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 |
|       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |

**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