

## **Curry County Homeless Coalition**

Hello, my name is \_\_\_\_\_, and I am helping the Curry County Homeless Coalition conduct a survey of Homeless people in our county. Your answers to this survey will help the coalition and local service providers to better understand the needs of homeless people and will help improve services for all homeless people, including yourself.

Have you taken this survey already?

This survey is voluntary. You do not have to be interviewed if you do not want to be interviewed. If you agree to participate, we will not identify you in any way. This study is strictly confidential.

We ask that you take this survey only once, so if somebody else asks you to take the Curry County Homeless Coalition Survey later, just say that you have already taken it.

Would you be willing to take about 15 minutes and take part in the interview?

**If the person does not want to take the survey, count them using the Homeless Count Form on the back page.**

<u>Volunteer name:</u>	<u>Survey City and Date:</u>	<u>Location of Survey:</u>
_____	_____	Outdoors
_____	_____	Emergency Shelter
		Transitional Housing
		Motel
		Abandoned Building
		Automobile
		Other: _____
		_____

1. Age: \_\_\_\_\_
2. Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_
3. Race/Ethnicity:
  - A. White/Caucasian
  - B. American Indian
  - C. Asian
  - D. Hispanic
  - E. African American
  - F. Other: \_\_\_\_\_
4. Have you ever been in the military? Yes: \_\_\_\_\_ No: \_\_\_\_\_
5. How long have you been homeless?
  - A. Less than one month
  - B. One to six months
  - C. Six months to one year
  - D. One to two years
  - E. Two to five years
  - F. More than five years
6. How long have you been in this town/area?
  - A. Less than one month
  - B. One to six months
  - C. Six months to one year
  - D. One to two years
  - E. Two to five years
  - F. More than five years
7. Before you became homeless, where were you staying?
  - A. Owned your home
  - B. Rented apartment/home
  - C. With family
  - D. With friends
  - F. In a motel
  - G. In jail or prison
  - H. In a hospital or other treatment program
  - I. other \_\_\_\_\_

8. How many times have you been homeless in the past three years?
- A. 1 time
  - B. 2 times
  - C. 3 times
  - D. 4 times
  - E. More than 4 times
9. What caused you and/or your family to leave your last living arrangement?
- A. Divorce/Break-up
  - B. Domestic violence
  - C. Unable to pay rent/mortgage
  - D. Unemployment
  - E. Alcohol/drug abuse
  - F. Medical expenses
  - G. Physical or mental illness
  - H. Prison or jail
  - I. Argument with family/friends
  - J. Welfare time limits
  - K. Temporary living situation ended
  - L. Other: \_\_\_\_\_
10. Where did you spend last night?
- A. Emergency shelter
  - B. Domestic violence shelter
  - C. On the street
  - D. Transitional housing
  - E. With friend or relative
  - F. Hotel/motel
  - G. Prison/jail
  - H. Treatment center
  - I. Hospital
  - J. Automobile
  - K. Other: \_\_\_\_\_
11. During the past month, how many nights have you spent in a shelter?
- A. None
  - B. 1-2 nights
  - C. 3-4 nights
  - D. 5-6 nights
  - E. More than 6 nights
12. Marital status: Married:\_\_\_\_\_ Divorced:\_\_\_\_\_ Single:\_\_\_\_\_ Separated:\_\_\_\_\_ Other:\_\_\_\_\_
13. Do you have family members living with you now?
- A. Yes (if yes, go to question 14)
  - B. No (if no, go to question 15)
14. Which family members live with you?
- A. Husband/wife
  - B. Domestic partner/boyfriend/girlfriend
  - C. Children
  - D. Other family

15. Do you have any children under 18?  
 A. Yes (if yes, go to question 16 & 17)    B. No (if no, go to question 18)
16. Does your child/children attend school?  
 A. Yes    B. No
17. For each of your children under 18, please tell me their age, gender, grade attending in school, and where they are living now?

**(Example in gray)**

Age	Gender	Grade in School	Where is the child living now?
		1. K-2nd grade 2. 2nd –5th grade 3. 6th—8th grade 4. 9th—12th grade 5. Too young for school 6. Don't know	7. Shelter 8. Shelter with you 9. On the street 10. At home with other parent 11. With grandparents 12. With other family members 13. With Child Protective Services 14. Don't know 15. Other: _____
6	F	1	8

18. What was the last grade you finished in school?  
 A. Did not graduate  
 B. High school diploma or GED  
 C. Some college  
 D. College diploma  
 E. Technical/vocational school  
 F. Other: \_\_\_\_\_
19. Do you have a job?  
 A. Yes (go to question 20)    B. No (go to question 21)  
 C. Too young to work (go to question 24)    D. Retired (go to question 24)

20. Which of these best describes your work schedule?
- A. Regular full-time
  - B. Regular part-time
  - C. Temporary full-time
  - D. Temporary part-time
  - E. Day labor (at least 2 days per week)
  - F. Other: \_\_\_\_\_

21. How long have you been unemployed?
- A. 1 month or less
  - B. 1-6 months
  - C. 6-12 months
  - D. more than 1 year

22. Are you looking for work?
- A. Yes \_\_\_\_\_ B. No \_\_\_\_\_

23. Are you unable to work because of a disability?
- A. Yes \_\_\_\_\_ B. No \_\_\_\_\_

24. Do you get money or assistance from any of the following? (circle all that apply)

Family or friends	Food stamps	Social Security
Pension	Unemployment	Child support
Recycling cans & bottles	Panhandling	AFDC/TANF
SSI (Supplemental Security Income)	Veteran's benefits	Job
Money from shelter/churches	No money	Other: _____

25. What is your primary form of transportation?
- A. Own car
  - B. Friend or family's car
  - C. Public transportation
  - D. Walking
  - E. Bicycling
  - F. Other: \_\_\_\_\_

26. Since you have been homeless, have you been able to see a doctor when you are sick?
- A. Yes (go to question 27)
  - B. No (go to question 28)
  - C. Have not needed to see a doctor (go to question 28)

27. How do you pay for your medical care?
- A. Medicaid
  - B. Hospital or clinic card
  - C. Private or employer's insurance
  - D. Medicare
  - E. Veteran's benefits
  - F. Health Department—Don't pay
  - G. Hospital/Emergency room—Don't pay
  - H. Cash
  - I. Other: \_\_\_\_\_

28. Which of the following service do you need that you are not currently receiving?

Veteran's benefits	Food stamps	AFDC/TANF
Social Security	Clothing	Medical care
Dental care	Drug/alcohol counseling	Child care
Mental health counseling	Job training/education	Transportation
Emergency shelter	I do not need any services	Other: _____

29. Have you been the victim of a crime while being homeless?

A. Yes \_\_\_\_\_ B. No \_\_\_\_\_

30. Did you report the crime?

A. Yes \_\_\_\_\_ B. No \_\_\_\_\_ if no, why not? \_\_\_\_\_

31. What keeps you homeless? (Circle all that apply)

Lack of income from work	Insufficient government benefits
Bills and expenses	Lack of affordable housing
Alcohol or drug abuse	No physical address
No phone number	No place to bathe/groom regularly
Being sleep deprived	Lack of access to transportation (no ability to pay)
Lack of clothing for work	Lack of knowledge of resources and programs
Mental illness	Discrimination against homeless people
Loss of money; theft, scams	Theft of identity cards
Other: _____	

32. What is the hardest part about being homeless?

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## Homeless Count Form

City of Survey: \_\_\_\_\_

Survey location	Adult male	Adult female	Male child	Female child
Outdoors				
Emergency shelter				
Transitional housing				
Motel				
Abandoned building				
Automobile				
Other				