UNSHELTERED SURVEY – 2020 Broward County Point-In-Time Count

SECTION TO BE COMPLETED BY THE VOLUNTEER – BEFORE ASKING SURVEY QUESTIONS

Name of Volunteer Completing Survey: _____

Date: January _____ , 2020

Time of the day: _____

Point Location # _____ OR Address/Cross Streets _____

☐ Declined to complete the survey *(NOTE for VOLUNTEER: ↻ Be sure to turn in the form anyway)*

SURVEY QUESTIONS BEGIN

1. Have you completed this survey earlier this week? ☐ if "YES", STOP: *DO NOT COMPLETE SURVEY** ☐ No
2. Please tell us your first name and first initial of your last name:
3. Your last 4 digits of SS# _ _ _ _
4. What gender do you identify with? ☐ Male ☐ Transgender (Male to Female) ☐ Gender Non-Conforming ☐ Female ☐ Transgender (Female to Male) ☐ Refused
5. What is your date-of-birth? Month _____ Day _____ Year _____ OR Age _____
6. Which of the following best represents how you think of yourself? ☐ Straight ☐ Gay/Lesbian ☐ Bisexual ☐ Questioning/Unsure ☐ Other ☐ Refused
7. Have you served in the US Armed Forces including National Guard or Reserves? ☐ Yes ☐ No ☐ Refused
8. Are you Hispanic or Latino? ☐ Yes ☐ No ☐ Don't Know ☐ Refused
9. What is your race? *(Check all that apply)* ☐ White ☐ Black/African American ☐ American Indian/ Alaskan Native ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Don't Know ☐ Refused
10. Where did you sleep Wednesday evening (January 29, 2020)?

a. ☐ Place not meant for human habitation *(outdoors/outside/ car/boat/street/encampment/ abandoned building)*
☐ Emergency Shelter *including hotel/motel paid for with Emer. Shelter voucher*
☐ Safe Haven
(If one of these is selected go to #11)

☐ Jail, prison, detention
☐ Foster care
☐ Substance center facility
☐ With family
☐ With friend
☐ Hospital
☐ Long Term Care/ Nursing Home

☐ Hotel/Motel-self paid w/o Emer. Shelter voucher
☐ Homeless Transitional housing
☐ Psychiatric Facility
☐ Halfway House
☐ Rental-VASH subsidy

☐ Rental-GDP TIP subsidy
☐ Rental-other subsidy
☐ Rental- no subsidy
☐ Owned Housing-no subsidy
☐ Owned Housing- ongoing subsidy
☐ Perm. Housing for formerly homeless

(If one of these is selected go to #10b) ☐ Refused

b. Have you stayed on the streets, in an emergency shelter or safe haven in the past 3 years? ☐ Yes (*continue to #11*) ☐ No (*skip to #17 on page2)* ☐ Refused

11. How many times have you stayed on the streets, in an emergency shelter, or safe haven in the past three (3) years? ☐ One time ☐ 2-3 times ☐ 4 or more times (totaling at least a year) ☐ 4 or more times (totaling less than a year) ☐ N/A ☐ Refused
12. How many years/months have you stayed on the streets, in an emergency shelter, or safe haven in the past three (3) years? _____ years _____ months ☐ N/A ☐ Refused
13. What is the approximate date that your homelessness started within the past three (3) years? (mm/dd/yy) ___/___/___ ☐ N/A ☐ Refused
14. How long have you been homeless this time? ☐ 1 week or less ☐ More than 1 week, less than 1 month ☐ 1-3 months ☐ More than 3 months, less than 12 months ☐ 1 year or longer ☐ N/A ☐ Refused
15. What was the number one reason that caused you to become homeless? *(Check only one)* ☐ Employment/Financial reasons ☐ Housing issues (high cost, eviction, foreclosure, forced to relocate) ☐ Medical/disability problems ☐ Family Problems ☐ Recent immigration ☐ Natural/other disaster ☐ Fleeing domestic violence, sexual assault or stalking ☐ N/A ☐ Refused
16. On this homeless episode, were you discharged to the street from one of the following? ☐ Hospital ☐ Jail ☐ Prison ☐ Psychiatric Facility ☐ Foster Care System ☐ None ☐ N/A ☐ Refused

Quality Check by _____

Date Entered: _____

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17. Have you been attacked or beaten up while homeless? ☐ Yes ☐ No ☐ N/A ☐ Refused

18. What is your number one source of income? (*Check only one*)

☐ Earned Income ☐ Alimony ☐ Retirement income from Social Security
☐ General assistance ☐ SSI ☐ Worker's Comp
☐ Pension/retirement ☐ SSDI ☐ Other
☐ Private disability insurance ☐ TANF ☐ None
☐ Unemployment ☐ Veterans service disability pension ☐ Refused
☐ Child support ☐ Veterans *non*-service disability pension

19. What type of long term (lasting 12 months or more) disabling condition(s) do you have that limit your mobility or ability to live independently? (Check all that apply)

☐ Physical ☐ Developmental ☐ Mental health problem ☐ Drug abuse ☐ HIV/AIDS ☐ Alcohol abuse
☐ Chronic health condition ☐ None ☐ Refused

20. Do you receive any disability benefits such as Social Security Income (SSI), Social Security Disability Income (SSDI), or Veteran's Disability Benefits? ☐ Yes ☐ No ☐ Don't Know ☐ Refused

21. Where do you frequently "hang out"?

☐ Parks ☐ Library ☐ Bridges ☐ Life Net 4 Families (COOP) ☐ Other:_____
☐ Refused

22. Have you lived in a homeless encampment? ☐ Yes ☐ No ☐ Refused
If yes, please name the location: _____ ☐ Refused

23. In what CITY did you sleep Wednesday evening (January 29, 2020)? _____

24. Have you EVER had a bump, blow or wound to the head? ☐ Yes ☐ No ☐ Refused

25. Are you a domestic violence victim/survivor? ☐ Yes ☐ No ☐ Don't Know ☐ Refused
*If yes, are you **currently** fleeing?* ☐ Yes ☐ No ☐ Don't Know ☐ Refused

26. Does anyone else live with you? ☐ Yes ☐ No ☐ Refused
If yes, are you the head of household? ☐ Yes ☐ No ☐ Refused

27. How many other ADULT family members other than yourself (18+) are staying with you?_____

1st adult's first initial and last name	2nd adult's first initial and last name	3rd adult's first initial and last name
_____	_____	_____
☐ Head of household		
Age_____	Age_____	Age_____
☐ Veteran	☐ Veteran	☐ Veteran
☐ Male	☐ Male	☐ Male
☐ Female	☐ Female	☐ Female
☐ Transgender	☐ Transgender	☐ Transgender
☐ Gender Non-Conforming	☐ Gender Non-Conforming	☐ Gender Non-Conforming

28. How many children (family members 17 or younger) are staying with you?_____

1st. Child Initials _____	2nd. Child Initials _____	3rd. Child Initials _____	4th. Child Initials _____
Age_____	Age_____	Age_____	Age_____
☐ Former Foster Care	☐ Former Foster Care	☐ Former Foster Care	☐ Former Foster Care
☐ Male	☐ Male	☐ Male	☐ Male
☐ Female	☐ Female	☐ Female	☐ Female
☐ Transgender	☐ Transgender	☐ Transgender	☐ Transgender
☐ Gender Non-Conforming	☐ Gender Non-Conforming	☐ Gender Non-Conforming	☐ Gender Non-Conforming

 Quality Check by _____ *Date Entered:* _____