COUNTY:			Surveyor Nam Date/Time:	ne/Team Number: _	
2023 PA	Balance of State	e: Unsheltered P	_	urvey of the Hom	neless - 01/25/23
homelessne face, and to voluntary ar need your n you. The re	ess in order to learn better understand vand your response to ame, date of birth, s	by your first name). more about people of what services are new each question is voluding to the social security numburestions will not be sigh.	experiencing home leded to address h luntary. I will ask t er, or any other int	elessness, what kind nomelessness. Your for your initials and y formation that could e outside of our team	ds of problems they participation is your age, but I will no
Can I have	10 minutes of your t	ime? □ Yes □ No			
experience interviewe IF ANSWE	ing homelessness id or to complete to R ABOVE IS YES:  volunteer or survey	he full interview, pl Continue the survey worker already ask	al/household is as ease skip to observe questions below. you questions about	sleep or is unable of ervation only section only section only section out where you are st	on at end of form.
,		the survey)   No (c	,	,	
	ou sieeping/did you ERED LOCATION	ı sleep the night of J IS:		D LOCATIONS:	
☐ Street / s ☐ Vehicle ☐ Park ☐ Bus / tra ☐ Under b ☐ Woods c ☐ Behind s	sidewalk (car, van RV, truck) in station / airport ridge / over pass or outdoor encampn stores or shopping c ned building	nent	☐ Emergency ☐ In a hotel/m the room: ☐ Self ☐ chu ☐ cha ☐ gov	r Shelter. Name:notel/rent-a-room: If  r/friend/family (stop. If rch ritable/service organ ernment program n't know	DISCONTINUE SURVEY)
•	of unsheltered loca sehold is only coun	ntion & details to help ted once:	PLEASE CHECK O ☐ In a home t	e of a family membe DFF, SAY THANK YOU & I hat I own/rent → <b>S</b> & DISCONTINUE THE SU	PLEASE CHECK OFF,
Including you		adults are there ir	your household	l, who are sleeping	in the same
How many location tor	` `	ge 18) are there in —	your household,	who are sleeping	in the same
•		ollowing informatio tach additional forms i			ping in the same
	# 1 Initials:	# 2 Initials:	# 3 Initials:	# 4 Initials:	# 5 Initials:
How are you related to Person # 1?	N/A	☐ Child ☐ Spouse ☐ Other Family ☐ Non-Married     Partner ☐ Other, Non-	<ul><li>☐ Child</li><li>☐ Spouse</li><li>☐ Other Family</li><li>☐ Non-Married</li><li>Partner</li><li>☐ Other, Non-</li></ul>	<ul> <li>□ Child</li> <li>□ Spouse</li> <li>□ Other Family</li> <li>□ Non-Married</li> <li>Partner</li> <li>□ Other, Non-</li> </ul>	☐ Child ☐ Spouse ☐ Other Family ☐ Non-Married Partner ☐ Other, Non-
		Family	Family	Family	Family

1.

2.

3.

4.

6.

	1			T		1			
Are you staying in the same location with Person # 1 tonight?	N/A	☐ Yes☐ No☐ Don't know	ıl	☐ Yes ☐ No ☐ Don't k Refuse			a't know/ used	□ <b>1</b>	Yes No Don't know/ Refused
Age	How old are you?  If estimating age: Under 18 45-54 18-24 55-64 25-34 65 + 35-44	□ 18-24 □ 5 □ 25-34 □ 6 □ 35-44	ge:	How old a  If estimatir Under 18 18-24 25-34 35-44	ng age:  □ 45-54 □ 55-64 □ 65 +	If estim	□ 65 +	If es □ Ur □ 18 □ 25 □ 35	i-34 □ 65 + i-44
Ethnicity	☐ Hispanic/ Latin(a)(o)(x) ☐ Non-Hispanic/ Non-Latin(a)(o)(x)	☐ Hispanic/ Latin(a)(o)(x) ☐ Non-Hispanic/		☐ 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)	
What is your race? 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 □ Female □ Male □ Transgender	☐ White ☐ Black, Afric American, or African ☐ Asian or As American ☐ American Indian, Alaska Native, or Indigenous ☐ Native Hawaiian or Pacific Islande ☐ Female ☐ Male ☐ Transgend	sian er er	American, African  Asian of American  American  American  American  American  American  Indian, Ala  Native, or  Indigenous  Native  Hawaiian  Pacific Isla  Female  Male  Transg	or Asian an aska s or ander e ender	Americ African Asia Americ Americ Indian, Native, Indiger Nat Hawaii Pacific Fen Mal	ck, African- can, or an or Asian can erican Alaska or nous ive an or Islander nale e nsgender		White Black, African- erican, or can Asian or Asian erican American an, Alaska ive, or genous Native vaiian or ific Islander emale Male Fransgender
Gender	<ul><li>☐ A gender other than singularly female or male</li><li>☐ Questioning</li></ul>	<ul><li>☐ A gender other than singularly female or male</li><li>☐ Questioning</li></ul>		<ul><li>☐ A gender other than singularly female or male</li><li>☐ Questioning</li></ul>		<ul><li>☐ A gender other than singularly female or male</li><li>☐ Questioning</li></ul>		<ul><li>☐ A gender other than singularly female or male</li><li>☐ Questioning</li></ul>	
		Household:			1		1	/outl	
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?		# 1 Initials:  Less than 1 year ago  1+ years ago  Don't know/ refused	# 2 Initials:  Less than 1 year ago  1+ years ago Don't know/ refused		# 3 Initials:  Less than 1 year ago 1+ years ago Don't know/ refused		# 4 Initials:  Less than 1 year ago 1+ years ago Don't know/ refused		# 5 Initials:  Less than 1 year ago 1+ years ago Don't know/ refused
many differe time have yo emergency s street, in a ca or any other	u slept in an helter, on the ar, in the woods, location "UNSHELTERED"	☐ 1 (only this time) ☐ 2 - 3 times ☐ 4+ times ☐ Don't know/ refused	til 2 4	(only this me) - 3 times + times on't know/ efused	time)  2 - 3  4+ tir	times		nes S	☐ 1 (only this time) ☐ 2 − 3 times ☐ 4+ times ☐ Don't know/refused

7.

(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?	<ul><li>□ 1 – 11 months</li><li>□ 12+ months</li><li>□ Don't know/ refused</li></ul>	☐ 1 – 11 months ☐ 12+ months ☐ Don't know/refused	☐ 1 – 11 months ☐ 12+ months ☐ Don't know/ refused	<ul><li>□ 1 – 11 months</li><li>□ 12+ months</li><li>□ Don't know/ refused</li></ul>	☐ 1 – 11 months ☐ 12+ months ☐ Don't know/refused
Instructions: For reason	ne of cafoty r	dosco do not	ack the next o	vuoction in fra	ant of two
				-	
adults who have identifi	ed that they a	are part of the	same Housel	nold, if two+ a	dults are
being interviewed toget	her, skip this	question.			
	•	-			
Did you need to leave the pla	•		someone making	you feel unsafe	? Do you feel
unable to return there because	se you feel unsa	fe?			
☐ Yes ☐ No ☐ Did not ask	•				
If yes to feeling unsafe, a		uestion: <b>Would y</b> o	ou like to speak t	o someone who	can talk to you
about increasing your safety?	1				
• If yes, direct this individua	al to the <b>Nation</b>	al Domestic Vi	olence Hotline	at 1-800-799	<b>-7233</b>
If yes to feeling unsafe:					
	•	•			
sensitive questions to as	sk you. Is that	ok, or do you	teel like answ	ering addition	al questions
would compromise your	safety?				
•	-	□ N = 1 :			al aliti a .a a l
□ V 'C' L (					
$\square$ Yes; it is ok to proceed with	n your questions.			e answering any a	
$\square$ Yes; it is ok to proceed with	n your questions.			e answering any a erson and end sui	
		questi	ons. (Thank this p	erson and end sui	rvey.)
If safety question not ask	ced, or individ	questi ual did not ind	ons. (Thank this p icate feeling u	erson and end suinsafe: The ne	ext set of
If safety question not ask questions asks about se	ced, or individ	questi ual did not ind You don't hav	ons. (Thank this p icate feeling u re to answer a	erson and end suinsafe: The ne	ext set of at you don't
If safety question not ask	ced, or individ	questi ual did not ind You don't hav	ons. (Thank this p icate feeling u re to answer a	erson and end suinsafe: The ne	ext set of at you don't
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If safety question not ask questions asks about set want to, however your arthe survey and used to homelessness.  (Continued)  Do you drink alcoholic beverages or use drugs (illegal or prescription for non-medical reasons)?  Do you have any mental health conditions (such as depression, anxiety, schizophrenia)?  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?  Do any of the situations we just discussed keep you from	# 1 Initials: Yes No Don't know/ refused Yes No No	# 2 Initials:	# 3 Initials:	# 4 Initials:	# 5 Initials: No No No No No Don't know/ refused Yes No No Don't know/ refused Yes No No Don't know/ refused Yes No
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you from holding a job or living in stable		Alcohol use/ illegal drug use		Alcohol use/ illegal drug use		Alcohol use/ illegal drug use		Alcohol use/ illegal drug use		Alcohol use/ illegal drug use
housing? (check all that apply)		Mental health		Mental health		Mental health		Mental health		Mental health
чргу/		Physical disability		Physical disability		Physical disability		Physical disability		Physical disability
Have you been diagnosed as		Yes No		Yes No		Yes No		Yes No		Yes No
having a developmental disability?		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-		Yes No		Yes No		Yes No		Yes No		Yes No
related illness?		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		Yes		Yes		Yes		Yes		Yes
benefits such as SSI, SSDI, or Veteran's Disability Benefits?		No Don't know/ refused		No Don't know/ refused		No Don't know/ refused		No Don't know/ refused		No Don't know/ refused
Did you serve in ACTIVE DUTY as a member of the		Yes		Yes		Yes		Yes		Yes
Army, Navy, Marine Corp, Air		No Don't know/		No Don't know/		No Don't know/		No Don't know/		No Don't know/
Force, Coast Guard, National Guard or Reserves?		refused		refused		refused		refused		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?										
Is there anything else	<b>y</b> (	ou want to	o te	ell me abo	out	your hou	ISI	ig experi	enc	:e <u>?</u>
Is there anything else	e yc	ou want to	o te	ell me abo	out			rview - TH		1
						End of	inte	rview - TH		1
OBSERVATION ONLY	Υ <u>. Ιι</u>	nterviewe	er:	lf you are	ur	End of	inte	erview - TH	AN	K YOU!
OBSERVATION ONLY individual/household individual/household is aslee	Y. II	nterviewe at you be is unable or	er: l	If you are /e to be e	ur exp	End of  able to seriencing viewed or to	urv ho	erview - TH <u>rey an</u> omelessn nplete the fu	AN ess	K YOU!  5, because erview,
OBSERVATION ONL) individual/household individual/household is aslee please provide the following i person within the household.	Y. II	nterviewe at you be is unable or mation to the	er:   lie\ unv e be	If you are /e to be e villing to be i	ur expense	End of  able to s eriencing viewed or to based on w	inte	erview - TH  ey an  melessn  nplete the fu	AN ess	K YOU!  5, because erview,
OBSERVATION ONLY individual/household individual/household is aslee please provide the following in person within the household.  • # adults in Household:	Y. In that p or information (Ea	nterviewe at you be is unable or mation to the ch househol	e be	If you are /e to be e villing to be i est of your ab hould be sub	ur exponter	End of  able to seriencing viewed or to based on wied as a separate series.	urv hoc con hat y	erview - TH  Tey an  Implementation of the full out can observe survey.)	ess ess	K YOU!  5, because erview, for each
OBSERVATION ONLY individual/household individual/household is aslee please provide the following i person within the household.  • # adults in Household:  • Estimated age of # age 25-34 =	Y. II tha	nterviewe at you be is unable or mation to the ch househol ults (leave b	er: liev liev unv e be ld sh	If you are  /e to be e  villing to be i  est of your al  nould be sub	e ur	End of  able to seriencing viewed or to based on well as a separate age	inte	rview - TH rey an melessn hplete the fu you can obse survey.) age 18-24 =	ess Il int erve	K YOU!  5, because erview, for each
OBSERVATION ONL) individual/household individual/household is aslee please provide the following is person within the household:  • # adults in Household:  • Estimated age of # age 25-34 = # 65 and older =	Y. II tha	nterviewe at you be is unable or mation to the ch househol ults (leave be # age 35-44	er:   lie\ lie\ unve be ld sh blan = _	If you are  /e to be e  villing to be i  est of your al  nould be sub	e ur	End of  able to seriencing viewed or to based on well as a separate age	inte	rview - TH rey an melessn hplete the fu you can obse survey.) age 18-24 =	ess Il int erve	K YOU!  5, because erview, for each
OBSERVATION ONLY individual/household individual/household is aslee please provide the following is person within the household:  • # adults in Household:  • Estimated age of # age 25-34 = # 65 and older =	Y. II tha p or (Ea	nterviewe at you be is unable or mation to the ch househol ults (leave be # age 35-44	e be ld sh	If you are /e to be e villing to be i est of your ab nould be sub k if unable t	e ur exp nter pility mitte	End of  able to seriencing viewed or to based on well ed as a sepans stimate age 54 =	inte	erview - TH  Every an  Eve	ess Il int	K YOU!  S, because erview, for each