

County \_\_\_\_\_/Interviewer \_\_\_\_\_ Place of Contact \_\_\_\_\_  
 Homeless Individual Assisted with Survey  Survey completed without input from individual

### STATE OF NORTH CAROLINA- Homeless Demographic & Needs Survey 2011

Instructions: COMPLETE ONE SURVEY FOR EACH ADULT OR UNACCOMPANIED CHILD WHO IS HOMELESS OR RESIDING IN A HOMELESS HOUSING PROGRAM BETWEEN 6PM, JAN 26, 2011 THROUGH 6PM, JAN 27, 2011

If the respondent is residing with a family group, then any information for minor children should be recorded with the head of household's responses. A separate survey must be completed for each additional adult household member.

**\*BOLDED QUESTIONS AND INFO IN BOX ARE NEEDED FOR HUD APPLICATION\***

**(A) Respondent Household Descriptor:** \_\_\_Head of Household (HOH) \_\_\_Another adult member of a household (not HOH)

**(B) First two letters of First Name:**\_\_\_\_ **(C) First two letters of Last Name:**\_\_\_\_ **(D) Gender:** \_\_\_Male \_\_\_Female

**(E) Date of Birth:**\_\_\_\_\_(mm/dd/yyyy) **(F) Ethnicity:** \_\_\_Hispanic/Latino \_\_\_Non-Hispanic/Latino

**(G) Race:** \_\_\_African-American/Black \_\_\_Caucasian/White \_\_\_Asian/Pacific Islander \_\_\_Alaskan Native \_\_\_Other

**(H) US Military Veteran:** \_\_\_YES \_\_\_NO **(I) Domestic Violence Survivor:** \_\_\_YES \_\_\_NO

**\*\*\*(J) For a family with children in the household, list the gender and age of each minor child (RECORDED WITH HOH ONLY)**

#1:\_\_\_M\_\_\_F\_\_\_Age #2:\_\_\_M\_\_\_F\_\_\_Age #3:\_\_\_M\_\_\_F\_\_\_Age #4:\_\_\_M\_\_\_F\_\_\_Age #5:\_\_\_M\_\_\_F\_\_\_Age #6:\_\_\_M\_\_\_F\_\_\_Age

**\*\*\*(K) If respondent has a child between the ages of 5 and 17, is he/she currently enrolled in school? (RECORDED WITH HOH ONLY) \_\_\_YES\_\_\_NO**

Name of School(s)\_\_\_\_\_

#### 1. **Where did you/will you sleep on the night of Wednesday, Jan 26<sup>th</sup>?**

- On the street (sidewalk, car, tent, park, abandoned building, etc.)
- Emergency shelter (facility or vouchers)
- Transitional housing (apartment or facility)
- In some other homeless situation, specify: \_\_\_\_\_
- Hospital
- Treatment facility or other type facility/institution (substance abuse, mental health, jail)
- Permanent Supportive Housing
- In a private dwelling that I own or rent (room, apartment, house)
- With a family/friend in their private dwelling

1b. If you are not homeless now, will you be evicted, discharged, or forced to leave your current housing situation AND do you lack the resources to obtain housing?

- yes  no

1c. When will you be evicted, discharged, or forced to leave your current housing situation?

- within one week  within one month  within three months  unsure

#### 2. **How long have you been homeless/unstably housed this time?**

- One week or less  More than three months, but less than one year
- More than one week, but less than one month  One year or longer
- One to three months  Not homeless

#### 3. **Have you lived on the street or in an emergency shelter in the past three years? If yes, how many times?**

- None  One  Two  Three  Four or More

#### 4. **What is your primary reason for being homeless/unstably housed (check ONE that is MOST appropriate):**

- Disability  Substance Use  Domestic Violence
- Unemployment  Mental Illness  Child Abuse/Neglect
- Underemployment  Dual Diagnosis (both Mental Illness  Runaway
- Release from Prison  and Substance Abuse)  Natural Disaster
- Eviction  HIV/AIDS

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**5. Were you displaced by Hurricane Katrina or Hurricane Rita?**

- Yes  No

**6. Which best describes your household composition?**

- Individual, without children  Single parent household  Other, specify: \_\_\_\_\_  
 Couple, without children  Two-parent household

**7. Were you discharged from any of the following facilities/institutions within the 30 days prior to becoming homeless/unstably housed?**

- Mental health inpatient facility  Hospital  
 Foster care  Military service  
 Jail or prison  Was not in any facilities/institutions in past 30 days  
 Substance abuse inpatient facility

**8. Which of the following disabilities or long-term physical illnesses have you been diagnosed as having, if any?**

- Addiction to alcohol or drugs  Physical Disability  
 Other addictions (e.g. gambling)  Developmental Disability  
 Mental Illness (e.g. depression, bipolar, schizophrenia)  Other: please specify: \_\_\_\_\_  
 HIV/AIDS  Never been diagnosed as having disability or long-term physical illness  
 Other long-term physical illness (e.g. cancer, hepatitis)

**9. Where was the last place you were housed for 90 days or more?**

- This county  Another state in the US, specify: \_\_\_\_\_  
 Another county in NC, specify: \_\_\_\_\_  Another country, specify: \_\_\_\_\_

**10. Are you currently employed?**

- Yes  No, date of last employment \_\_\_\_\_ (mm/yyyy)

**11. What is your total monthly household income? \$ \_\_\_\_\_**

**12. Which of the following is a source of income for your household? (check all that apply)**

- Wages from employment  Veteran's Benefits  
 Disability (SSI/SSDI)  TANF  
 Food Stamps  Social Security/Pension  
 Friends and Family  Child Support  
 Other, specify: \_\_\_\_\_

**13. What is the highest level of schooling you completed?**

- Less than high school  Some college or vocational training  
 Some high school, no diploma  College degree or more  
 High school diploma or GED

**14. Which of the following services have you received in the past eighteen (18) months, if any? (check all that apply)**

- Addiction Treatment  Housing Assistance  
 Child Care Assistance  Identification Services  
 Disability Services  Job Training/Employment  
 Food Assistance  Legal Services  
 Health Care Assistance  Medical Treatment  
 Health Insurance  Mental Health Services  
 Other, specify: \_\_\_\_\_