

ABC County Coalition for the Homeless 2007 Annual Survey – Long Form

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 name will not be shared with anyone. We do not even want to know your full name. 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?		
1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		
2. Please tell us your first name and last initial: _____		
3. Do you have a regular place to stay right now?		
1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		
4a. Where did you stay last night?		
1 <input type="checkbox"/> Emergency shelter, include motel voucher	2 <input type="checkbox"/> Transitional Housing for Homeless	3 <input type="checkbox"/> Permanent housing for homeless
4 <input type="checkbox"/> Psychiatric facility	5 <input type="checkbox"/> Substance abuse treatment facility	6 <input type="checkbox"/> Hospital
7 <input type="checkbox"/> Jail, prison, detention facility	8 <input type="checkbox"/> Don't know	9 <input type="checkbox"/> Refused
10 <input type="checkbox"/> Room, apartment, house rented	11 <input type="checkbox"/> Apartment or house owned	12 <input type="checkbox"/> Stay with family member
13 <input type="checkbox"/> Stay with friend	14 <input type="checkbox"/> Hotel/motel paid for by self	15 <input type="checkbox"/> Foster care home
16 <input type="checkbox"/> Place not meant for habitation (car, street, boat)	17 <input type="checkbox"/> 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 <input type="checkbox"/> Emergency shelter, include motel voucher	2 <input type="checkbox"/> Transitional Housing for Homeless	3 <input type="checkbox"/> Permanent housing for homeless
4 <input type="checkbox"/> Psychiatric facility	5 <input type="checkbox"/> Substance abuse treatment facility	6 <input type="checkbox"/> Hospital
7 <input type="checkbox"/> Jail, prison, detention facility	8 <input type="checkbox"/> Don't know	9 <input type="checkbox"/> Refused
10 <input type="checkbox"/> Room, apartment, house rented	11 <input type="checkbox"/> Apartment or house owned	12 <input type="checkbox"/> Stay with family member
13 <input type="checkbox"/> Stay with friend	14 <input type="checkbox"/> Hotel/motel paid for by self	15 <input type="checkbox"/> Foster care home
16 <input type="checkbox"/> Place not meant for habitation (car, street, boat)	17 <input type="checkbox"/> Other: _____	

5. Will you be forced to leave the place you stayed within the next week?

1 Yes 0 No (SKIP TO QUESTION 6)

5a. Will you have a place to stay OR money that you will use to get a place to stay once you leave?

1 Yes 0 No

6. Are you:

1 Male 2 Female

7. What is your date of birth? Month _____ Day _____ Year _____

RACE/ETHNICITY:

8. Are you Hispanic or Latino?

1 Yes 0 No

8a. What is your race? (you may name more than one race)

- 1 American Indian/Alaskan Native 2 Asian
3 Black/African American 4 Native Hawaiian/Other Pacific
Islander
5 White

9. Have you ever served in the U.S. military?

1 Yes 0 No 8. Don't know 9 Refused

EDUCATION:

10. What is the highest level you completed?

- 0 No schooling completed 6 11th grade
1 Nursery to 4th grade 7 12th grade, No Diploma
2 5th grade or 6th grade 8 High school diploma
3 7th grade or 8th grade 4 GED
4 9th grade 10 Post-secondary school
5 10th grade

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

11. Are you:

- 1 Single
2 Married

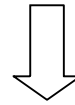
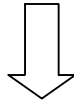
12. Do you have any family members homeless with you now?

1 Yes 0 No (SKIP TO QUESTION 21)

13. If YES, including yourself, other adults and children, how many family members are homeless now? _____ (COMPLETE QUESTIONS 14-20)

Child(ren) (complete 14-17 below)

Adult(s) (complete 18-20 below)



14. Girls: How many?: _____

15. Girls: Age(s)? 15a _____ 15b _____
15c _____ 15d _____

16. Boys: How many?: _____

17. Boys: Age(s)? 17a _____ 17b _____
17c _____ 17d _____

Check here if additional children are recorded on the back.

18. Gender: 18a Male 2 Female

18b Male 2 Female

18c Male 2 Female

19. Age(s): 19a ____ 19b ____ 19c ____

20. Veteran: 20a Yes 0 No

20b Yes 0 No

20c Yes 0 No

Check here if additional adults are recorded on the back.

SECTION C. Please answer these questions about your experiences.

21. How many separate periods of time in the past 3 years have you been without a regular place to stay (including right now)?

1 1 time

2 2-3 times

3 4 or more times

22. Do you have a disabling condition?

1 Yes

0 No (SKIP TO QUESTION 23)

8. Don't know

9 Refused

22a. What type of disabling condition do you have?

1 Physical disability

2 HIV/AIDS

3 Mental health problems

4 Substance Abuse Problem

5 Developmental disability

23. How long since you last had a regular place to stay?

1 1 week or less

2 More than 1 week, but less than 1 month

3 1 to 3 months

4 More than 3 months, but less than 1 year

5 1 year or more

24. How long have you been staying in ABC County?

- 1 1 week or less 2 More than 1 week, but less than 1 month
 3 1 to 3 months 4 More than 3 months, but less than 1 year
 5 1 year or more

**25. What is the most important reason why you first came to ABC County?
(choose one)**


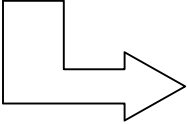

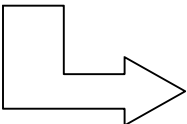

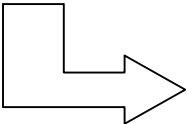

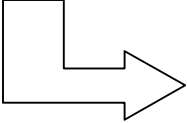
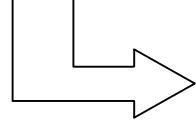
- 1 Born or grew up here 2 Thought/heard there were jobs here
 3 Came because family or friends are here 4 Good weather
 5 Thought/heard there were good shelters and services here
 6 Visited here and decided to stay

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

- a. Food g. Criminal justice/legal aid i. substance abuse service
 b. Housing placement h. Education m. employment
 c. Materials good (clothing) l. Health care n. case management
 d. Temp. housing/aid j. HIV/AIDS service o. daycare/child care
 e. Transportation k. Mental health care p. outreach
 f. Consumer assistance r. other

27. What caused you to become homeless? Please check the one reason that you consider to be the most important.

<p>Employment or financial reasons OR</p>	Unemployed/lost job	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1
	Not enough income to meet basic needs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2
	Welfare benefits ended	<input type="checkbox"/> <input type="checkbox"/> 3
	Lack of job training or education	<input type="checkbox"/> <input type="checkbox"/> 4
	Money management problems	<input type="checkbox"/> <input type="checkbox"/> 5
	No jobs available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6
	I have no one to watch my children	<input type="checkbox"/> 6
	I choose not to work	<input type="checkbox"/> <input type="checkbox"/> 7
		<input type="checkbox"/> 8
<p>Housing Issues OR</p>	Evicted	<input type="checkbox"/> 9
	Temporary arrangement ended	<input type="checkbox"/> 10
	Released from jail/prison or hospital	<input type="checkbox"/> <input type="checkbox"/> 11
	Unsafe housing	<input type="checkbox"/> 12
	Left shelter or other program	<input type="checkbox"/> 13

Medical/Disability Problems OR  	Physical/medical problems <input type="checkbox"/> 14 Mental health or emotional problems <input type="checkbox"/> 15 Alcohol or drug problems <input type="checkbox"/> 16 HIV/AIDS <input type="checkbox"/> 17
Family Problems OR  	Break-up, divorce or separation <input type="checkbox"/> 18 Moved out to escape abuse <input type="checkbox"/> 19 Ordered to leave by police or court <input type="checkbox"/> 20 Left/ran away from home <input type="checkbox"/> 21
Natural/Other Disasters OR  	Home damaged by Fire <input type="checkbox"/> 22 Home damaged by Flood <input type="checkbox"/> 23 Home damaged by Hurricane <input type="checkbox"/> 24 Extended Power Outage <input type="checkbox"/> 25
Recent Immigration OR  	Legal alien moved to Florida <input type="checkbox"/> 26 Undocumented alien living in Florida <input type="checkbox"/> 27 Refugee seeking legal status <input type="checkbox"/> 28 Mass Immigration refugee <input type="checkbox"/> 29
Force Relocation 	Home Condemned by government <input type="checkbox"/> 30 Mobile home park sold <input type="checkbox"/> 31 Unit converted to condominium <input type="checkbox"/> 32 Government required relocation due to acquisition <input type="checkbox"/> 33

SECTION D. Please answer these questions about how you make it from day to day.

28. Are you currently employed?

0 No 1 Yes

29. Do you receive any of the following forms of income?

- | | | |
|--|--|---|
| a. <input type="checkbox"/> Earned income | g. <input type="checkbox"/> Workers' Comp | i. <input type="checkbox"/> Job pension |
| b. <input type="checkbox"/> Unemployment | h. <input type="checkbox"/> TANF | m. <input type="checkbox"/> Child support |
| c. <input type="checkbox"/> SSI | l. <input type="checkbox"/> General assistance | n. <input type="checkbox"/> Alimony |
| d. <input type="checkbox"/> SSDI | j. <input type="checkbox"/> SSA retirement | o. <input type="checkbox"/> Other source |
| e. <input type="checkbox"/> Veterans disability | k. <input type="checkbox"/> Veteran's pension | p. <input type="checkbox"/> No financial resource |
| f. <input type="checkbox"/> Private disability insurance | | |

30. Over the last month, what was your total income? Do not count the income of any person in your household under the age of 18.

- | | |
|--|--|
| 1 <input type="checkbox"/> Less than \$1 | 2 <input type="checkbox"/> \$1 - \$250 |
| 3 <input type="checkbox"/> \$251 - \$500 | 4 <input type="checkbox"/> \$501 - \$1,000 |
| 5 <input type="checkbox"/> \$1,001-\$2,000 | 6 <input type="checkbox"/> \$2,001 or more |

SECTION E. Please tell us about services you use or need.

For each service in the following list, which statements are true for you or your family? <i>Check ALL statements that are true.</i>	I/we have used this service within the past year. (31Q1)	This service really helped me/us. (31Q2)	I/we really need this service right now. (31Q3)
31a. Emergency Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31b. Transitional Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31c. Permanent Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31d. Education/Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31e. Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31f. Alcohol/Drug Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31g. Mental Health Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31h. Drop-in Center (showers, rest rooms, mailing address, storage, phone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31i. Financial Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31j. Food or Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Were you ever a foster care child?			
a. <input type="checkbox"/> Yes			
b. <input type="checkbox"/> No			
c. <input type="checkbox"/> Refused to Answer			

THANK YOU for helping us with this survey.

OFFICE USE ONLY:

Person Completing Survey: _____ Date: _____

Agency/Location Where Survey Completed: _____

Street Agency Encampment Housing Public Building

County: _____

Respondent Spending Up To 30 Days in Jail, Hospital or Treatment Facility? Yes No

Last revised 08/04/2006 – replaces previous version