

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

Relation to head of household (child, spouse, sibling, etc.)	First letter of first name	Age	Gender				Race (all that apply)					Latino? (Y/N)	Veteran? (Y/N)
			Male	Female	Trans. M-F	Trans. F-M	White	Black	Asian	Pac. Is.	Am. Ind.		

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

- | | | |
|--|---|--|
| <input type="checkbox"/> 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 |
| <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"/> Jail or prison | <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 | <input type="checkbox"/> Friends and family |
| <input type="checkbox"/> Veteran's benefits | <input type="checkbox"/> Food stamps | <input type="checkbox"/> Other: _____ |

19. How much school did you complete?

- | | |
|---|--|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> Some college or vocational training |
| <input type="checkbox"/> Some high school, no diploma | <input type="checkbox"/> College or vocational degree |
| <input type="checkbox"/> High school diploma or GED | <input type="checkbox"/> Graduate degree |