

**ABC County Coalition for the Homeless
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? 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: _____	
5a. Will you be forced to leave the place you stayed within the next week? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> 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? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		
6. Are you: 1 <input type="checkbox"/> Male 0 <input type="checkbox"/> Female		
7. What is your date of birth? Month _____ Day _____ Year _____		
RACE/ETHNICITY:		
8a. Are you Hispanic or Latino? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		
8b. What is your race? (you may name more than one race)		
1 <input type="checkbox"/> American Indian/Alaskan Native	2 <input type="checkbox"/> Asian	3 <input type="checkbox"/> Black/African American
4 <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	5 <input type="checkbox"/> White	6 <input type="checkbox"/> Other: _____
9. Have you ever served on active duty in the U.S. military? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		

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

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

26. How long have you been staying in _____ 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
c. 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 Camp Housing Facility Public Building

County: _____

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

last revised 08/03006– PDHO