


2019 Unsheltered Point-in-Time Count (night of January 30, 2019)

Interviewer: _____ Map #: _____ Time: AM / PM

City (or nearest city):	Geographic Location (street, park, agency name, etc.):	Zip Code of Last Housed Residence <small>Or City/State</small>
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1 → Hello, my name is _____ and I'm a volunteer for the Lane County Poverty and Homelessness Board. We are conducting a survey to count people experiencing homelessness in order to provide better programs in our community. Are you interested in taking a quick survey?

2 → Has another volunteer already asked you to answer questions for one of these forms? If "YES" then stop 

3 → Your responses to questions will not be shared with anyone outside of our team. I need to read each question all the way through. Can I have about 5 minutes of your time?

4 → Where did you stay last night (Wednesday January 30)? *Do not read options out loud.*

A Street, sidewalk, vehicle (car, van, RV, truck), a park, abandoned building, bus station, under bridge or overpass, woods or outdoors encampment, Dusk to Dawn tent, Safe Parking, City Overnight Parking Program

B Emergency Shelter Adult 25+ Temporarily stayed with friends or family (couch surfing/doubled up) Motel

If everyone in the household is age 24 or UNDER (including singles) additional acceptable option to continue survey

Y **C** Couch surfing, temporarily staying or living in friend's or acquaintance's apartment or house, doubling up.

If you checked **A** or **C** (above), **continue with survey**. Otherwise  Thank you for your time.

5 → How many people in your household stayed with you last night? *Household size may be 1*

6 → *If Household of 1, skip question 6.*
What is your relationship to the Head of Household (HoH)?
 Self (Head of household) HoH's spouse/ partner HoH's Child HoH's Other Relative HoH's non-relation

For Households of 2 or more, complete a separate survey for each member: STAPLE or CLIP household forms

7 → What is your name? (first, middle, last, suffix)

8 → What are the last 4 digits of your Social Security Number?
Important to get last 4 of SSN to prevent duplicates
 Client Doesn't Know
 Refused

Only write last 4 numbers!

If DOB refused, ask for age or estimate age
9 → What is your date of birth?

If doesn't know, estimate
 Full Date of Birth
 Approximate or partial Date of Birth

10 → Which gender identity applies to you?
Read all choices Female Male Trans Female Trans Male
 Gender Non-Conforming Refused
[If Female/Transgender/Gender Non-Conforming]
Are you pregnant? Yes No Doesn't Know Refused
[If YES]
When is your due date?

11 → With which races and/or ethnicity do you identify? *Read all options. Check all that apply and Circle the Primary*
 Hispanic/Latino Asian Black/African American Native Hawaiian/Pacific Islander
 Native American/Indian White Doesn't Know Refused

12 → Have you or anyone in your household served in:
Reserves or National Guard? Yes No
Military with more than 90 days active? (Has a DD214) Yes No

13 → Do you have a pet or companion animal staying with you? Yes No
Can be observational

14 → Approximate date of current homeless episode:

Date could be recent or many years ago.
May need to help respondent estimate date.

If current episode date above is 02/01/2016 or before, skip Q15 and Q16.

15 → Including this time, how many times have you stayed on the streets or in shelters in past 3 years, since Jan 2016?

1 2 3 4+ Doesn't Know Refused

16 → How many months have you been homeless on the streets or in an emergency shelter in the past 3 years?

1 (This time is the 1st month) 2 3 4 5 6 7 8 9 10 11 12 13+
 Doesn't Know Refused [Refer to calendar to help count.](#)

17 → I'm going to read a list of conditions that you may be experiencing. [Check all that apply](#)
Which of these disabilities are long-term and keep you from holding a job or living in stable housing?

<input type="checkbox"/> Alcohol Use	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Chronic Health Condition (such as diabetes, cancer, COPD, hypertension etc.)	<input type="checkbox"/> HIV/AIDS
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Mental health issues	<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> NONE

18 → Are you a victim or survivor of domestic violence, dating violence, sexual assault, or stalking?

Yes No Doesn't Know Refused

If YES, When did that occur?

Are you currently fleeing? Yes No Doesn't Know Refused

End of Regular Survey

Thank you for taking the survey! [\[Give incentive for completion\]](#)



Youth-Specific Questions (Only Ask if Everyone in Household is Age 24 or under)

19 → Which of the following best describes how you identify? [Read all options.](#)

Lesbian or gay Straight Bisexual Queer Something else Doesn't Know Refused

20 → Have you ever been in foster care?

Yes No Doesn't Know Refused

21 → Have you ever been to detention or jail?

Yes No Doesn't Know Refused

22 → What is the last grade you completed? [\(Check one\)](#)

Elementary School 6th 7th 8th 9th 10th 11th 12th HS Diploma GED Some College
 College Degree Other: _____

Are you currently enrolled in any school? Yes No Doesn't Know Refused

23 → [If couch surfing/doubled up:](#) With whom did you stay on the night of Wednesday January 30th? [\(Check all that apply\)](#)

By myself Friends/acquaintances Family (parents/siblings/other relatives) Significant Other
 Foster Caregiver Other/ Write-In: _____

24 → [If couch surfing/doubled up:](#) Can you live where you stayed the night of Wednesday January 30th for the next month?

Yes No Doesn't Know

25 → [If couch surfing/doubled up:](#) Do you feel safe where you stayed the night of Wednesday January 30th?

Yes No Doesn't Know

26 → Have you stayed in any of these places in the last 3 months? [\(Check all that apply\)](#)

Apartment/House/Trailer Drug/alcohol treatment/detox center Hospital Car/Truck/RV Outside/Tent
 Overnight Shelter such as Looking Glass Station 7 or Eugene Mission Foster care placement Hotel/ Motel
 St. Vincent de Paul Youth House or Looking Glass transitional housing program

27 → In the last 3 months, with whom have you stayed? [\(Check all that apply\)](#)

By myself Friends/acquaintances Family (parents/siblings/other relatives) Significant Other
 Foster Caregiver Other/ Write-In: _____