**POINT-IN-TIME COUNT SURVEY**

**North Carolina Point-in-Time Count – January 25, 2017**

Ask the head of household the following questions.

If there are additional household members, enter information about them in the chart on page 2.

**1. Identifier (use later for de-duplication)**

First two letters of First Name: \_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ OR Age: \_\_\_\_\_\_\_\_

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

**2. Gender** [ ]  Male [ ]  Female [ ]  Transgender [ ]  Don’t identify as male, female, or transgender

**3. Race** [ ]  Caucasian/White [ ]  African-American/Black [ ]  Asian

 [ ]  Native Hawaiian/Pacific Islander[ ]  American Indian/Alaska Native [ ]  Multiple races

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

**5. Which best describes your family/household staying with you tonight?**

*Household without children Household with adults & children Household of only children*

[ ]  Single adult, without children [ ]  One parent with children [ ]  Unaccompanied child (17 or younger)

[ ]  Adult couple, without children [ ]  Two parents with children [ ]  Household of only children (all members are

[ ]  Adult(s) with adult son/daughter(s) 17 or younger)

**6. Where did you sleep on the night of Wednesday, January 25th?**

[ ]  Unsheltered (outdoors, tent, vehicle, bus/train station, abandoned building, or other place not meant for

human habitation)

 *HOMELESS* [ ]  Emergency shelter (Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

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

 [ ]  Hotel/motel paid for by an agency (DSS, emergency assistance program, church, etc.)

 [ ]  Hotel/motel paid for with your own funds

 [ ]  Jail/prison or youth detention center

 [ ]  Hospital or treatment facility (detox, substance abuse, mental health)

 Were you homeless immediately before entering this facility? [ ]  Yes [ ]  No

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

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

 [ ]  House/apartment that you rent or own

 [ ]  With a friend or family in their house/apartment

 [ ]  In a place you are being evicted from within two weeks

**7. If you are homeless now, how long has this current episode lasted?** \_\_\_\_\_\_\_years \_\_\_\_\_\_\_months \_\_\_\_\_\_\_days

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

[ ]  1 time [ ]  2-3 times [ ]  4+ times If 4+, do these times total 12 months or more? [ ]  Yes [ ]  No

**9. Have you been diagnosed with any of the following conditions? (=disability)**

[ ]  Serious mental illness [ ]  Substance use disorder [ ]  HIV/AIDS [ ]  Physical disability

[ ]  Chronic physical illness [ ]  Developmental disability [ ]  PTSD [ ]  Traumatic brain injury

 *Question 7 = 1 year or more OR Question 8 = 4+ times totaling 12 months or more*

 *Chronically homeless = AND*

 *Question 9 has at least one box checked*

**10. Have you ever served in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard, OR were you called to active duty as a member of the National Guard or as a Reservist? (=veteran)** [ ]  Yes [ ]  No

**11. Are you a survivor of domestic violence?** [ ]  Yes [ ]  No

**12.** **Please fill out this chart for each *additional* member of the household:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Relation to head of household** **(child, spouse, sibling, etc.)** | **First 2 letters of first name** | **Age** | **Gender** | **Race**  | **Hispanic/Latino (Y/N)** | **Veteran (Y/N)** | **Disability (Y/N) (see #9)** |
| Male | Female | Trans - gender  | Do not identify | White | Black | Asian | Pac. Islan. | Am. Ind. | Multiple |
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**13. What is the main reason that you’re homeless/unstably housed? (check all that apply)**

 [ ]  Eviction/unable to pay rent [ ]  Physical/mental disability [ ]  Aged out of foster care

[ ]  Unemployment [ ]  Mental illness [ ]  Runaway/child abuse

[ ]  Domestic violence [ ]  Substance use [ ]  Natural disaster

[ ]  Release from prison [ ]  Family/personal illness [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 [ ]  Criminal justice [ ]  Mental health residential facility [ ]  Military service

 [ ]  Hospital [ ]  Substance abuse residential facility [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 town/county [ ]  Another state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**17. What is your job status?**

 [ ]  Full time job [ ]  Part time job [ ]  Temporary/day labor [ ]  Retired

[ ]  Unemployed (date of last employment: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_) [ ]  Unable to work

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

 [ ]  Employment [ ]  Social Security/pension [ ]  Child support

 [ ]  Disability (SSI/SSDI) [ ]  TANF/Work First [ ]  Friends and family

 [ ]  Veteran’s benefits [ ]  Food stamps [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_