**COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGENCY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **PROGRAM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2020 PA Balance of State: Point-in-Time Survey of the Homeless – 1/22/2020**

**Interview Form – TRANSITIONAL HOUSING**

**Interview Questions**

1. Did anyone already complete this interview form with you? 🞏 Yes 🞏 No
* If interview administered by someone at this shelter (please discontinue the survey)
* If interview took place elsewhere - Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Including yourself, how many adults and children are there in your household, who are sleeping in this shelter tonight? # adults (age 18+) = \_\_\_\_\_\_\_\_\_ # children (under age 18) = \_\_\_\_\_\_\_\_\_
2. Please provide me with the following information for each household member sleeping in this shelter with you tonight: (Attach additional forms if more than 5 persons in Household.)

|  |
| --- |
| **NOTE to Interviewer: If an answer is not provided for the questions regarding age, ethnicity, race, and gender, please select a response based on your observation.** |
| **# 1 Initials:** \_\_\_\_\_\_\_ | **# 2 Initials:** \_\_\_\_\_\_\_ | **# 3 Initials:** \_\_\_\_\_\_\_ | **# 4 Initials:** \_\_\_\_\_\_\_ | **# 5 Initials:** \_\_\_\_\_\_\_ |
| **Please provide the AGE of each Household member.** |
| Age: \_\_\_\_\_\_\_\_ If estimating age: * Under 18 yrs
* 18-24 years
* 25-59 years
* 60+ years
 | Age: \_\_\_\_\_\_\_\_ If estimating age: * Under 18 yrs
* 18-24 years
* 25-59 years
* 60+ years
 | Age: \_\_\_\_\_\_\_\_ If estimating age: * Under 18 yrs
* 18-24 years
* 25-59 years
* 60+ years
 | Age: \_\_\_\_\_\_\_\_ If estimating age: * Under 18 yrs
* 18-24 years
* 25-59 years
* 60+ years
 | Age: \_\_\_\_\_\_\_\_ If estimating age: * Under 18 yrs
* 18-24 years
* 25-59 years
* 60+ years
 |
| **Please provide the ETHNICITY of each Household member.** |
| * 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 |
| **Please provide the RACE of each Household member. 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 |
| **Please provide the GENDER of each Household member.** |
| * Female
* Male
* Transgender
* Doesn’t identify as

 M, F or transgender | * Female
* Male
* Transgender
* Doesn’t identify as

 M, F or transgender | * Female
* Male
* Transgender
* Doesn’t identify as

 M, F or transgender | * Female
* Male
* Transgender
* Doesn’t identify as

 M, F or transgender | * Female
* Male
* Transgender
* Doesn’t identify as

 M, F or transgender |
| **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. |
| **# 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
 | * Yes
 | * Yes
 | * Yes
 | * Yes
 |
| * No
 | * No
 | * No
 | * No
 | * No
 |
| * Don’t know/refused
 | * Don’t know/refused
 | * Don’t know/refused
 | * Don’t know/refused
 | * Don’t know/refused
 |
| **Do you have psychiatric or emotional conditions such as depression or schizophrenia?** |
| * Yes
 | * Yes
 | * Yes
 | * Yes
 | * Yes
 |
| * No
 | * No
 | * No
 | * No
 | * No
 |
| * Don’t know/refused
 | * Don’t know/refused
 | * Don’t know/refused
 | * Don’t know/refused
 | * 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
 | * Yes
 | * Yes
 | * Yes
 | * Yes
 |
| * No
 | * No
 | * No
 | * No
 | * No
 |
| * Don’t know/refused
 | * Don’t know/refused
 | * Don’t know/refused
 | * Don’t know/refused
 | * Don’t know/refused
 |
| **Do any of the situations we just discussed keep you from holding a job or living in stable housing?** |
| * Yes: Alcohol/drug
* Yes: Psychiatric/ emotional condition
* Yes: Physical disability
* No
* Don’t know/refused
 | * Yes: Alcohol/drug
* Yes: Psychiatric/ emotional condition
* Yes: Physical disability
* No
* Don’t know/refused
 | * Yes: Alcohol/drug
* Yes: Psychiatric/ emotional condition
* Yes: Physical disability
* No
* Don’t know/refused
 | * Yes: Alcohol/drug
* Yes: Psychiatric/ emotional condition
* Yes: Physical disability
* No
* Don’t know/refused
 | * Yes: Alcohol/drug
* Yes: Psychiatric/ emotional condition
* Yes: Physical disability
* No
* Don’t know/refused
 |
| **Have you been diagnosed as having a developmental disability?** |
| * Yes
 | * Yes
 | * Yes
 | * Yes
 | * Yes
 |
| * No
 | * No
 | * No
 | * No
 | * No
 |
| * Don’t know/refused
 | * Don’t know/refused
 | * Don’t know/refused
 | * Don’t know/refused
 | * Don’t know/refused
 |
| **Do you have AIDS or an HIV-related illness?** |
| * Yes
 | * Yes
 | * Yes
 | * Yes
 | * Yes
 |
| * No
 | * No
 | * No
 | * No
 | * No
 |
| * Don’t know/refused
 | * Don’t know/refused
 | * Don’t know/refused
 | * Don’t know/refused
 | * Don’t know/refused
 |
| **Do you receive any disability benefits such as SSI, SSDI, or Veteran’s Disability Benefits?** |
| * Yes
 | * Yes
 | * Yes
 | * Yes
 | * Yes
 |
| * No
 | * No
 | * No
 | * No
 | * No
 |
| * Don’t know/refused
 | * Don’t know/refused
 | * Don’t know/refused
 | * Don’t know/refused
 | * 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
 | * Yes
 | * Yes
 | * Yes
 | * Yes
 |
| * No
 | * No
 | * No
 | * No
 | * No
 |
| * Don’t know/refused
 | * Don’t know/refused
 | * Don’t know/refused
 | * Don’t know/refused
 | * 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**
 |