

Location of Interview: _____ County: _____ Interviewer: _____

Homeless individual provided input for survey

Survey completed without input (through observation)

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	<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?

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