

NAME OF SHELTER: \_\_\_\_\_

<b>Name</b>	
<b>Date of Birth</b> __ / __ / ____	<i>If the individual refuses full DOB, request birth year. If the individual will not give birth year, ask for age range (under 18, 18-64, 65+)</i>
<b>Social Security Number</b> ____ - ____ - ____	<i>If the individual refuses full social security number, request the last four digits. If the individual will not provide, leave blank.</i>
<b>Are you a member of someone else's household? If yes, whose?</b> <i>(Please staple sheets together)</i>	<b>What is your relationship to the other person?</b>
<b>Which gender do you identify with?</b> <i>(Circle One)</i>	
Male    Female    Transgender Female to Male    Transgender Male to Female	
<b>Which of the following best represents how you think of yourself?</b>	
<input type="checkbox"/> Straight	<input type="checkbox"/> Gay or Lesbian
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Something else _____
<input type="checkbox"/> I don't know/questioning	
<b>What is your Race?</b> <i>(Select all that apply)</i>	
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> Don't know/Refused
<input type="checkbox"/> Other: _____	
<b>Are you Hispanic or Latino?</b> <i>(Circle One)</i>	<b>Are you a veteran? OR Have you served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?</b> <i>(Circle One)</i>
Yes    No    Don't know    Refused	Yes    No    Don't know    Refused
<b>Is this the first time you've experienced homelessness?</b>	<b>How long have you experienced homelessness <u>this time</u>?</b> <i>(Only include time in shelters/street)</i>
Yes    No    Don't know    Refused	
<i>(If not first time homeless) Including this time, how many separate times have you stayed in shelters or on the street in the past four years? (Important info if client is unsure: more or less than 4 times?)</i>	
<b>In total, how long did you stay in shelters or on the streets during those times?</b>	
<b>Have you had any of the following experiences?</b>	
<input type="checkbox"/> Been assaulted since becoming homeless?	
<input type="checkbox"/> Domestic violence? <i>(if yes, ask the questions below)</i>	
<input type="checkbox"/> Violence from an intimate partner?	
<input type="checkbox"/> Violence from a family member?	
<input type="checkbox"/> Did domestic violence contribute to current homelessness?	
<input type="checkbox"/> Had any interaction with the police in the past six months? <i>(if Yes, How many times? _____)</i>	
<input type="checkbox"/> Been arrested in the past year? <i>(if yes, how many times? _____)</i>	

<b>Do you have any issues with substance?</b> Yes No Don't Know Refused	<b>Do you have any mental health concerns?</b> Yes No Don't Know Refused
<b>Do you have a physical disability?</b> Yes No Don't Know Refused	<b>Do you have HIV?</b> <i>(Surveyor, make sure no one can hear this question and keep the answer confidential)</i> Yes No Don't Know Refused
<b>Do you have any ongoing health problems or medical conditions such as diabetes, cancer, heart disease?</b> Yes No Don't Know Refused	
<b>Do you have a developmental disability, such as learning disability, dyslexia, autism?</b> Yes No Don't Know Refused	
<b>Do you receive any disability benefits such as Social Security Income, Social Security Disability Income, or Veteran's Disability Benefits?</b> Yes No Don't Know Refused	

Surveyor, is client chronic based on responses?

Survey location \_\_\_\_\_

<b>Do you have a place to sleep tonight?</b>	
<b>1. Street or sidewalk</b> <b>2. Vehicle (car, van, RV, truck)</b> <b>3. Park</b> <b>4. Abandoned building</b> <b>5. Bus, train station, airport</b> <b>6. Under bridge/overpass</b>	<b>7. Woods or outdoor encampment</b> <b>8. Emergency shelter</b> <b>9. Transitional Housing</b> <b>10. Motel/hotel</b> <b>11. House or apartment</b> <b>12. Jail, hospital, treatment program</b> <b>13. Other location (specify) _____</b>
<b>Name</b>	<b>SSN (at least last 4 digit)</b> _____-_____-_____
<b>Are you a member of someone else's household? If yes, whose? (Please staple sheets together)</b>	<b>What is your relationship to the other person?</b>
<b>Date of Birth</b> <i>If the individual refuses full DOB, request birth year. If the individual will not give birth year, ask for age range (under 18, 18-64, 65+)</i> _____/_____/_____	<b>Which gender do you identify with? (Circle One)</b> Male    Female    Transgender F to M    Transgender M to F
<b>Which of the following best represents how you think of yourself?</b> <input type="checkbox"/> Straight <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Something else <input type="checkbox"/> I don't know/questioning	<b>Are you a veteran? OR Have you served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)? (Circle One)</b>  Yes    No    Don't know    Refused
<b>What is your Race? (Select all that apply)</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Don't know/Refused <input type="checkbox"/> Other: _____	
<b>Are you Hispanic or Latino? (Circle One)</b> Yes    No    Don't know    Refused	<b>Have you experienced domestic violence in the past year?</b>  Yes    No    Don't know    Refused
<b>Is this the first time you've experienced homeless?</b> Yes    No    Don't know    Refused	<b>How long have you experienced homelessness <u>this time</u>?</b> <i>(Only include time in shelters/street)</i>
<b>(If not first time homeless) Including this time, how many separate times have you stayed in shelters or on the street in the past four years? (Important info if client is unsure: more or less than 4 times?)</b>	
<b>In total, how long did you stay in shelters or on the streets during those times?</b>	

**Have you had any of the following experiences?**

- Been assaulted since becoming homeless?
- Violence from an intimate partner?
- Violence from a family member
- Did domestic violence contribute to current homelessness?
- Had any interaction with the police in the past six months? (if Yes, How many times? \_\_\_\_\_)
- Been arrested in the past year? (if yes, how many times? \_\_\_\_\_)

**Do you have any issues with substance?**

Yes No Don't Know Refused

**Do you have any mental health concerns?**

Yes No Don't Know Refused

**Do you have a physical disability?**

Yes No Don't Know Refused

**Do you have HIV?** (Surveyor, make sure no one can hear this question and keep the answer confidential)

Yes No Don't Know Refused

**Do you have any ongoing health problems or medical conditions such as diabetes, cancer, heart disease?**

Yes No Don't Know Refused

**Do you have a developmental disability, such as learning disability, dyslexia, autism?**

Yes No Don't Know Refused

**Do you receive any disability benefits such as Social Security Income, Social Security Disability Income, or Veteran's Disability Benefits?**

Yes No Don't Know Refused

**Why are you living on the streets instead of the shelter?**

- Lack of space in emergency shelter
- Department of Social Services sanctions
- Cannot prove homelessness status
- Prefer not to sleep in shelter
- Other \_\_\_\_\_

**If you stated that you prefer not to sleep in the shelter, could you describe why?**