

Coalition to End Homelessness
2007 Annual Survey: Short Form - FINAL

Your answers to the following survey by questions will help us understand how we can better meet the needs of people who are homeless in ABC County. This survey is voluntary. You may choose not to answer some questions. You may also stop answering at any time. Your answers will not affect the services available to you or your family, even if you do not answer at all. Your answers will not be shared with anyone. Thank you for taking a few moments to help us.

SECTION A. Please answer these questions about yourself.

1. Have you completed this survey earlier today or this week?		1q Yes	0q No
2. Please tell us your first name and last initial: _____			
3. Do you have a regular place to stay right now?		1q Yes	0q No
4a. Where did you stay last night?			
1 q Place not meant for habitation (car, street, boat, outside, including campsites)	2 q Emergency shelter, include motel voucher	3 q Transitional Housing for Homeless	
4 q Permanent housing for homeless	5 q Psychiatric facility	6 q Substance abuse treatment facility	
7 q Hospital	8 q Jail, prison, detention facility	9 q Don't know	
10 q Refused	11 q Room, apartment, house rented	12 q Apartment or house owned	
13 q Stay with family member	14 q Stay with friend	15q Hotel/motel paid for by self	
16 q Foster care home	17 q Other: _____		
<i>(If Jail/Prison, Hospital or Treatment Facility is checked above, ask the following question - OTHERWISE SKIP TO QUESTION 5):</i>			
4b. Where were you staying right before you came to that place?			
1 q Place not meant for habitation (car, street, boat, outside including campsites)	2 q Emergency shelter, include motel voucher	3 q Transitional Housing for Homeless	
4 q Permanent housing for homeless	5 q Psychiatric facility	6 q Substance abuse treatment facility	
7 q Hospital	8 q Jail, prison, detention facility	9 q Don't know	
10 q Refused	11 q Room, apartment, house rented	12 q Apartment or house owned	
13 q Stay with family member	14 q Stay with friend	15 q Hotel/motel paid for by self	
16 q Foster care home	17 q Other: _____		
5a. Will you be forced to leave the place you stayed within the next week?			
	1q Yes	0q No	(SKIP TO QUESTION 6)
5b. Will you have a place to stay <u>OR</u> money that you will use to get a place to stay once you leave?			
	1q Yes	0q No	
6. Are you:	1q Male	0q Female	q Transgender
7. What is your date of birth?	Month _____	Day _____	Year _____
RACE/ETHNICITY:			
8a. Are you Hispanic or Latino?	1q Yes	0q No	
8b. What is your race? (you may name more than one race)			
1q American Indian/Alaskan Native	2 q Asian	3q Black/African American	
4q Native Hawaiian/Other Pacific Islander	5 q White	6q Haitian	
7q Other: _____			
9a. Have you ever served on active duty in the U.S. military?		1q Yes	0q No
9b. If yes, did you receive an honorable discharge?		1q Yes	0q No

SECTION B. Please answer these questions about your family and others staying with you.

25. Services that you or your family need right now.

a. <input type="checkbox"/> Food	g. <input type="checkbox"/> Criminal justice/legal aid	m. <input type="checkbox"/> employment
b. <input type="checkbox"/> Housing placement	h. <input type="checkbox"/> Education	n. <input type="checkbox"/> case management
c. <input type="checkbox"/> Materials good (clothing)	l. <input type="checkbox"/> Health care	o. <input type="checkbox"/> daycare/child care
d. <input type="checkbox"/> Temporary Housing/Aid	j. <input type="checkbox"/> HIV/AIDS service	p. <input type="checkbox"/> outreach
e. <input type="checkbox"/> Transportation	k. <input type="checkbox"/> Mental health care	q. <input type="checkbox"/> Florida photo ID or DL
f. <input type="checkbox"/> Consumer assistance	l. <input type="checkbox"/> substance abuse service	r. <input type="checkbox"/> Other

26. How long have you been staying in Broward County?

a. <input type="checkbox"/> one week or less	d. <input type="checkbox"/> More than 3 months, less than 1 year
b. <input type="checkbox"/> more than 1 week, less than 1 month	e. <input type="checkbox"/> one year or longer
c. <input type="checkbox"/> one to three months	

27. Were you ever a foster care child?

a. Yes
b. No
 Refused to Answer

28. Are you homeless as a result of domestic violence? Yes No

29. If you have lived on the street, have you ever been a victim of violent crime? Yes No

30. What city did you sleep in last night?

1 <input type="checkbox"/> Coconut Creek	11 <input type="checkbox"/> Lauderdale by the Sea	21 <input type="checkbox"/> Pembroke Pines	30 <input type="checkbox"/> Lazy Lake
2 <input type="checkbox"/> Cooper City	12 <input type="checkbox"/> Lauderdale Lakes	22 <input type="checkbox"/> Plantation	31 <input type="checkbox"/> West Park
3 <input type="checkbox"/> Coral Springs	13 <input type="checkbox"/> Lauderdale Hill	23 <input type="checkbox"/> Pompano Beach	
4 <input type="checkbox"/> Dania	14 <input type="checkbox"/> Lighthouse Point	24 <input type="checkbox"/> Sea Ranch Lakes	
5 <input type="checkbox"/> Deerfield	15 <input type="checkbox"/> Margate	25 <input type="checkbox"/> Southwest Ranches	
6 <input type="checkbox"/> Fort Lauderdale	17 <input type="checkbox"/> Miramar	26 <input type="checkbox"/> Sunrise	
7 <input type="checkbox"/> Hallandale	18 <input type="checkbox"/> North Lauderdale	27 <input type="checkbox"/> Tamarac	
8 <input type="checkbox"/> Hillsboro Beach	19 <input type="checkbox"/> Oakland Park	28 <input type="checkbox"/> Weston	
9 <input type="checkbox"/> Hollywood	20 <input type="checkbox"/> Parkland	29 <input type="checkbox"/> Wilton Manors	

31. In what City did you last have your own apt., home or live with family or friends?

1 <input type="checkbox"/> Coconut Creek	11 <input type="checkbox"/> Lauderdale by the Sea	21 <input type="checkbox"/> Pembroke Pines
2 <input type="checkbox"/> Cooper City	12 <input type="checkbox"/> Lauderdale Lakes	22 <input type="checkbox"/> Plantation
3 <input type="checkbox"/> Coral Springs	13 <input type="checkbox"/> Lauderdale Hill	23 <input type="checkbox"/> Pompano Beach
4 <input type="checkbox"/> Dania	14 <input type="checkbox"/> Lighthouse Point	24 <input type="checkbox"/> Sea Ranch Lakes
5 <input type="checkbox"/> Davie	15 <input type="checkbox"/> Margate	25 <input type="checkbox"/> Southwest Ranches
6 <input type="checkbox"/> Deerfield	16 <input type="checkbox"/> Miramar	26 <input type="checkbox"/> Sunrise
7 <input type="checkbox"/> Fort Lauderdale	17 <input type="checkbox"/> North Lauderdale	27 <input type="checkbox"/> Tamarac
8 <input type="checkbox"/> Hallandale	18 <input type="checkbox"/> Oakland Park	28 <input type="checkbox"/> Weston
9 <input type="checkbox"/> Hillsboro Beach	19 <input type="checkbox"/> Parkland	29 <input type="checkbox"/> Wilton Manors
10 <input type="checkbox"/> Hollywood	20 <input type="checkbox"/> Pembroke Park	30 <input type="checkbox"/> Lazy Lake
		31 <input type="checkbox"/> West Park

THANK YOU for helping us with this survey.

OFFICE USE ONLY:

Person Completing Survey: _____ Date: _____
Agency/Location Where Survey Completed: _____
 Street Agency Camp Housing Facility Public Building
County: _____
Respondent Spending Up To 30 Days in Jail, Hospital or Treatment Facility? Yes No

last revised 11/20/2006-