Surveyor Name/Team Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COUNTY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2020 PA Balance of State: Unsheltered Point-in-Time Survey of the Homeless – 01/22/20**

\*\*\* FORM FOR **STREET-BASED COUNT** CONDUCTED ON **THURSDAY**\*\*\*

**INTRODUCTIONS**

*Hello, I am (introduce yourself by your first name). We are conducting a survey to count people experiencing homelessness in order to learn more about people experiencing homelessness, what kinds of problems they face, and to better understand what services are needed to address homelessness. Your participation is voluntary and your response to each question is voluntary. I will ask for your initials and your age, but I will not need your name, date of birth, social security number, or any other information that could be traced back to you. The responses to these questions will not be shared with anyone outside of our team. I need to read each question all the way through.*

|  |
| --- |
| **Interviewer: If you are unable to survey an individual/household that you believe to be experiencing homelessness,** because individual/household is unable or unwilling to be interviewed or to complete the full interview, please provide the following information to the best of your ability based on what you can observe for each person within the household. (Each household should be submitted as a separate survey.)   * **# adults in Household:** \_\_\_\_\_\_   + **Estimated age of adults:** # age 18-24 = \_\_\_\_\_ # age 25-59 = \_\_\_\_\_\_ # age 60+ = \_\_\_\_\_\_ * **# children (under age 18) in Household:** \_\_\_\_\_\_ * **Gender (adults and children):** # Female = \_\_\_\_\_\_ # Male = \_\_\_\_\_\_ * **Ethnicity (adults and children):** #Hispanic/Latino = \_\_\_\_\_\_ # Non-Hispanic/ Non-Latino = \_\_\_\_\_\_ * **Race (adults and children):** # White = \_\_\_\_\_#Black or African-American = \_\_\_\_\_#Asian = \_\_\_\_   #American Indian or Alaska Native = \_\_\_\_\_\_#Native Hawaiian or Pacific Islander = \_\_\_\_\_\_   * **Do you know that this household was UNSHELTERED last night (Wednesday night)?**   \_\_\_\_ yes \_\_\_\_ no. If yes, please indicate how you know household was unsheltered last night: \_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**INTERVIEW QUESTIONS**

1. Can I have 10 minutes of your time?

🞏 Yes

🞏 No. (Please discontinue the survey & provide the above requested information based on your observation.)

1. Did another volunteer or survey worker already ask you questions about where you are slept **last night**?

🞏 Yes. (Please thank them and discontinue the survey.)

🞏 No

1. Where did you sleep **last night**? (Wednesday night through Thursday morning)

|  |  |
| --- | --- |
| UNSHELTERED LOCATIONS: | SHELTERED LOCATIONS: |
| 🞏 Street / sidewalk  🞏 Vehicle (car, van RV, truck)  🞏 Park  🞏 Bus / train station / airport  🞏 Under bridge / over pass  🞏 Woods or outdoor encampment  🞏 Behind stores or shopping center  🞏 Abandoned building  🞏 Other. → Specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 Emergency Shelter. Name of shelter:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 In a hotel/motel/rent-a-room: If yes, who paid for the room:  🞏 Self / friend / family  🞏 church  🞏 charitable/service organization  🞏 government program  🞏 Don’t know  🞏 Other. → Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 In the home of a family member or friend**→ PLEASE CHECK**  **OFF, SAY THANK YOU & DISCONTINUE THE SURVEY**  🞏 In a home that I own/rent **→ PLEASE CHECK OFF, SAY THANK**  **YOU & DISCONTINUE THE SURVEY** |

1. Including yourself, how many adults in your household were sleeping in the above selected location last night? \_\_\_\_\_\_\_\_\_
2. How many children (under age 18) in your household were sleeping in the above selected location last night? \_\_\_\_\_\_\_\_\_\_
3. Please provide me with the following information for each household member sleeping in the same location as you **last night**: (Attach additional forms if more than 5 persons in Household.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Person | | # 1 Initials: \_\_\_\_ | # 2 Initials: \_\_\_\_ | # 3 Initials: \_\_\_\_ | # 4 Initials: \_\_\_\_ | # 5 Initials: \_\_\_\_ |
| **NOTE to Interviewer:**  If an answer to these questions is not provided, please select a response based on your observation. | **How are you related to Person # 1?** | N/A | * Child * Spouse * Other Family * Non-Married   Partner   * Other, Non-   Family | * Child * Spouse * Other Family * Non-Married   Partner   * Other, Non-   Family | * Child * Spouse * Other Family * Non-Married   Partner   * Other, Non-   Family | * Child * Spouse * Other Family * Non-Married   Partner   * Other, Non-   Family |
| **Did you stay in the same location with Person # 1 last night?** | N/A | * Yes * No * Don’t know/   Refused | * Yes * No * Don’t know/   Refused | * Yes * No * Don’t know/   Refused | * Yes * No * Don’t know/   Refused |
| **Age** | How old are you? \_\_\_\_\_\_  If estimating age:   * Under 18 yrs * 18-24 years * 25-59 years * 60+ years | How old are you? \_\_\_\_\_\_  If estimating age:   * Under 18 yrs * 18-24 years * 25-59 years * 60+ years | How old are you? \_\_\_\_\_\_  If estimating age:   * Under 18 yrs * 18-24 years * 25-59 years * 60+ years | How old are you? \_\_\_\_\_\_  If estimating age:   * Under 18 yrs * 18-24 years * 25-59 years * 60+ years | How old are you? \_\_\_\_\_\_  If estimating age:   * Under 18 yrs * 18-24 years * 25-59 years * 60+ years |
| **Ethnicity** | * Hispanic/Latino * Non-Hispanic/   Non-Latino | * Hispanic/Latino * Non-Hispanic/   Non-Latino | * Hispanic/Latino * Non-Hispanic/   Non-Latino | * Hispanic/Latino * Non-Hispanic/   Non-Latino | * Hispanic/Latino * Non-Hispanic/   Non-Latino |
| **What is your race?**  **Select all that apply.** | * White * Black or   African  American   * Asian * American   Indian or  Alaska Native   * Native   Hawaiian or  Pacific Islander | * White * Black or   African  American   * Asian * American   Indian or  Alaska Native   * Native   Hawaiian or  Pacific Islander | * White * Black or   African  American   * Asian * American   Indian or  Alaska Native   * Native   Hawaiian or  Pacific Islander | * White * Black or   African  American   * Asian * American   Indian or  Alaska Native   * Native   Hawaiian or  Pacific Islander | * White * Black or   African  American   * Asian * American   Indian or  Alaska Native   * Native   Hawaiian or  Pacific Islander |
| **Gender** | * Female * Male * Transgender * Doesn’t   identify as  male, female  or transgender | * Female * Male * Transgender * Doesn’t   identify as  male, female  or transgender | * Female * Male * Transgender * Doesn’t   identify as  male, female  or transgender | * Female * Male * Transgender * Doesn’t   identify as  male, female  or transgender | * Female * Male * Transgender * Doesn’t   identify as  male, female  or transgender |

1. Please ask all remaining questions to adult household members only and/or a youth under age 18 if they are the Head of Household:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | # 1 Initials: \_\_\_ | # 2 Initials: \_\_\_ | # 3 Initials: \_\_\_ | # 4 Initials: \_\_\_ | # 5 Initials: \_\_\_ |
| When did you last sleep in one of the following locations:   * house or apartment, regardless of ownership or who else lived there? * hotel room paid for by you, family or friends? | * Less than 1   year ago   * 1+ years   ago   * Don’t know/   refused | * Less than 1   year ago   * 1+ years   ago   * Don’t know/   refused | * Less than 1   year ago   * 1+ years   ago   * Don’t know/   refused | * Less than 1   year ago   * 1+ years   ago   * Don’t know/   refused | * Less than 1   year ago   * 1+ years   ago   * Don’t know/   refused |
| In the past three years, how many **different** periods of time have you slept in an emergency shelter, on the street, in a car, in the woods, or any other location identified as “UNSHELTERED” in question 3? | * 1 (only this   time)   * 2 – 3 times * 4+ times * Don’t know/   refused | * 1 (only this   time)   * 2 – 3 times * 4+ times * Don’t know/   refused | * 1 (only this   time)   * 2 – 3 times * 4+ times * Don’t know/   refused | * 1 (only this   time)   * 2 – 3 times * 4+ times * Don’t know/   refused | * 1 (only this   time)   * 2 – 3 times * 4+ times * Don’t know/   refused |
| (IF 4+ TIMES HOMELESS)  In the past three years, how many total months have you have slept in a shelter, on the street, in a car, in the woods, or any other location identified as “UNSHELTERED” in question 3? | * 1 – 11   months   * 12+ months * Don’t know/   refused | * 1 – 11   months   * 12+ months * Don’t know/   refused | * 1 – 11   months   * 12+ months * Don’t know/   refused | * 1 – 11   months   * 12+ months * Don’t know/   refused | * 1 – 11   months   * 12+ months * Don’t know/   refused |
| **Instructions: For reasons of safety, please do not ask the next question in front of two adults who have identified that they are part of the same Household, if two+ adults are being interviewed together, skip this question.**  Did you need to leave the place you were last staying due to someone making you feel unsafe?  Do you feel unable to return there because you feel unsafe?   Yes  No  Did not ask | | | | | |
| **If yes to feeling unsafe,** ask the following question: **Would you like to speak to someone who can talk to you about increasing your safety?**   * If yes, direct this individual to the **National Domestic Violence Hotline at 1−800−799−7233** | | | | | |
| **If yes to feeling unsafe: Thank you for letting me know. I have a series of additional sensitive questions to ask you. Is that ok, or do you feel like answering additional questions would compromise your safety?**   Yes; it is ok to proceed with your questions.  No, I am not comfortable answering any additional  questions. (Thank this person and end survey.) | | | | | |
| **If safety question not asked, or individual did not indicate feeling unsafe: The next set of questions asks about sensitive topics. You don't have to answer any question that you don't want to, however your answers will be combined with the answers of other people who take the survey and used to help provide better programs and services to people experiencing homelessness.** | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (Continued) | # 1 Initials: \_\_ | # 2 Initials: \_\_ | # 3 Initials: \_\_ | # 4 Initials: \_\_ | # 5 Initials: \_\_ |
| Do you drink alcoholic beverages or use drugs (illegal or prescription for non-medical reasons)? | * Yes * No * Don’t know/   refused | * Yes * No * Don’t know/ refused | * Yes * No * Don’t know/ refused | * Yes * No * Don’t know/ refused | * Yes * No * Don’t know/ refused |
| Do you have psychiatric or emotional conditions such as depression or schizophrenia? | * Yes * No * Don’t know/ refused | * Yes * No * Don’t know/ refused | * Yes * No * Don’t know/ refused | * Yes * No * Don’t know/ refused | * Yes * No * Don’t know/ refused |
| Do you have a physical disability? This could include something that substantially limits one or more basic physical activity such as walking, climbing stairs, reaching, lifting, or carrying? | * Yes * No * Don’t know/ refused | * Yes * No * Don’t know/ refused | * Yes * No * Don’t know/ refused | * Yes * No * Don’t know/ refused | * Yes * No * Don’t know/ refused |
| Do any of the situations we just discussed keep you from holding a job or living in stable housing? | * Yes * No * Don’t know/ refused | * Yes * No * Don’t know/ refused | * Yes * No * Don’t know/ refused | * Yes * No * Don’t know/ refused | * Yes * No * Don’t know/ refused |
| * **If yes, which ones keep you from holding a job or living in stable housing? (check all that apply)** | * Alcohol use/ illegal drug use * Psychiatric/ emotional condition * Physical disability | * Alcohol use/ illegal drug use * Psychiatric/ emotional condition * Physical disability | * Alcohol use/ illegal drug use * Psychiatric/ emotional condition * Physical disability | * Alcohol use/ illegal drug use * Psychiatric/ emotional condition * Physical disability | * Alcohol use/ illegal drug use * Psychiatric/ emotional condition * Physical disability |
| Have you been diagnosed as having a developmental disability? | * Yes * No * Don’t know/   refused | * Yes * No * Don’t know/   refused | * Yes * No * Don’t know/   refused | * Yes * No * Don’t know/   refused | * Yes * No * Don’t know/   refused |
| Do you have AIDS or an HIV-related illness? | * Yes * No * Don’t know/   refused | * Yes * No * Don’t know/   refused | * Yes * No * Don’t know/   refused | * Yes * No * Don’t know/   refused | * Yes * No * Don’t know/   refused |
| Do you receive any disability benefits such as SSI, SSDI, or Veteran’s Disability Benefits? | * Yes * No * Don’t know/   refused | * Yes * No * Don’t know/   refused | * Yes * No * Don’t know/   refused | * Yes * No * Don’t know/   refused | * Yes * No * Don’t know/   refused |
| Did you serve in **ACTIVE DUTY** as a member of the Army, Navy, Marine Corp, Air Force, Coast Guard, National Guard or Reserves? | * Yes * No * Don’t know/   refused | * Yes * No * Don’t know/   refused | * Yes * No * Don’t know/   refused | * Yes * No * Don’t know/   refused | * Yes * No * Don’t know/   refused |
| **For persons with prior military service,** ask the following question: **Would you like the name of someone who works with veterans to provide housing resources?**   * If yes, direct this veteran to the **VA's National Call Center for Homeless Veterans at 1-877-4AID-VET** | | | | | |
| **Is there anything else you want to tell me about your housing experience?** | | | | | |
|  | | | | | |

**End of interview - THANK YOU!**

--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

2020 PA Balance of State Point-in-Time Count c/o Diana T. Myers & Associates, Inc. (DMA) - pahomelesscount@dma-housing.com