

Escarosa Coalition on the Homeless Annual Point-in-Time Survey

Have you completed this survey this week? ?

This survey is voluntary. You may choose not to answer some questions. Your answers will remain confidential and not affect any services available to you or your family. Thank you for helping today.

Please fill in answers in the gray area	
<input type="text"/>	First Name
<input type="text"/>	Last Name
<input type="text"/>	Age
<input type="text"/> / <input type="text"/> / <input type="text"/>	Date of Birth
<input type="text"/>	How long have you been homeless?
<input type="text"/>	What is your highest level of education?
<input type="text"/>	Where did you stay last night?
<input type="text"/>	Where were you staying right before you came there?
<input type="text"/>	How many separate times in the last 3 years have you been without a regular place to stay?
<input type="text"/>	How long since you had a regular place to stay?
<input type="text"/>	How long have you been in the county?
\$ <input type="text"/>	In the past month, what was your total income (day labor, Social Security, Disability pay, etc.)?

What was the main reason you became homeless?	Please Fill in circle
Financial Issues/Employment	<input type="radio"/>
Housing	<input type="radio"/>
Medical/Disability	<input type="radio"/>
Mental Health	<input type="radio"/>
Substance Abuse	<input type="radio"/>
Family Problems	<input type="radio"/>
Disaster	<input type="radio"/>
Recent Immigration	<input type="radio"/>
Forced Relocation	<input type="radio"/>

Services you need now or have used in the past. Fill in circle.	I Used	I Need
Alcohol/Drug Treatment	<input type="radio"/>	<input type="radio"/>
Case Management	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>
Education/Job Training	<input type="radio"/>	<input type="radio"/>
Emergency Shelter	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>
Financial Assistance	<input type="radio"/>	<input type="radio"/>
Food or Meals	<input type="radio"/>	<input type="radio"/>
Health Care	<input type="radio"/>	<input type="radio"/>
HIV/AIDS	<input type="radio"/>	<input type="radio"/>
Housing-Permanent	<input type="radio"/>	<input type="radio"/>
Housing-Transitional	<input type="radio"/>	<input type="radio"/>
Legal Services	<input type="radio"/>	<input type="radio"/>
Material Goods/Clothing	<input type="radio"/>	<input type="radio"/>
Mental Health Care	<input type="radio"/>	<input type="radio"/>
Showers/Rest Rooms/Mail Service	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>

Please Fill in circle

YES	NO	
<input type="radio"/>	<input type="radio"/>	Will you be forced to leave the place you stayed within the next week
<input type="radio"/>	<input type="radio"/>	Will you have a place to stay OR sufficient money to get a place to stay once you leave?
<input type="radio"/>	<input type="radio"/>	Were you ever a foster child?
<input type="radio"/>	<input type="radio"/>	Have you ever been a victim of domestic violence?
<input type="radio"/>	<input type="radio"/>	Are you Hispanic/Latino?
<input type="radio"/>	<input type="radio"/>	Have you ever served in the Military
<input type="radio"/> single	<input type="radio"/> married	Are you single or married?
<input type="radio"/> male	<input type="radio"/> female	What is your gender?
<input type="radio"/>	<input type="radio"/>	Are you currently employed? Perm Temp Seasonal
<input type="radio"/>	<input type="radio"/>	Do you have a disabling condition? If so, circle below.
<input type="radio"/> Physical	<input type="radio"/> Mental	<input type="radio"/> Developmental
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> HIV/AIDS
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Substance Abuse

Continued on other side

What is your Race? Please fill in the circle that applies to you.

<input type="radio"/>	American Indian/Alaskan Native
<input type="radio"/>	Black/African American
<input type="radio"/>	White
<input type="radio"/>	Asian
<input type="radio"/>	Native Hawaiian/Other Pacific Islander
<input type="radio"/>	Other please list _____

<input type="radio"/> Yes	<input type="radio"/> No	Do you receive any of the following forms of income? Please fill in a circle, you may choose more than one.	
<input type="radio"/> No Financial resource	<input type="radio"/> Worker's Comp	<input type="radio"/> Child Support	
<input type="radio"/> Unemployment	<input type="radio"/> TANF/AFDC	<input type="radio"/> Alimony	
<input type="radio"/> SSI	<input type="radio"/> General Assistance	<input type="radio"/> Other Source	
<input type="radio"/> SSDI	<input type="radio"/> SSA Retirement	<input type="radio"/> Earned Income	
<input type="radio"/> Veterans Disability	<input type="radio"/> Veterans Pension	<input type="radio"/> Private Disability Ins	
	<input type="radio"/> Job Pension		
<input type="radio"/> Yes	<input type="radio"/> No	Do you receive any non-cash benefits?	
Circle all that apply: Food Stamps Medicaid Medicare WIC Childcare Transportation Section 8 Housing KidCare VA Medical			

<input type="radio"/> Yes	<input type="radio"/> No	Do you have family members who are homeless with you now? If no, proceed to the next section.				
	Age of Family Member		Gender		Veteran	
			Male	Female	Yes	No
1.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What was the most important reason why you came to this area? Please fill in circle.

Born or grew up here	<input type="radio"/>
Came because family or friends are here	<input type="radio"/>
Thought/heard there were good shelters	<input type="radio"/>
Came because of the services	<input type="radio"/>
Visited here and decided to stay	<input type="radio"/>
Thought/heard there were jobs here	<input type="radio"/>
Good weather	<input type="radio"/>

For staff only: Fill in circle for location:

- | | | |
|--|--|---|
| <input type="radio"/> Agency/other _____ | <input type="radio"/> Hope Center For Teens | <input type="radio"/> Loaves & Fishes-Santa Rosa |
| <input type="radio"/> Emerald Coast Ministries | <input type="radio"/> Lutheran Ministries/Currie | <input type="radio"/> Salvation Army |
| <input type="radio"/> Encampment | <input type="radio"/> Richards United Methodist | <input type="radio"/> Victory House |
| <input type="radio"/> Favor House | <input type="radio"/> Lakeview Center-Escambia | <input type="radio"/> Washburn Center |
| <input type="radio"/> Heavenly Blessings | <input type="radio"/> Lakeview Center-Santa Rosa | <input type="radio"/> Waterfront Mission-Escambia |
| <input type="radio"/> Harbor House | <input type="radio"/> Loaves & Fishes-Escambia | <input type="radio"/> Waterfront Mission-Santa Rosa |

County Location:

- SRO-North SRO-South ESC-South ESC-North

