

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 27, 2016
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

3. Race (check all that apply) Caucasian/White African-American/Black Asian
 Native Hawaiian/Pacific Islander American Indian/Alaska Native

4. Ethnicity Non-Hispanic/Non-Latino Hispanic/Latino

5. Which of the following best describes your family/household staying with you tonight?

- Single adult, without children One parent with children Unaccompanied child (17 or younger)
 Adult couple, without children Two parents with children Household of only children (all members are 17 or younger)
 Adult(s) with adult son(s)/daughter(s)

6. Where did you sleep on the night of Wednesday, January 27th?

In a place not meant for human habitation (streets/sidewalk, park, tent, car, bus/train station, etc.)
 Emergency shelter (Name: _____)
HOMELESS Transitional housing (Name: _____)
Were you homeless immediately before entering transitional housing? Yes No
 Hotel/motel paid for by an agency, church, DSS, 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
If you're being evicted, do you lack the resources to obtain new housing? Yes No

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?

- Serious mental illness Substance use disorder HIV/AIDS Physical disability
 Chronic physical illness Developmental disability PTSD Traumatic brain injury

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 (check all that apply)					Hispanic/Latino? (Y/N)	Veteran? (Y/N)
			Male	Female	Trans - gender	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"/> 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: _____ |

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 |