

County _____/Interviewer _____ Place of Contact _____
 Homeless Individual Assisted with Survey Survey completed without input from individual

STATE OF NORTH CAROLINA- Homeless Demographic & Needs Survey 2010

Instructions: COMPLETE ONE SURVEY FOR EACH ADULT OR UNACCOMPANIED YOUTH WHO IS HOMELESS OR RESIDING IN A HOMELESS HOUSING PROGRAM BETWEEN 6PM, JAN 27, 2010 THROUGH 6PM, JAN 28, 2010

If the respondent is residing with a family group, then any information for minor children should be recorded with the head of household's responses. A separate survey must be completed for each additional adult household member
BOLDED QUESTIONS AND INFO IN BOX ARE NEEDED FOR HUD APPLICATION

(A) Respondent Household Descriptor: ___Head of Household (HOH) ___Another adult member of a household (not HOH)

(B) First two letters of First Name:____ **(C) First two letters of Last Name:**____ **(D) Gender:** ___Male ___Female

(E) Date of Birth:_____(mm/dd/yyyy) **(F) Ethnicity:** ___Hispanic/Latino ___Non-Hispanic/Latino

(G) Race: ___African-American/Black ___Caucasian/White ___Asian/Pacific Islander ___Alaskan Native ___Other

(H) US Military Veteran: ___YES ___NO **(I) Domestic Violence Survivor:** ___YES ___NO

*****(J) For a family with children in the household, list the gender and age of each minor child (RECORDED WITH HOH ONLY)**

#1:___M___F___Age #2:___M___F___Age #3:___M___F___Age #4:___M___F___Age #5:___M___F___Age #6:___M___F___Age

*****(K) If respondent has a child between the ages of 5 and 17, is he/she currently enrolled in school? (RECORDED WITH HOH ONLY) ___YES___NO**

Name of School(s)_____

1. **Where did you/will you sleep on Wednesday, Jan 27th?**

- On the street (sidewalk, car, tent, park, abandoned building, etc.)
- Emergency shelter (facility or vouchers)
- Transitional housing (apartment or facility)
- In some other homeless situation, specify: _____
- Hospital
- Treatment facility or other type facility/institution (substance abuse, mental health, jail)
- Permanent Supportive Housing
- In a private dwelling that I own or rent (room, apartment, house)
- With a family/friend in their private dwelling

1b. If you are not homeless now, will you be evicted, discharged, or forced to leave your current housing situation AND lack the resources to obtain housing?

- yes no

1c. When?

- within one week within one month within three months Unsure

2. **How long have you been homeless/unstably housed this time?**

- One week or less More than three months, but less than one year
- More than one week, but less than one month One year or longer
- One to three months Not homeless

3. **Have you lived on the street or in an emergency shelter in the past three years? If yes, how many times?**

- None One Two Three Four or More

4. **What is your primary reason for being homeless/unstably housed (check ONE that is MOST appropriate):**

- Disability Substance Use Domestic Violence
- Unemployment Mental Illness Child Abuse/Neglect
- Underemployment Dual Diagnosis (both Mental Illness and Substance Abuse) Runaway
- Release from Prison HIV/AIDS Natural Disaster
- Eviction

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5. Were you displaced by Hurricane Katrina or Hurricane Rita?

- Yes No

6. Which best describes your household composition?

- Individual, without children Single parent household Other, specify: _____
 Couple, without children Two-parent household

7. Were you discharged from any of the following facilities/institutions within the 30 days prior to becoming homeless/unstably housed?

- Mental health inpatient facility Hospital
 Foster care Military service
 Jail or prison Was not in any facilities/institutions in past 30 days
 Substance abuse inpatient facility

8. Which of the following disabilities or long-term physical illnesses have you been diagnosed as having, if any?

- Addiction to alcohol or drugs Physical Disability
 Other addictions (e.g. gambling) Developmental Disability
 Mental Illness (e.g. depression, bipolar, schizophrenia) Other: please specify: _____
 HIV/AIDS Never been diagnosed as having disability or long-term physical illness
 Other long-term physical illness (e.g. cancer, hepatitis)

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

- This county Another state in the US, specify: _____
 Another county in NC, specify: _____ Another country, specify: _____

10. Are you currently employed?

- Yes No, date of last employment _____ (mm/yyyy)

11. What is your total monthly household income? \$ _____

12. Which of the following is a source of income for your household? (check all that apply)

- Wages from employment Veteran's Benefits
 Disability (SSI/SSDI) TANF
 Food Stamps Social Security/Pension
 Friends and Family Child Support
 Other, specify: _____

13. What is the highest level of schooling you completed?

- Less than high school Some college or vocational training
 Some high school, no diploma College degree or more
 High school diploma or GED

14. Which of the following services have you received in the past eighteen (18) months, if any? (check all that apply)

- Addiction Treatment Housing Assistance
 Child Care Assistance Identification Services
 Disability Services Job Training/Employment
 Food Assistance Legal Services
 Health Care Assistance Medical Treatment
 Health Insurance Mental Health Services
 Other, specify: _____