

Lee County Homeless Coalition 2008 Annual Survey

Your answers to the following survey questions will help us understand how we can better meet the needs of people who are homeless in Lee 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.

First Name: _____ Middle: _____ Last Name: _____

DOB: ____/____/____ Male Female SSN: _____

Marital Status: Single Married or have a partner

Are you Hispanic or Latino? Yes No Are you a Veteran? Yes No

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

American Indian/Alaskan Native Asian Black/African American

Native Hawaiian/Other Pacific Islander White Other: _____

Do you have a regular place to stay right now? Yes No

Where did you stay Sunday night, January 27th, 2008?

- Emergency shelter, include motel voucher Transitional housing for homeless Place not meant for habitation (car, street, boat)
- Psychiatric facility Substance abuse treatment facility Hospital
- Jail, prison, detention facility Don't know Refused
- Room, apartment, house rented Apartment or house owned Stay with a family member
- Stay with a friend Hotel/motel paid for by self Foster care home
- Permanent housing for homeless Other: _____

Within the past 3 years, how many times have you been without a regular place to stay?

1 time 2 – 3 times 4 or more times (Check here if ever for a period of 1 year or longer)

How long have you been homeless? 1 week or less More than 1 week, but less than 1 month

1 to 3 months More than 3 months, but less than 1 year 1 year or longer

Do you have a disabling condition? Yes No

If YES, what type of disabling condition do you have? (You may choose more than one condition)

Physical Developmental Mental Health Drug or Alcohol Addiction HIV/AIDS

Do you have any family members who are homeless and with you now? Yes No

(If NO, continue to next section)

If YES, including yourself, other adults and children, how many family members are homeless now? _____

If these family members have not filled out a separate copy of this survey, please provide the following:

Children under 18 years

Adults/Parents

Girls: How many? _____ Adults: How many? _____
Boys: How many? _____ Gender(s): _____
Age(s): _____
Veteran(s): _____

How long have you been staying in Lee County? 1 week or less More than 1 week, but less than 1 month

1 to 3 months More than 3 months, but less than 1 year 1 year or longer

Were you ever a foster care child? Yes No

Are you a Victim of Domestic Violence? Yes No

What caused you to become homeless?

- employment/financial reasons
- housing issues
- medical/disability problems
- forced to relocate from home
- family problems
- natural/other disasters
- recent immigration

Do you receive any of the following forms of income?

- Earned income
- Unemployment
- SSI
- SSDI
- Veterans disability
- Private disability insurance
- Workers' Comp
- TANF
- General assistance
- SSA retirement
- Veteran's pension
- Job pension
- Child support
- Alimony
- Other source
- No financial resource

To be completed by surveyor

Person Completing Survey: _____ Date: _____	
Location Where Survey Completed: (Agency Name or Street Address)	
Street: _____	Zip: _____
Type of Location: <input type="checkbox"/> Street <input type="checkbox"/> Agency <input type="checkbox"/> Camp <input type="checkbox"/> Housing Facility <input type="checkbox"/> Public Building	
Notes: _____	
Where there any other individuals at the location that you where unable to survey? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes How Many? _____	Males _____
	Females _____
	Ages _____
	Ages _____