

Please Print Neatly

Use these categories: Un-answered questions will not be "interpreted"
Include notes at the bottom if necessary, but answer all questions.

Name or Initials of Homeless Person	First	Last	Date of Birth: MM DD YY	Prefers Not To Answer/ Doesn't Know
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(Balance of State projects only)	(Balance of State projects only)
What county is the client currently housed in ?	What was the county of the client's last permanent address?

Head of the household	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Household Type Adults & Children <i>*Household includes both adults 18+ and children under 18</i> <input type="radio"/>	Household Identifier If more than 1 person in household, complete form for every household member and enter the same household identifier for every household member (Eg. HH 3432).	
TOTAL number of people in household	<input type="text"/>		Adults Only <i>*Household includes only adults 18+</i> <input type="radio"/>		
Age	<input type="text"/>		Children Only <i>*Household includes only children under 18</i> <input type="radio"/>	If more than 1 person in household, complete form for every household member and enter the same household identifier for every household member (Eg. HH 3432).	
		If under age 18, is this a dependent child?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Prefers Not To Answer <input type="radio"/>

Race (check all that apply)	White <input type="checkbox"/>	Black, African American, or African <input type="checkbox"/>	Asian or Asian American <input type="checkbox"/>	American Indian, Alaska Native, or Indigenous <input type="checkbox"/>	Native Hawaiian or Pacific Islander <input type="checkbox"/>	Prefers Not To Answer <input type="radio"/>
Middle Eastern or North African <input type="checkbox"/>	Hispanic/Latina/e/o <input type="checkbox"/>	Multiple Races <input type="checkbox"/>	Multiple Races & Hispanic/Latina/e/o <input type="checkbox"/>			

How long have you been living <u>on the streets</u> or <u>in emergency shelters</u> ?	Less than a year <input type="radio"/>	A year or more <input type="radio"/>	Prefers Not To Answer <input type="radio"/>
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Number of times homeless (<u>on the streets</u> or <u>in emergency shelters</u>) in the past 3 years?	1 (this time) <input type="radio"/>	2-3 <input type="radio"/>	4 or more <input type="radio"/>	Prefers Not To Answer <input type="radio"/>
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Add together all the months in the last 3 years during which you spent at least one day <u>on the streets</u> or <u>in emergency shelters</u> :	Fewer than 12 <input type="radio"/>	12 or more <input type="radio"/>	Prefers Not To Answer <input type="radio"/>
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Do you have a disability related to...	No Disability <input type="checkbox"/>	Drug Use Disorder <input type="checkbox"/>	Developmental <input type="checkbox"/>	Physical <input type="checkbox"/>	Prefers Not To Answer <input type="radio"/>
MARK ALL THAT APPLY	Mental Health <input type="checkbox"/>	Alcohol Use <input type="checkbox"/>	Chronic Health Condition <input type="checkbox"/>	HIV/AIDS <input type="checkbox"/>	

Have you ever been a victim of domestic violence?	No <input type="radio"/>	Yes <input type="radio"/>	Currently Fleeing? <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	Prefers Not To Answer <input type="radio"/>
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Have you served in the military?	No <input type="radio"/>	Yes <input type="radio"/>	Prefers Not To Answer <input type="radio"/>
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Name of Surveyor (please print):
