COUNTY: __________________________ **AGENCY NAME:** _________________________________
PROGRAM NAME: _______________________________

2022 PA Balance of State: Point-in-Time Survey of the Homeless – 2/23/2022
Interview Form – EMERGENCY SHELTER

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? _______________________

2. 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) = _________

3. 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, 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/ Latin(a)(o)(x) ☐ Non-Hispanic/Non-Latin(a)(o)(x)	☐ Hispanic/ Latin(a)(o)(x) ☐ Non-Hispanic/ Non-Latin(a)(o)(x)	☐ Hispanic/ Latin(a)(o)(x) ☐ Non-Hispanic/ Non-Latin(a)(o)(x)	☐ Hispanic/ Latin(a)(o)(x) ☐ Non-Hispanic/ Non-Latin(a)(o)(x)	☐ Hispanic/ Latin(a)(o)(x) ☐ Non-Hispanic/ Non-Latin(a)(o)(x)
Please provide the RACE of each Household member. Select all that apply.				
☐ White ☐ Black, African-American, or African ☐ Asian or Asian American ☐ American Indian, Alaska Native, or Indigenous ☐ Native Hawaiian or Pacific Islander	☐ White ☐ Black, African-American, or African ☐ Asian or Asian American ☐ American Indian, Alaska Native, or Indigenous ☐ Native Hawaiian or Pacific Islander	☐ White ☐ Black, African-American, or African ☐ Asian or Asian American ☐ American Indian, Alaska Native, or Indigenous ☐ Native Hawaiian or Pacific Islander	☐ White ☐ Black, African-American, or African ☐ Asian or Asian American ☐ American Indian, Alaska Native, or Indigenous ☐ Native Hawaiian or Pacific Islander	☐ White ☐ Black, African-American, or African ☐ Asian or Asian American ☐ American Indian, Alaska Native, or Indigenous ☐ Native Hawaiian or Pacific Islander
Please provide the GENDER of each Household member.				
☐ Female ☐ Male ☐ Transgender ☐ A gender other than singularly female or male ☐ Questioning	☐ Female ☐ Male ☐ Transgender ☐ A gender other than singularly female or male ☐ Questioning	☐ Female ☐ Male ☐ Transgender ☐ A gender other than singularly female or male ☐ Questioning	☐ Female ☐ Male ☐ Transgender ☐ A gender other than singularly female or male ☐ Questioning	☐ Female ☐ Male ☐ Transgender ☐ A gender other than singularly female or male ☐ Questioning
Instructions: Please ask all remaining questions to **adult household members only and/or a youth under age 18 if they are the Head of Household**				
When did you last sleep in one of the following locations: house or apartment, regardless of ownership or who else lived there? **OR** 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, during how many different periods of time have you slept in a shelter, on the street, in a car, in the woods/tent, or any other location not intended for sleeping?				

☐ 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
# 1 Initials: _____	**# 2 Initials: _____**	**# 3 Initials: _____**	**# 4 Initials: _____**	**# 5 Initials: _____**

(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 unsheltered location?

☐ 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

<u>Instructions</u>: 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

<u>If yes to feeling unsafe,</u> 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**

<u>If yes to feeling unsafe</u>: 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. ☐ No, I am not comfortable answering additional questions (Thank this person and end the survey).

<u>If safety question not asked, or individual did not indicate feeling unsafe</u>: 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.

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 any mental health conditions (such as depression, anxiety, 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: Alcohol/drug ☐ Yes: Mental health ☐ Yes: Physical disab. ☐ No ☐ Don't know/refused	☐ Yes: Alcohol/drug ☐ Yes: Mental health ☐ Yes: Physical disab. ☐ No ☐ Don't know/refused	☐ Yes: Alcohol/drug ☐ Yes: Mental health ☐ Yes: Physical disab. ☐ No ☐ Don't know/refused	☐ Yes: Alcohol/drug ☐ Yes: Mental health ☐ Yes: Physical disab. ☐ No ☐ Don't know/refused	☐ Yes: Alcohol/drug ☐ Yes: Mental health ☐ Yes: Physical disab. ☐ No ☐ Don't know/refused

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 <u>ACTIVE DUTY</u> 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

<u>For persons with prior military service,</u> 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**