

Location of Interview: \_\_\_\_\_ County: \_\_\_\_\_ Interviewer: \_\_\_\_\_

Homeless individual provided input for survey

Survey completed without input (through observation)

## HOMELESS DEMOGRAPHIC & NEEDS SURVEY

North Carolina Point-in-Time Count – January 30, 2013

Complete one survey for each homeless adult or unaccompanied child. For families with minor children, record the information about the children on the same form with the head of household's responses.

### 1. Identifier (to avoid duplication)

First two letters of First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ OR Age: \_\_\_\_\_

First two letters of Last Name: \_\_\_\_\_

### 2. Gender

Male

Female

### 3. Race/Ethnicity

African-American/Black

Caucasian/White

Latino/Hispanic

Asian/Pacific Islander

Native American

Alaskan Native

Other: \_\_\_\_\_

### 4. Household Status

Head of Household (adult or unaccompanied child)

Are there any minor children residing with the head of household?

1. Age \_\_\_\_\_ Gender \_\_\_\_\_

2. Age \_\_\_\_\_ Gender \_\_\_\_\_

Are children age 5-17 enrolled in school?  Yes  No

3. Age \_\_\_\_\_ Gender \_\_\_\_\_

Name of school: \_\_\_\_\_

4. Age \_\_\_\_\_ Gender \_\_\_\_\_

Other Adult – not head of household

### 5. Household Type

Individual, without children

Single-parent household

Unaccompanied child

Couple, without children

Two-parent household

Household of all children

Other: \_\_\_\_\_

6. Are you a veteran?  Yes

No

7. Are you a survivor of domestic violence?  Yes

No

### 8. Have you been diagnosed with any of the following conditions?

Mental illness

HIV/AIDS

Physical disability

Substance abuse

Long-term physical illness (cancer, etc.)

Developmental disability

Other: \_\_\_\_\_

### 9. Where did you sleep on the night of Wednesday, January 30<sup>th</sup>?

On the streets (sidewalk, park, tent, abandoned building, car, etc.)

Emergency shelter (Name: \_\_\_\_\_)

Transitional housing (Name: \_\_\_\_\_)

Were you homeless before entering this housing?  Yes  No

Hotel/motel

Did you pay for the stay in the hotel?  Yes  No

Hospital

Treatment facility or other facility/institution (substance abuse, mental health, jail/prison)

Were you homeless before entering this facility?  Yes  No

Rapid re-housing program (Name: \_\_\_\_\_)

Permanent supportive housing program (Name: \_\_\_\_\_)

Private dwelling that I rent or own (room, apartment, house)

With a friend/family in their private dwelling

If you're not homeless now, will you be evicted, discharged, or forced to leave your current housing situation within 14 days AND you lack the resources to obtain new housing?  Yes  No

10. How long have you been homeless this time? \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

11. How many times have you lived on the street or in an emergency shelter in the past 3 years (if any)? \_\_\_\_\_

12. What is the main reason that you're homeless/unstably housed?

Unemployment

Substance use

Child abuse/neglect

Disability

Mental illness

Runaway

Domestic violence

Dual diagnosis (both

Natural disaster

Release from prison

substance use & mental illness)

Other: \_\_\_\_\_

13. Were you discharged from any facility/institution in the last 30 days?

Jail or prison

Mental health inpatient facility

Foster care

Hospital

Substance abuse inpatient facility

Military service

14. Have you received any of the following services in the past 18 months OR do you need these services?

Substance abuse/addiction treatment	<input type="checkbox"/> Received	<input type="checkbox"/> Needed
Mental health services	<input type="checkbox"/> Received	<input type="checkbox"/> Needed
Medical treatment	<input type="checkbox"/> Received	<input type="checkbox"/> Needed
Health insurance	<input type="checkbox"/> Received	<input type="checkbox"/> Needed
Disability services	<input type="checkbox"/> Received	<input type="checkbox"/> Needed
Housing assistance	<input type="checkbox"/> Received	<input type="checkbox"/> Needed
Food assistance	<input type="checkbox"/> Received	<input type="checkbox"/> Needed
Job training/employment services	<input type="checkbox"/> Received	<input type="checkbox"/> Needed
Legal services	<input type="checkbox"/> Received	<input type="checkbox"/> Needed
Identification/ID card assistance	<input type="checkbox"/> Received	<input type="checkbox"/> Needed
Child care	<input type="checkbox"/> Received	<input type="checkbox"/> Needed

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

This county

Another state: \_\_\_\_\_

Another town/county in NC: \_\_\_\_\_

Another country: \_\_\_\_\_

16. Were you displaced by a natural disaster?

Hurricane Katrina

Hurricane Rita

Hurricane Irene

Hurricane Sandy

Tornado

17. Are you currently employed?

Yes

No (date of last employment: \_\_\_\_/\_\_\_\_/\_\_\_\_)

18. Do you receive income from any of the following sources?

Employment

Social Security/pension

Child support

Disability (SSI/SSDI)

TANF

Friends and family

Veteran's benefits

Food stamps

Other: \_\_\_\_\_

19. What is the total monthly income for your household? \$ \_\_\_\_\_

20. How much school did you complete?

Less than high school

Some college or vocational training

Some high school, no diploma

College or vocational degree

High school diploma or GED

Graduate degree