

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

☐ Individual provided input for survey

☐ Individual did not wish to complete survey or situation was too dangerous

## POINT-IN-TIME COUNT SURVEY

### North Carolina Point-in-Time Count – January 31, 2018

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

☐ Gender Non-Conforming

#### 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

☐ Single adult, without children

☐ Adult couple, without children

☐ Adult(s) with adult son/daughter(s)

##### Household with adults & children

☐ One parent with children

☐ Two parents with children

##### Household of only children

☐ Unaccompanied child (17 or younger)

☐ Household of only children (all members are 17 or younger)

#### 6. Where did you sleep on the night of Wednesday, January 31<sup>st</sup>?

HOMELESS

☐ Unsheltered (outdoors, tent, vehicle, bus/train station, abandoned building, or other place not meant for human habitation)

☐ 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

Chronically Homeless = AND

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

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	Non-Conforming	White	Black	Asian	Pac. Island.	Am. Ind.	Multiple			

13. What is the main reason that you're homeless/unstably housed? (check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Eviction/unable to pay rent | <input type="checkbox"/> Physical/mental disability | <input type="checkbox"/> Aged out of foster care |
| <input type="checkbox"/> Unemployment                | <input type="checkbox"/> Mental illness             | <input type="checkbox"/> Runaway/child abuse     |
| <input type="checkbox"/> Domestic violence           | <input type="checkbox"/> Substance use              | <input type="checkbox"/> Natural disaster        |
| <input type="checkbox"/> Release from prison         | <input type="checkbox"/> Family/personal illness    | <input type="checkbox"/> Other: _____            |

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Criminal justice | <input type="checkbox"/> Mental health residential facility   | <input type="checkbox"/> Military service |
| <input type="checkbox"/> Hospital         | <input type="checkbox"/> Substance abuse residential facility | <input type="checkbox"/> 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	<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

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

- |   |   |
|---|---|
| <input type="checkbox"/> This town/county                 | <input type="checkbox"/> Another state: _____   |
| <input type="checkbox"/> Another town/county in NC: _____ | <input type="checkbox"/> Another country: _____ |

17. What is your job status?

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Full time job  | <input type="checkbox"/> Part time job | <input type="checkbox"/> Temporary/day labor | <input type="checkbox"/> Retired        |
| <input type="checkbox"/> Unemployed (date of last employment: ____/____/____) |  |  | <input type="checkbox"/> Unable to work |

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Employment            | <input type="checkbox"/> Social Security/pension | <input type="checkbox"/> Child support      |
| <input type="checkbox"/> Disability (SSI/SSDI) | <input type="checkbox"/> TANF/Work First         | <input type="checkbox"/> Friends and family |
| <input type="checkbox"/> Veteran's benefits    | <input type="checkbox"/> Food stamps             | <input type="checkbox"/> Other: _____       |