

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

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 is your date-of-birth? Month _____ Day _____ Year _____ or Age _____
5. Have you served in the US Armed Forces including National Guard or Reserves? Yes No
6. What is your race? (Check all that apply) White Black/African American American Indian/
Alaskan Native Asian Native Hawaiian/Pacific Islander Don't Know
7. 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
8. 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
9. How many children (family members 17 or younger) are staying with you? _____

1st. Child Initial-_____ Age_____	2nd. Child Initial-_____ Age_____	3rd. Child Initial-_____ Age_____	4th. Child Initial-_____ Age_____
<input type="checkbox"/> Former Foster Care	<input type="checkbox"/> Former Foster Care	<input type="checkbox"/> Former Foster Care	<input type="checkbox"/> Former Foster Care
<input type="checkbox"/> Male	<input type="checkbox"/> Male	<input type="checkbox"/> Male	<input type="checkbox"/> Male
<input type="checkbox"/> Female	<input type="checkbox"/> Female	<input type="checkbox"/> Female	<input type="checkbox"/> Female
<input type="checkbox"/> Transgender	<input type="checkbox"/> Transgender	<input type="checkbox"/> Transgender	<input type="checkbox"/> Transgender
<input type="checkbox"/> Gender Non-Conforming	<input type="checkbox"/> Gender Non-Conforming	<input type="checkbox"/> Gender Non-Conforming	<input type="checkbox"/> Gender Non-Conforming