Location of Interview:      County:      Interviewer:

Individual provided input for survey  Individual did not wish to complete survey

**2019 PIT Survey for Non-HMIS Shelters & Transitional Housing projects**

**Balance of State Point-in-Time Count – January 30, 2019**

Ask the head of household the following questions.

If there are additional household members, enter information about them in the chart.

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

Emergency shelter (Name:      )

Transitional housing (Name:      )

Hotel/motel paid for by an agency (DSS, emergency assistance program, church, etc.)

**2. How long has this current episode of homelessness lasted?**      years      months      days

**3. How many times have you lived on the street or in an emergency shelter in the past 3 years?**

1 time  2-3 times  4+ times If 4+, do these times total 12 months or more?  Yes  No

**4. Identifier (use later for de-duplication)**

First two letters of First Name:       Date of Birth:       OR Age:

First two letters of Last Name:

**5. Gender**  Male  Female  Transgender  Gender Non-Conforming

**6. Race**  Caucasian/White  African-American/Black  Asian

Native Hawaiian/Pacific Islander American Indian/Alaska Native  Multiple races

**7. Ethnicity**  Non-Hispanic/Non-Latino  Hispanic/Latino

**8. 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

**9. Are you a survivor of domestic violence?**  Yes  No

**10. If yes, are you currently fleeing domestic violence?**  Yes  No

**11. Do you have any of these disabilities? Indicate with an “x”**

Serious mental illness  Substance use disorder  HIV/AIDS  Physical disability

Chronic physical illness  Developmental disability  PTSD  Traumatic brain injury

**12. Which best describes your family/household staying with you tonight?**

*Household without children Household with adults & children Household of only children*

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

Adult(s) with adult son/daughter(s) 17 or younger)

**13.** **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** | | | | | | **Hispanic/Latino (Y/N)** | **Veteran (Y/N)** | **Disability (Y/N – please specify) (see #11)** |
| Male | Female | Trans - gender | Non-Conformingg | White | Black | Asian | Pac. Islan. | Am. Ind. | Multiple |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**14. What is the main reason that you’re homeless/unstably housed? (check all that apply)**

Eviction/unable to pay rent  Physical/mental disability  Aged out of foster care

Unemployment  Mental illness  Runaway/child abuse

Domestic violence  Substance use  Natural disaster

Release from prison  Family/personal illness  Other:

**15. Were you discharged from any facility/institution in the last 30 days?**

Criminal justice  Mental health residential facility  Military service

Hospital  Substance abuse residential facility  Other:

**16. 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 |

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

This town/county  Another state:

Another town/county in NC:        Another country:

**18. What is your employment status?**

Full time job  Part time job  Temporary/day labor  Retired

Unemployed (date of last employment:        Unable to work

**19. Do you receive income from any of the following sources?**

Alimony/Spousal Support  Pension/Retirement  VA Service Connected Disability Comp

Child Support SSI/SSDI  VA Non-Service Connected Disability Pension

Employment  TANF  Worker’s Comp

Food Stamps  Unemployment Ins  Don’t know/refused

Other