**HOMELESS DEMOGRAPHIC & NEEDS SURVEY**

**North Carolina Point-in-Time Count – January 30, 2013**

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

**3. Race/Ethnicity**

 [ ]  African-American/Black [ ]  Caucasian/White [ ]  Latino/Hispanic [ ]  Asian/Pacific Islander

 [ ]  Native American [ ]  Alaskan Native [ ]  Other: ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4.** **Household Status**

 [ ]  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

**5. Household Type**

 [ ]  Individual, without children [ ]  Single-parent household [ ] Unaccompanied child

 [ ]  Couple, without children [ ]  Two-parent household [ ]  Household of all children

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Are you a veteran?** [ ]  Yes [ ]  No

**7. Are you a survivor of domestic violence?** [ ]  Yes [ ]  No

**8. Have you been diagnosed with any of the following conditions?**

 [ ]  Mental illness [ ]  HIV/AIDS [ ]  Physical disability

 [ ]  Substance abuse [ ]  Long-term physical illness (cancer, etc.) [ ]  Developmental disability

 [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Where did you sleep on the night of Wednesday, January 30th?**

 [ ]  On the streets (sidewalk, park, tent, abandoned building, car, etc.)

 [ ]  Emergency shelter (Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 [ ]  Transitional housing (Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 Were you homeless before entering this 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 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

**10. How long have you been homeless this time?** \_\_\_\_\_\_\_\_\_\_\_\_years \_\_\_\_\_\_\_\_\_\_\_\_months \_\_\_\_\_\_\_\_\_\_\_\_\_days

**11. How many times have you lived on the street or in an emergency shelter in the past 3 years (if any)?** \_\_\_\_\_\_\_\_\_\_\_

**12. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**13. 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

**14. Have you received any of the following services in the past 18 months OR do you need these services?**

|  |  |  |
| --- | --- | --- |
| Substance abuse/addiction treatment  | [ ]  Received | [ ]  Needed |
| Mental health services | [ ]  Received | [ ]  Needed |
| Medical treatment | [ ]  Received | [ ]  Needed |
| Health insurance | [ ]  Received | [ ]  Needed |
| Disability services | [ ]  Received | [ ]  Needed |
| Housing assistance | [ ]  Received | [ ]  Needed |
| Food assistance | [ ]  Received | [ ]  Needed |
| Job training/employment services | [ ]  Received | [ ]  Needed |
| Legal services | [ ]  Received | [ ]  Needed |
| Identification/ID card assistance | [ ]  Received | [ ]  Needed |
| Child care | [ ]  Received | [ ]  Needed |

**15. Where was the last place you were housed for 90 days or more?**

 [ ]  This county [ ]  Another state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Another town/county in NC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Another country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**16. Were you displaced by a natural disaster?**

 [ ]  Hurricane Katrina [ ]  Hurricane Rita [ ]  Hurricane Irene [ ]  Hurricane Sandy [ ]  Tornado

**17. Are you currently employed?**

 [ ]  Yes [ ]  No (date of last employment: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_)

**18. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**19. What is the total monthly income for your household?** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**20. 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