COUNTY: AGENCY NAME:										
	PROGRAM NAME:									
	2025 PA Balance of State: Point-in-Time Survey of the Homeless – 01/22/2025 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 AC	SE of each Household	member.							
	□ 25-34 □ 65 +	□ Under 18 □ 45-54 □ 18-24 □ 55-64	Age: If estimating:  Under 18	Age: If estimating:  □ Under 18 □ 45-54  □ 18-24 □ 55-64  □ 25-34 □ 65 +  □ 35-44	Age: If estimating:  □ Under 18 □ 45-54  □ 18-24 □ 55-64  □ 25-34 □ 65 +  □ 35-44					
	Please provide the RA	CE/ETHNICITY of each	Household member.							
	☐ White ☐ Black, African- American, or African ☐ Hispanic/ Latina/e/o ☐ Asian or Asian American ☐ Middle Eastern or North African ☐ American Indian, Alaska Native, or Indigenous ☐ Native Hawaiian or Pacific Islander	□ White     □ Black, African- American, or African     □ Hispanic/ Latina/e/o     □ Asian or Asian American     □ Middle Eastern or North African     □ American Indian, Alaska Native, or Indigenous     □ Native Hawaiian or Pacific Islander	□ White     □ Black, African- American, or African     □ Hispanic/ Latina/e/o     □ Asian or Asian American     □ Middle Eastern or North African     □ American Indian, Alaska Native, or Indigenous     □ Native Hawaiian or Pacific Islander	□ White     □ Black, African- American, or African     □ Hispanic/ Latina/e/o     □ Asian or Asian American     □ Middle Eastern or North African     □ American Indian, Alaska Native, or Indigenous     □ Native Hawaiian or Pacific Islander	□ White     □ Black, African- American, or African     □ Hispanic/ Latina/e/o     □ Asian or Asian American     □ Middle Eastern or North African     □ American Indian, Alaska Native, or Indigenous     □ Native Hawaiian or Pacific Islander					
	Please provide the GENDER of each Household member.									
	<ul> <li>□ Woman/ girl</li> <li>□ Man/ boy</li> <li>□ Culturally Specific Identity (e.g. Two-Spirit)</li> <li>□ Transgender</li> <li>□ Non-Binary</li> <li>□ Questioning</li> <li>□ Different Identity</li> </ul>	□ Woman/ girl     □ Man/ boy     □ Culturally Specific Identity (e.g. Two-Spirit)     □ Transgender     □ Non-Binary     □ Questioning     □ Different Identity	□ Woman/ girl     □ Man/ boy     □ Culturally Specific Identity (e.g. Two-Spirit)     □ Transgender     □ Non-Binary     □ Questioning     □ Different Identity							
	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?									
	<ul><li>□ Less than 1 year ago</li><li>□ 1+ years ago</li><li>□ Don't know/ refused</li></ul>	<ul><li>☐ Less than 1 year ago</li><li>☐ 1+ years ago</li><li>☐ Don't know/ refused</li></ul>	<ul><li>☐ Less than 1 year ago</li><li>☐ 1+ years ago</li><li>☐ Don't know/ refused</li></ul>	<ul><li>□ Less than 1 year ago</li><li>□ 1+ years ago</li><li>□ Don't know/ refused</li></ul>	<ul><li>□ Less than 1 year ago</li><li>□ 1+ years ago</li><li>□ Don't know/ refused</li></ul>					

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)	# 1 Initials:	# 2 Initials:	# 3 Initials:	# 4 Initials:	# 5 Initials:						
1 (only this time)   1 (only this time)   1 (only this time)   2 - 3 times   2 - 3 t											
2 - 3 times					1 (only this time)						
4 + times			· · · · · · · · · · · · · · · · · · ·								
Don't know/refused   Don't			_								
F4 + 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											
the street, in a car, in the woods, or any other unsheltered location?    1-11 months		•	·								
12+ months   12+											
Don't know/refused/NA   Don't know/refused   D	☐ 1 – 11 months	☐ 1 – 11 months	☐ 1 – 11 months	☐ 1 – 11 months	☐ 1 – 11 months						
Instructions: For reasons of safety, please do not ask the next question in front of two adults who have identified 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 unsafe? \[ \text{loss} \te	☐ 12+ months	☐ 12+ months	☐ 12+ months	☐ 12+ months	☐ 12+ months						
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Identified 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   Tyes 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   Tyes 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; this ok to proceed.   No.   am not comfortable answering additional questions (Thank this person and end the survey).   Yes; this ok to proceed.   No.   am not comfortable answering additional questions (Thank this person and end the survey).   Yes   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.  Do you drink alcoholic beverages or use drugs (Illegal or prescription for non-medical reasons)?   Yes											
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Experiencing homelessness.   Poyou drink alcoholic beverages or use drugs (illegal or prescription for non-medical reasons)?   Yes											
Do you drink alcoholic beverages or use drugs (illegal or prescription for non-medical reasons)?    Yes			and used to neip provide b	etter programs and service	ces to people						
Yes			igs (illegal or prescripti	on for non-medical rea	sons)?						
Don't know/refused				T							
Do you have any mental health conditions (such as depression, anxiety, schizophrenia)?   Yes											
Yes	☐ Don't know/refused	□ Don't know/refused	☐ Don't know/refused	│	□ Don't know/refused						
Don't know/refused   Pes: Alcohol/drug   Yes: Alcohol/d	Do you have any men	tal health conditions (s	such as depression, and	xiety, schizophrenia)?							
Don't know/refused   Pes: Alcohol/drug   Yes: Alcohol/d	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No						
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											
physical activity such as walking, climbing stairs, reaching, lifting, or carrying?    Yes											
Yes   No					one or more basic						
Don't know/refused		<u> </u>		1							
Do any of the situations we just discussed keep you from holding a job or living in stable housing?    Yes: Alcohol/drug	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No						
Yes: Alcohol/drug	□ Don't know/refused	□ Don't know/refused	□ Don't know/refused	☐ Don't know/refused	□ Don't know/refused						
Yes: Mental health Yes: Physical disab. No Yes: Physical disab. No Yes: Physical disab. No Yes: Physical disab. No Yes: Physical disab. No Yes: Physical disab. No Yes: Physical disab. No No No No Yes: No No <t< td=""><td>Do any of the situation</td><td>ns we just discussed k</td><td>eep you from holding a</td><td>job or living in stable</td><td>housing?</td></t<>	Do any of the situation	ns we just discussed k	eep you from holding a	job or living in stable	housing?						
Yes: Physical disab.   No   No   No   No   No   No   No   N	☐ Yes: Alcohol/drug	☐ Yes: Alcohol/drug	☐ Yes: Alcohol/drug	☐ Yes: Alcohol/drug	☐ Yes: Alcohol/drug						
Yes: Physical disab.   No   No   No   No   No   No   No   N	☐ Yes: Mental health	☐ Yes: Mental health	☐ Yes: Mental health	☐ Yes: Mental health	☐ Yes: Mental health						
□ No	☐ Yes: Physical disab.	☐ Yes: Physical disab.	☐ Yes: Physical disab.	☐ Yes: Physical disab.							
Don't know/refused Don't know/re											
Have you been diagnosed as having a developmental disability?    Yes											
Don't know/refused 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 No Yes No Yes No Yes No Don't know/refused Don't know/refu											
Don't know/refused 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 No Yes No Yes No Yes No Don't know/refused Don't know/refu	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No						
Do you have AIDS or an HIV-related illness?  Yes No Yes No Yes No Yes No Don't know/refused Don't know/refused Don't know/refused Don't know/refused No Yes No											
Yes       No       Yes       No       Yes       No       Yes       No         Don't know/refused       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       No       Yes       No       Yes       No       Yes       No         Don't know/refused       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?					Don't know/folused						
□ Don't know/refused □ Don't				T							
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 Yes No Yes No Yes No Don't know/refused Would you like the name of someone who works with veterans to provide housing resources?											
Guard or Reserves?  Yes No Yes No Yes No Yes No Yes No Yes No Don't know/refused Don't kn											
☐ Yes ☐ No ☐ On't know/refused ☐ Don't know/ref											
□ Don't know/refused □ Don't				T= =							
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