shelters or other service	s that you u	ised?			
a. Church or faith community	d.□ Hospital/Po	olice/First re	sponder	g. Social service	es agency	/
b. Family member or relative	e. Internet sea	arch		h. Teacher or s	chool pei	sonnel
c.□ Foster or adoptive family	f.□ Peers or wo	ord of mouth	n	i.□ Other:		
31A. Has there ever been a tin	ne when you went to a she	elter and die	d not feel sa	e?	a. □ Ye	b. s □No
	31B. If YES to #31A: Why	didn't vou	feel safe?			
			kual Orientat	ion d.□ Ot	her:	
					iici.	
32A. Has there ever been a tin	ne when you went to a she	elter but dic	I not stay the	e night?	🗆 Ye	s □ No
	32B: If YES to #32A: Why	didn't you s	stay at the sh	elter?		
	a.□ You were too old to s	tay		i.□ Otł	ner:	
	b.□ You were too young t	•				
	c.□ You didn't like the she					
	d.□ You couldn't stay wit					
	e. Vour partner could no	•		•		
	f. I Your pet could not sta	•	•			
	g. 🗆 You felt uncomfortab			r		
	h.□ The shelter was full a	nd you coul	d not stay			
33. What support or service ha	•					
past year that has been most						
34. What do you do for	a. Receive financial supp			or sell drugs	C 1	h.□ Work
money or to get the things	family, relatives, friends	S		services, clothes,		i.□ Steal
you need? (Check all that	b. Borrow from others			ervices (food pant		j.□ Other
apply)	c.□ Panhandle		•	e public assistanc		
35A. Have you ever been afrai	· · · · · · · · · · · · · · · · · · ·	situation du	e to fears of	violence or	a.□ Yes	b.□ No
other threats of harm to yours				haing different		
35B. Have you ever been pron from what you expected?	hised work where the wor	к or payme	nt ended up	being different	a.□ Yes	b.□ No
Tom what you expected:	35C. If yes to #35A or B: D)id vou feel	forced pres	sured or	a.□ Yes	b.□ No
	tricked into continuing th	•	iorceu, pres	Surea, or		D.LI NO
	35D. If yes to #35A or B: I		d any jobs li	ka thasa in tha	a.□ Yes	b.□ No
	last 3 months?	lave you lid	iu any jobs n	ke these in the		D.LI NO
36A. Have you ever received a		aving sexua	l relations w	ith another	a.□ Yes	b.□ No
person, such as money, food,	drugs, or shelter?	•				
	36B. If yes to #36A: has it	happened	in last 3 mor	ths?	a.□ Yes	b.□ No
	36C. If yes to #36A: how	many times	have you re	ceived	a.□ 1	d.□ 11-20
	something in return for h	naving sexua	al relations?		b.□ 2-5	e.□ 20 +
					с.	
					□ 6-10	
	36D. If yes to #36A: Did y		· •	ssured, or	a.□ Yes	b.□ No
	tricked into continuing the	ne exchange	?			

Person Conducting Survey: _____ City: _____ Facility/Street Address: _____

37. On a scale of 1-10, with challenging the following is	-			all" and	10 being	"extreme	ly challe	nging," pl	ease rate	e how
		allenging	J					Extrem	nely chall	enging
	1	2	3	4	5	6	7	8	9	10
Anxiety/Nervousness										
Controlling your anger										
Depression										
Difficulty sleeping										
Disturbing thoughts										
Drug and alcohol use										
Finding housing										
Finding food										
Legal issues/Trouble with										
the police										
Loneliness										
Past abuse/Victimization										
Personal safety										
Physical health										
Relationship conflicts										
School issues										
Transportation										
Work issues										
Other:										
38. Are there rules or pract	-		unity that		ules abou		-		c spaces	
make your life harder? (Che	eck all that	at apply)			ules agair	•				
					ules agair	•	•	•	r money	
					ules agair	•	-	cles		
					sues with ick of acce	•		ome		
					ack of pay	•		01115		
				-	ther:					
39. What special strengths	or talent	s do you h	nave that							
have kept you moving forw		-								
stay safe?										
40. Imagine you are in char			-							
thing (like a rule or law) to		th who ar	е							
homeless, what would it be	: C									

Person Conducting Survey: _____ City: _____ Facility/Street Address: _____

41. Please fill out for each <u>additional</u> member of the household

Relation to Head of Household (Spouse/ Child Etc.)	Age		Ger	nder		Ra	-	hoose apply)		at	Latino		Veteran	(adults only)			Disabi	ilities	(choo	se all	that a	pply)	
		Male	Female	Transgender M - F	Transgender F - M	Am Indian Alaska Native	Asian	Native Hawaiian Dacific islander	Afr	White	Yes	No	Yes	No	Substance Abuse Disorder	Serious Mental Illness	Physical Disability	Developmental Disabilitv	HIV/AIDS	Other Chronic Physical Illness	Post-Traumatic Stress Disorder	Traumatic Brain Iniurv	None Apply
1.																							
2.																							
3.																							
4.																							
5.																							