COUNTY: ______________________ **AGENCY NAME:** ______________________________
PROGRAM NAME: ____________________________

2023 PA Balance of State: Point-in-Time Survey of the Homeless – 01/25/2023
Interview Form – TRANSITIONAL HOUSING

<u>Interview Questions</u>

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.)

<u>NOTE to Interviewer</u>: 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 ☐ 45-54 ☐ 18-24 ☐ 55-64 ☐ 25-34 ☐ 65 + ☐ 35-44	Age: ________ If estimating age: ☐ Under 18 ☐ 45-54 ☐ 18-24 ☐ 55-64 ☐ 25-34 ☐ 65 + ☐ 35-44	Age: ________ If estimating age: ☐ Under 18 ☐ 45-54 ☐ 18-24 ☐ 55-64 ☐ 25-34 ☐ 65 + ☐ 35-44	Age: ________ If estimating age: ☐ Under 18 ☐ 45-54 ☐ 18-24 ☐ 55-64 ☐ 25-34 ☐ 65 + ☐ 35-44	Age: ________ If estimating age: ☐ Under 18 ☐ 45-54 ☐ 18-24 ☐ 55-64 ☐ 25-34 ☐ 65 + ☐ 35-44
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 <u>all</u> 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 <u>all remaining questions</u> to **adult household members only and/or a youth under age 18 if they are the Head of Household**

<u>Instructions</u>: For reasons of safety, do not ask the next question in front of two adults who identify 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**

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. ☐ No, I am not comfortable answering additional questions (Thank this person and end the 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 any mental health conditions (such as depression, anxiety, 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**