**HOMELESS DEMOGRAPHIC & NEEDS SURVEY**

**North Carolina Point-in-Time Count – January 29, 2014**

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  Transgender

**3. Race**  African-American/Black  Caucasian/White  Asian  Native Hawaiian/Pacific Islander

American Indian/ Alaska Native  Multiple  Other: ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Ethnicity**  Non-Hispanic/Non-Latino  Hispanic/Latino

**5.** **Household Members**

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

**6. Household Type**

Individual, without children  Single-parent household Unaccompanied child

Couple, without children  Two-parent household  Household of all children

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

**7. Are you a veteran?**  Yes  No

**8. Are you a survivor of domestic violence?**  Yes  No

**9. Have you been diagnosed with any of the following conditions?**

Mental illness  Substance use disorder  HIV/AIDS  Physical disability

Chronic physical illness  Developmental disability  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. Where did you sleep on the night of Wednesday, January 29th?**

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

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

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

Were you homeless immediately before entering transitional 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 immediately 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

**11. How long have you been homeless this time?** \_\_\_\_\_\_\_\_\_\_\_\_years \_\_\_\_\_\_\_\_\_\_\_\_months \_\_\_\_\_\_\_\_\_\_\_\_\_days

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

**13. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**14. 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

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

|  |  |  |
| --- | --- | --- |
| Substance abuse/addiction treatment | Received | Needed |
| Mental health services | Received | Needed |
| Medical treatment | Received | Needed |
| Health insurance | Received | Needed |
| Disability services | Received | Needed |
| Housing assistance | Received | Needed |
| Food assistance | Received | Needed |
| Job training/employment services | Received | Needed |
| Legal services | Received | Needed |
| Identification/ID card assistance | Received | Needed |
| Child care | Received | Needed |

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

This county  Another state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**17. Were you displaced by a natural disaster?**

Hurricane Katrina  Hurricane Rita  Hurricane Irene  Hurricane Sandy  Tornado

**18. Are you currently employed?**

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

**19. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**21. 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