

**WCICCC Conference Call**  
**Conference Call Number: 309-298-3681**  
**January 8, 10:30 a.m.**

Al Coleman, Regional Office of Education #22 (Schuyler)  
Amanda Davis, Illinois Institute for Rural Affairs/WIU (Macomb)  
Bill Jacobs, Housing Authority of McDonough Co. (Macomb)  
Cynthia Grawe, Madonna House (Quincy)  
Cynthia Stiffler, Samaritan Well, Inc. (Macomb)  
Derrius Scott, Illinois Institute for Rural Affairs/WIU (Macomb)  
Dona Leanard, Crisis Center Foundation (Jacksonville)  
Elaine Davis, Two Rivers Regional Council (Quincy)  
Emily Robberts, United Way of Adams Co. (Quincy)  
Heidi Welty, Salvation Army (Quincy)  
Jasmine Locke, Madonna House (Quincy)  
Jerry Gille, Housing Authority of Adams Co. (Quincy)  
Jim Kaiser, Regional Office of Education #1 (Adams/Pike)  
Joanne Dedert, Madonna House (Quincy)  
Lori Hartz, Prairieland United Way (Jacksonville)  
Lori Sutton, Illinois Institute for Rural Affairs/WIU (Macomb)  
Mary Muehlenfeld, YWCA of Quincy  
Mike McLaughlin, Two Rivers Regional Council (Quincy)  
Myndi Boyd, YWCA of Quincy  
Tammi Lonergan, MCS Community Services (Jacksonville)  
Vanessa Tyus, New Directions (Jacksonville)

**Minutes**

1. Roll Call (Lori Sutton or Amanda Davis)
2. Welcome (Mary Muehlenfeld)
3. Provider Update and/or Personnel Changes
  - a. YWCA-has openings with more units to open at the end of the month, started reallocation, no personnel changes
  - b. Madonna House- no personnel changes, one open room
  - c. Salvation Army- no staff changes, will be full by the end of the day
  - d. Samaritan Well-Hired part time case manager (Ashley Wilson) with ESG money, also have some vacancies
  - e. MCS Community Services- No personnel changes, 1 two bedroom opening up next month
  - f. Quincy Housing- No personnel changes, almost fully occupied with strong waiting lists
  - g. United Way-Emily is the new executive director and is hoping to have a new community resources associate by the first of February
  - h. Two Rivers Council- No openings with a long waiting list
  - i. New Directions- No openings but have an overflow housing ready if needed, no personnel changes
  - j. ROE #1 (Quincy)- No changes
  - k. QUANADA- No openings, no personnel changes
  - l. Crisis Center Foundation- has openings, one employee resigned, but a part time employee will be coming back to take the spot
  - m. Illinois Institute for Rural Affairs- New practicum student (Darrius Scott)
4. CoC Grant
  - a. October 30: CoC grant was due, and was submitted on time. No news has come from HUD yet, which is not unusual.

5. ESG (Lori Sutton)
  - a. Two new staff have been hired under the State's ESG program; they are Delbra Sims and Chris Luttrell. If you cannot reach Stacey Difuccia, feel free to contact either of them. Delbra's contact information is 217-782-0490; delbra.sims@illinois.gov and Chris' contact information is 217-524-1547; christina.luttrell@illinois.gov. They have both been with the state for awhile but in totally different capacities, so please be patient with them as they learn the program and the DHS systems.
  - b. The annual aggregated statistics that DCEO/DHS needs to due Feb. 13. Lori will be working with the providers to gather clean the data in the HMIS and gather the data from the DV providers. This is known as the CAPER that was provided last year. The reporting period is calendar year 2014.
  - c. ESG recipients should have received a new Program Year 2014 client statistic report that is an excel spreadsheet. Normally report is due the 10<sup>th</sup> of month, but Stacey is giving to January 20<sup>th</sup> since the template was provided late.
  - d. No reports from other ESG providers
6. WCI Council
  - a. Research & Evaluation Committee (Mary Muehlenfeld)
    - i. Jan. 6, the Emergency Food and Shelter Program (EFSP) for Adams, Brown, Hancock, and Pike county meeting
    - ii. Emily Roberts is in charge of the committee
  - b. Coordinated Assessment Committee (Mary Muehlenfeld)
    - i. Dona Leanard is in charge of the committee
    - ii. Organizations have volunteered to be on this
      1. Madonna House- Cindy Grawe is contact person
      2. Salvation Army-Heidi Welty (Prather) is contact person
7. HMIS (Amanda Davis)
  - a. New Direction Warming and Cooling Center, Jacksonville, trained on HMIS Nov. 13, 2014.
  - b. Midwest Youth Services, Jacksonville, will be trained on HMIS Jan. 15, 2015.
8. Point-In-Time (Amanda Davis)
  - a. Process Overview & Discussion
    - i. HUD surveys attached
      1. Model Sheltered Night of Count PIT Survey.pdf
        - a. For people to get info from people in shelters
        - b. Should be able to get from HMIS-Ideally
      2. Model Observation Based Unsheltered Night of Count PIT Survey.pdf
        - a. *Will not be used.*
      3. Model Interview Based Unsheltered Night of Count PIT Survey.pdf
        - a. *Will not be used.*
      4. Model Service Based Count PIT Survey.pdf
        - a. Used the next day for agencies to go to different soup kitchens and services to see where people stayed the night before.
    - ii. Should we keep using the unsheltered count since it rarely yields any data
      1. Some places do not do it
      2. Most people find a place to stay because it is so cold out during the count
      3. This was useful back in the day, but there are more places like Walmart open 24 hours where people can go and keep warm for the night
    - iii. We are moving away from an unsheltered count, so we need to be more aggressive in the service based counts the next day.
    - iv. Teams Request
      1. YWCA wants to do services based in Quincy area.
      2. Jasmine from Madonna House would like to do service based in Quincy area.
      3. Vanessa from Jacksonville would like to join Tammy's team
    - v. HMIS records should be up to date by Feb. 6 if you would like to forego Shelter Survey.
  - b. Housing Inventory Count
    - i. Last year's HUD reporting document will be sent out. Agencies should verify that the information is still accurate. If any changes are needed, let Amanda Davis ([am-davis7@wiu.edu](mailto:am-davis7@wiu.edu)) or Lori Sutton ([la-sutton@wiu.edu](mailto:la-sutton@wiu.edu)) know.

9. Other
  - a. Annual Homeless Assessment Report (AHAR) was submitted last month
    - i. If over 50% of our providers provide data in one of our systems we can submit that data in the annual report
    - ii. Someone was contacted by Herald Wig in Quincy and was told about our efforts in the continuum and they may be running a story about our efforts
10. Final Roll Call for Late Attendees (Lori Sutton or Amanda Davis). All present.
11. Meeting Schedule
  - a. February 12: WCICCC Meeting/Conference Call, Western Illinois Regional Council, 223 South Randolph, Macomb
  - b. March 12: WCICCC conference call
  - c. April 9: WCICCC conference call
  - d. May 14: WCICCC Meeting/Conference Call, YWCA of Quincy, 639 York Street, Quincy

## Data Summary All Persons

Note: This page is designed to help communities review their AHAR data prior to submitting their report categories to the AHAR research team. Please verify that the information in this data summary is accurate and complete.

Reporting Year: 10/1/2013 - 9/30/2014

Site: West Central Illinois

## Bed Coverage Rates

	ESFAM	ESIND	THFAM	THIND	PSHFAM	PSHIND
<i>Bed Coverage Rates- 1 year</i>	0%	0%	47%	0%	100%	100%

## Unduplicated Counts

Number of Persons	ESFAM	ESIND	THFAM	THIND	PSHFAM	PSHIND
<b>1 year count (October 1-September 30)</b>	N/A	N/A	N/A	N/A	82	3
<b>On an average night</b>	N/A	N/A	N/A	N/A	45	3
<b>Point-in-Time Counts</b>						
<i>October 30, 2013</i>	N/A	N/A	N/A	N/A	29	3
<i>January 29, 2014</i>	N/A	N/A	N/A	N/A	45	3
<i>April 30, 2014</i>	N/A	N/A	N/A	N/A	52	2
<i>July 30, 2014</i>	N/A	N/A	N/A	N/A	44	2

Number of Families	ESFAM	THFAM	PSHFAM
<b>1 year count (October 1-September 30)</b>	N/A	N/A	25
<b>Point-in-Time Counts</b>			
<i>October 30, 2013</i>	N/A	N/A	10
<i>January 29, 2014</i>	N/A	N/A	14
<i>April 30, 2014</i>	N/A	N/A	16
<i>July 30, 2014</i>	N/A	N/A	14

## Average Household Size

Persons per Household	ESFAM	THFAM	PSHFAM
<b>On an average night</b>	N/A	N/A	3.30
<i>October 30, 2013</i>	N/A	N/A	2.90
<i>January 29, 2014</i>	N/A	N/A	3.20
<i>April 30, 2014</i>	N/A	N/A	3.30
<i>July 30, 2014</i>	N/A	N/A	3.10

## Bed and Family Unit Utilization Rates

Percent Beds Utilized	ESFAM	ESIND	THFAM	THIND	PSHFAM	PSHIND
<b>On an average night</b>	N/A	N/A	N/A	N/A	68%	100%
<i>October 30, 2013</i>	N/A	N/A	N/A	N/A	44%	100%
<i>January 29, 2014</i>	N/A	N/A	N/A	N/A	68%	100%
<i>April 30, 2014</i>	N/A	N/A	N/A	N/A	79%	67%
<i>July 30, 2014</i>	N/A	N/A	N/A	N/A	67%	67%

<b>Percent Family Units Utilized</b>	<b>ESFAM</b>		<b>THFAM</b>		<b>PSHFAM</b>	
<i>October 30, 2013</i>	N/A		N/A		67%	
<i>January 29, 2014</i>	N/A		N/A		93%	
<i>April 30, 2014</i>	N/A		N/A		107%	
<i>July 30, 2014</i>	N/A		N/A		93%	

## Length of Stay

<b>Percent of Beds Utilized</b>	<b>ESFAM</b>	<b>ESIND</b>	<b>THFAM</b>	<b>THIND</b>	<b>PSHFAM</b>	<b>PSHIND</b>
<i>Annual Turnover (average # of persons served per bed) in year</i>	N/A	N/A	N/A	N/A	1.24	1.00

## Missing Data Rates

<b>Variable</b>	<b>ESFAM</b>	<b>ESIND</b>	<b>THFAM</b>	<b>THIND</b>	<b>PSHFAM</b>	<b>PSHIND</b>
<i>Gender</i>	N/A	N/A	N/A	N/A	0%	0%
<i>Age</i>	N/A	N/A	N/A	N/A	0%	0%
<i>Ethnicity</i>	N/A	N/A	N/A	N/A	0%	0%
<i>Race</i>	N/A	N/A	N/A	N/A	0%	0%
<i>Living Arrangement the Night Before Program Entry</i>	N/A	N/A	N/A	N/A	0%	0%
<i>Zip Code of Last Permanent Address</i>	N/A	N/A	N/A	N/A	0%	0%
<i>Disability Status</i>	N/A	N/A	N/A	N/A	0%	0%
<i>Veteran Status</i>	N/A	N/A	N/A	N/A	0%	0%
<i>Household Size</i>	N/A	N/A	N/A	N/A	0%	0%
<i>Household Type</i>	N/A	N/A	N/A	N/A	0%	0%
<i>Length of Stay</i>	N/A	N/A	N/A	N/A	0%	0%
<i>Number of nights - Adults</i>	N/A	N/A	N/A	N/A	0%	0%
<i>Number of nights - Children</i>	N/A	N/A	N/A	N/A	0%	N/A
<i>Destination at Exit</i>					0%	0%

*\*\*Data in this category did not meet minimum participation criteria for participation in HUD's Annual Homeless Assessment Report.*

U.S. Department of Housing and Urban Development Office of Special Needs Assistance Programs  
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### Inventory List for IL-519 - West Central Illinois CoC

Click on an organization or project to view/edit inventory details.

Date of the Housing Inventory Counts: **1/29/2014** [Change Date](#) [Choose Columns](#) [Show more search options](#)

Search  Year  Project  [Search Inventory](#) [Show All](#) [Export to Excel](#) [Add Organization or Project](#)

Star	Row #	Year	Proj. Type	Organization Name ▲	Project Name	Geo Code	Inventory Type	Bed Type	Target Pop. A	Target Pop. B	McKinney-Vento	CH Beds	Veteran Beds	Youth Beds	Youth Age Group	Year-Round Beds	Total Seasonal Beds	Overflow Beds	HMIS Overflow Beds	PIT Count	Total Beds	Utilization Rate
★	188070	2014	ES	<a href="#">American Red Cross</a>	<a href="#">ARC - Motel Vouchers for Disasters</a>	179001	C	Voucher beds	SMF+HC		No					0	0	20		0	20	0 %
★	188090	2014	TH	<a href="#">Chrysalis Shepherding Home</a>	<a href="#">Chrysalis TH</a>	179067	C		SFHC		No	0	0			9				0	9	0 %
★	188071	2014	ES	<a href="#">Crisis Center Foundation</a>	<a href="#">CCF-ES</a>	179137	C	Facility-based beds	SFHC	DV	No	0	0			14	0	0		7	14	50 %
★	198633	2014	TH	<a href="#">Fishers of Men</a>	<a href="#">Fishers</a>	179001	C		SM		No	0	0			27				0	27	0 %
★	188080	2014	TH	<a href="#">Madonna House</a>	<a href="#">MH TH</a>	179001	C		SFHC		No	0	0			13				13	13	100 %
★	188072	2014	ES	<a href="#">MCS Community Services</a>	<a href="#">MCS Motel Vouchers (DHS)</a>	179137	C	Voucher beds	SMF+HC		No	0	0			3	0	20		0	23	0 %
★	188082	2014	TH	<a href="#">MCS Community Services</a>	<a href="#">MCS-DHS/ETH</a>	179137	C		SMF+HC		No	0	0			3				3	3	100 %
★	188081	2014	TH	<a href="#">MCS Community Services</a>	<a href="#">MCS-HUD</a>	179137	C		SMF+HC		Yes	0	0			8				8	8	100 %
★	188099	2014	PSH	<a href="#">MCS Community Services</a>	<a href="#">MCS-PSH</a>	179137	C		SMF+HC		Yes	2	0	0		4				2	4	50 %
★	188096	2014	ES	<a href="#">New Directions Warming/Cooling Center</a>	<a href="#">ND ES</a>	179137	C	Facility-based beds	SMF		No	0	0			24				18	24	75 %
★	188073	2014	ES	<a href="#">New Start Rescue Mission</a>	<a href="#">NS ES</a>	179001	C	Facility-based beds	SM		No	0	0			9	0	0		5	9	56 %
★	198627	2014	ES	<a href="#">New Start Rescue Mission</a>	<a href="#">NS ES</a>	179001	U	Facility-based beds	SM		No	0	0			9					9	
★	188074	2014	ES	<a href="#">Prairieland United Way Inc.</a>	<a href="#">Prairieland United Way Inc. Motel Vouchers</a>	179137	C	Voucher beds	SMF+HC		No					0	0	2		0	2	0 %
★	188097	2014	ES	<a href="#">QUANADA</a>	<a href="#">QUANADA ES</a>	179001	C	Facility-based beds	SFHC	DV	No	0	0			10	0	0		10	10	100 %
★	188075	2014	TH	<a href="#">QUANADA</a>	<a href="#">QUANADA TH</a>	179001	C		SFHC	DV	No	0	0			5				4	5	80 %
★	188092	2014	ES	<a href="#">SA Jacksonville</a>	<a href="#">SA Jacksonville Motel Vouchers</a>	179137	C	Voucher beds	SMF+HC		No					0	0	10		0	10	0 %
												Sum : 8	Sum : 0	Sum : 14		Sum : 331	Sum : 0	Sum : 102	Sum :	Sum : 185		

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Star	Row #	Year	Proj. Type	Organization Name ▲	Project Name	Geo Code	Inventory Type	Bed Type	Target Pop. A	Target Pop. B	McKinney-Vento	CH Beds	Veteran Beds	Youth Beds	Youth Age Group	Year-Round Beds	Total Seasonal Beds	Overflow Beds	HMIS Overflow Beds	PIT Count	Total Beds	Utilization Rate	
★	188076	2014	ES	Salvation Army Macomb	<a href="#">SA Macomb Motel Vouchers</a>	179109	C	Voucher beds	SMF+HC		No					0	0	10		0	10	0 %	
★	188077	2014	ES	Salvation Army Quincy	<a href="#">SA Quincy ES</a>	179001	C	Facility-based beds	SMF+HC		No		0	0		14	0			5	14	36 %	
★	188084	2014	TH	Samaritan Well	<a href="#">SW Men's TH</a>	179109	C		SM		No		0	0		8				2	8	25 %	
★	188083	2014	TH	Samaritan Well	<a href="#">SW Womens TH</a>	179109	C		SFHC		No		0	0		8				10	8	125 %	
												Sum : 8	Sum : 0	Sum : 14		Sum : 331	Sum : 0	Sum : 102	Sum :	Sum : 185			

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### Inventory List for IL-519 - West Central Illinois CoC

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Star	Row #	Year	Proj. Type	Organization Name ▲	Project Name	Geo Code	Inventory Type	Bed Type	Target Pop. A	Target Pop. B	McKinney-Vento	CH Beds	Veteran Beds	Youth Beds	Youth Age Group	Year-Round Beds	Total Seasonal Beds	Overflow Beds	HMIS Overflow Beds	PIT Count	Total Beds	Utilization Rate
★	188094	2014	TH	<a href="#">Starting Point</a>	SP Men's TH	179187	C		SM	No		0	0		6					0	6	0 %
★	188093	2014	ES	<a href="#">Starting Point</a>	SP Mens ES	179187	C	Facility-based beds	SM	No		0	0		3					0	3	0 %
★	188085	2014	TH	<a href="#">Starting Point</a>	SP Women's TH	179187	C		SFHC	No		0	0		18					0	18	0 %
★	188101	2014	TH	<a href="#">The Well House</a>	WH TH	179001	C		SF	No		0	0		4					0	4	0 %
★	188091	2014	TH	<a href="#">Transitions of Western Illinois</a>	<a href="#">Young Adult Program</a>	179001	C		SMF+HC	No		0	14	18-24	14					14	14	100 %
★	188078	2014	ES	<a href="#">Two Rivers Regional Council</a>	<a href="#">TRRC Motel Vouchers (DHS)</a>	179001	C	Voucher beds	SMF+HC	No		0	0		15	0	20			15	35	43 %
★	188079	2014	ES	<a href="#">Western Illinois Regional Council</a>	<a href="#">WIRC Motel Vouchers (DHS)</a>	179109	C	Voucher beds	SMF+HC	DV	No				0	0	20			0	20	0 %
★	188086	2014	TH	<a href="#">Western Illinois Regional Council</a>	WIRC-DHS/ETH	179001	C		SMF+HC	No		0	0		8					8	8	100 %
★	188087	2014	TH	<a href="#">Western Illinois Regional Council</a>	WIRC-HUD	179109	C		SMF+HC	Yes		0	0		10					3	10	30 %
★	188088	2014	PSH	<a href="#">YWCA of Quincy</a>	<a href="#">YWCA PSH</a>	179001	C		SFHC	Yes	6	0	0		65					43	65	66 %
★	188095	2014	TH	<a href="#">YWCA of Quincy</a>	<a href="#">YWCA TH</a>	179001	C		SFHC	Yes		0	0		20					15	20	75 %
									Sum : 8			Sum : 0		Sum : 14		Sum : 331	Sum : 0	Sum : 102	Sum :	Sum : 185		

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<b>KEY: Target Population A</b>	<b>KEY: Target Population B</b>
CO: couples Only, No Children	DV: Domestic Violence victims
HC: Households with Children	HIV: Persons with HIV/AIDS
SF: Single Females (18 years and older)	NA: Not Applicable
SF+HC: Single Females and Households with Children	VET: Veterans
SM: Single Males (18 years and older)	<b>KEY: Inventory Type</b>
SM+HC: Single Males and Households with Children	C: Current Inventory
SMF: Single Males and Females (18 years and older)	N: New Inventory
SMF+HC: Single Male and Female and Households with Children	U: Under Development
YF: Unaccompanied Young Females (Under 18)	<b>KEY: Bed Type</b>
YM: Unaccompanied Young Males (Under 18)	F: Facility-based
YMF: Unaccompanied Young Males and Females (Under 18)	O: Other (Emergency Shelter Only)
	V: Voucher

## Shelter Count Survey

This survey is designed to count people who use housing services in the West Central Illinois Continuum of Care area. Your participation is *voluntary* and your responses to questions *will not be shared with anyone outside of our team*. This survey should only take about 10 minutes. If you wish to participate please read each question all the way through.

### Shelter Information

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Program/Location:

County:

Date: 1/28/15

Time:

Type of Program (Agency employees only):      Emergency Shelter    Traditional Housing    Safe Havens

### Personal Information

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Including yourself, how many adults and children are there in your household, ***who are staying with you tonight?*** Do not count family members sleeping elsewhere tonight.

\_\_\_\_\_ Adults (Age 18 and older)

\_\_\_\_\_ Children (Age 17 and younger)

	Head of Household	Person 2	Person 3	Person 4	Person 5
<b>1. What are your initials and the initials of the other people in your household from oldest to youngest? (Head of Household is yourself)</b>					
<b>2. How are the people listed above related to you?</b>	<b>Self</b>	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family <input type="checkbox"/> Non-Married Partner <input type="checkbox"/> Other, Non-Family (Please explain)	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family <input type="checkbox"/> Non-Married Partner <input type="checkbox"/> Other, Non-Family (Please explain)	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family <input type="checkbox"/> Non-Married Partner <input type="checkbox"/> Other, Non-Family (Please explain)	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family <input type="checkbox"/> Non-Married Partner <input type="checkbox"/> Other, Non-Family (Please explain)
<b>3. Just to confirm, are you staying with each of these family members tonight?</b>	<b>Self</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer
<b>4. How old are you/your family members listed? (If unsure, please continue to question 4a below.)</b>					
<b>a. If you are not positive of their age please choose an age range.</b>	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> Don't know/Don't	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> Don't know/Don't	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> Don't know/Don't	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> Don't know/Don't	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> Don't know/Don't

	wish to answer	wish to answer	wish to answer	wish to answer	wish to answer
	Head of Household	Person 2	Person 3	Person 4	Person 5
<b>5. Are you male, female, or transgender?</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male
<b>6. Are you Hispanic or Latino?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer
<b>7. What is your race? (You can select one or more races.)</b>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: Please specify <hr/> <input type="checkbox"/> Don't know/Don't wish	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: Please specify <hr/> <input type="checkbox"/> Don't know/Don't wish	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: Please specify <hr/> <input type="checkbox"/> Don't know/Don't wish	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: Please specify <hr/> <input type="checkbox"/> Don't know/Don't wish	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: Please specify <hr/> <input type="checkbox"/> Don't know/Don't wish

	to answer	to answer	to answer	to answer	to answer
<b>8. Have you served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer
<b>9. If you answered YES for question 8 skip this question and continue to question 10. Were you ever called into active duty as a member of the National Guard or as a Reservist?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer
<b>10. Have you ever received health care or benefits from a Veterans Administration medical center?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer
<b>11. Is this the first time you have been homeless?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer
<b>12. How long have you been homeless <u>this time</u>? Only include time spent staying in shelters and/or on the streets. (Only enter days, weeks, months, OR years. Do not put a response for all options)</b>	_____ Days _____ Weeks _____ Months _____ Years _____ Don't know/Don't wish to answer	_____ Days _____ Weeks _____ Months _____ Years _____ Don't know/Don't wish to answer	_____ Days _____ Weeks _____ Months _____ Years _____ Don't know/Don't wish to answer	_____ Days _____ Weeks _____ Months _____ Years _____ Don't know/Don't wish to answer	_____ Days _____ Weeks _____ Months _____ Years _____ Don't know/Don't wish to answer
<b>13. If you answered YES for q. 11 skip to q. 14. Including this time, how many separate times have you stayed in shelters or on the streets in the past</b>	<input type="checkbox"/> Less than 4 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> Don't know/Don't wish	<input type="checkbox"/> Less than 4 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> Don't know/Don't wish	<input type="checkbox"/> Less than 4 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> Don't know/Don't wish	<input type="checkbox"/> Less than 4 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> Don't know/Don't wish	<input type="checkbox"/> Less than 4 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> Don't know/Don't wish

3 years (since January 2012)?	to answer	to answer	to answer	to answer	to answer
<b>a. In total, how long did you stay in shelters or on the streets for those times?</b> (Only enter days, weeks, months, OR years. Do not put a response for all options)	_____ Days	_____ Days	_____ Days	_____ Days	_____ Days
	_____ Weeks	_____ Weeks	_____ Weeks	_____ Weeks	_____ Weeks
	_____ Months	_____ Months	_____ Months	_____ Months	_____ Months
	_____ Years	_____ Years	_____ Years	_____ Years	_____ Years
	_____ DK/REF	_____ DK/REF	_____ DK/REF	_____ DK/REF	_____ DK/REF

***Only answer for person 18 years of age or older.***

**14. Please identify whether any of these situations apply to you or members of your household age 18 or older.**

	Head of Household	Person 2	Person 3	Person 4	Person 5
<b>a. Do you/do any family members drink alcohol?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer
<b>b. Do you/do any family members use illegal drugs?</b> This includes prescription drugs that were not prescribed for that person.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer
<b>c. Do you/do any family members have any ongoing health problems or medical conditions such as diabetes, cancer, heart disease?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer
<b>d. Do you/do any family members have Post-Traumatic Stress Disorder or PTSD?</b> (PTSD can occur in people who have seen or had life-threatening events such as natural disasters,	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer

serious accidents, war, or personal violence.)					
e. <b>Do you/do any family members have psychiatric or emotional conditions such as depression or schizophrenia?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer
f. <b>Do you/do any family members have a physical disability?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer
g. <b>Have you/have any family members ever had a traumatic injury to your/their brain from a bump, blow, or wound to the head?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer
h. <b>If you answered YES to ANY of the questions for A through G please answer this question, if not, skip to question 15. Do any of the situations in the questions above keep you from holding a job or living in stable housing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer
i. <b>If you answered YES to question H please answer this question. If not skip to question 15. Which ones keep you from holding a job or living in stable housing?</b>	<input type="checkbox"/> (a) Alcohol use <input type="checkbox"/> (b) Illegal drug use <input type="checkbox"/> (c) Ongoing health issue <input type="checkbox"/> (d) PTSD <input type="checkbox"/> (e) Psychiatric / emotional condition <input type="checkbox"/> (f) Physical disability <input type="checkbox"/> (g) Brain injury	<input type="checkbox"/> (a) Alcohol use <input type="checkbox"/> (b) Illegal drug use <input type="checkbox"/> (c) Ongoing health issue <input type="checkbox"/> (d) PTSD <input type="checkbox"/> (e) Psychiatric / emotional condition <input type="checkbox"/> (f) Physical disability <input type="checkbox"/> (g) Brain injury	<input type="checkbox"/> (a) Alcohol use <input type="checkbox"/> (b) Illegal drug use <input type="checkbox"/> (c) Ongoing health issue <input type="checkbox"/> (d) PTSD <input type="checkbox"/> (e) Psychiatric / emotional condition <input type="checkbox"/> (f) Physical disability <input type="checkbox"/> (g) Brain injury	<input type="checkbox"/> (a) Alcohol use <input type="checkbox"/> (b) Illegal drug use <input type="checkbox"/> (c) Ongoing health issue <input type="checkbox"/> (d) PTSD <input type="checkbox"/> (e) Psychiatric / emotional condition <input type="checkbox"/> (f) Physical disability <input type="checkbox"/> (g) Brain injury	<input type="checkbox"/> (a) Alcohol use <input type="checkbox"/> (b) Illegal drug use <input type="checkbox"/> (c) Ongoing health issue <input type="checkbox"/> (d) PTSD <input type="checkbox"/> (e) Psychiatric / emotional condition <input type="checkbox"/> (f) Physical disability <input type="checkbox"/> (g) Brain injury

<p><b>15. Have you/have any family members ever received special education (or special ed.) services for more than 6 months?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer
<p><b>16. Do you/do any family members have AIDS or an HIV-related illness?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer
<p><b>17. Do you/do any family members receive any disability benefits such as Social Security Income, Social Security Disability Income, or Veteran's Disability Benefits?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer
<p><b>18. Have you ever been physically, emotionally, or sexually abused by a relative or another person you have stayed with, such as a spouse, partner, brother or sister, or parent?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't wish to answer
<p><b><i>Thank you very much for participating in this survey!</i></b></p>					



**Service-Based Count Form** (use this form on 1/29/14)

Program/Location: _____	County: _____
Interviewer: _____	Date: _____ Time: _____ AM/PM

Hello, my name is \_\_\_\_\_ and I'm a volunteer for the [NAME OF CoC]. We are conducting a survey to count homeless people to provide better programs and services to them. Your participation is voluntary and 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 10 minutes of your time?

Yes → [GO TO Q1]       No → [THANK RESPONDENT]

<p>1. Where did you sleep on the night of January XX?</p> <p><i>[DO NOT READ CATEGORIES. SELECT ONLY ONE CATEGORY.]</i></p>	<p>1. Street or sidewalk 2. Vehicle (car, van, RV, truck) 3. Park 4. Abandoned building 5. Bus, train station, airport 6. Under bridge/overpass 7. Woods or outdoor encampment 8. Other location (specify) → _____</p>	<p>[GO TO Q2]</p>	<p>9. Emergency shelter 10. Transitional housing 11. Motel/hotel 12. House or apartment 13. Jail, hospital, treatment program</p>	<p>[SKIP TO Q20]</p>	
<p>2. Did another volunteer or survey worker already ask you these same questions about where you were staying on that night?</p>	<p><input type="checkbox"/> Yes → [GO TO Q20] <input type="checkbox"/> No <input type="checkbox"/> DK/REF</p>				
<p>3. Including yourself, how many adults and children were there in your household, <u>who were sleeping in the same location with you on that night?</u></p>	<p>_____ Adults (Age 18 and older) _____ Children (Age 17 and younger)</p>				
<p>4a. What are your initials? (PERSON 1) <i>[IF RESPONDENT SAYS DON'T KNOW OR REFUSED, WRITE OUT "DON'T KNOW" OR "REFUSED"]</i></p>	4a. Person 1	4b. Person 2	4c. Person 3	4d. Person 4	4e. Person 5
<p>4b-4e. What are the initials of other people in your household from oldest to youngest? <i>[IF DON'T KNOW OR REFUSED WRITE OUT "DON'T KNOW" OR "REFUSED"]</i></p>					

Service-Based Count Form

**[COMPLETE THE COLUMN FOR PERSON 1 BY ASKING Q5-Q16. THEN COMPLETE THE COLUMNS FOR PERSONS 2-5 FOR ALL OTHER HOUSEHOLD MEMBERS IN ORDER OF OLDEST TO YOUNGEST, BY ASKING Q5-Q16 FOR EACH PERSON. IF OTHER HOUSEHOLD MEMBERS ARE PRESENT, ASK EACH INDIVIDUALLY FOR THEIR ANSWERS TO Q5-Q16. IF OTHER HOUSEHOLD MEMBERS ARE NOT PRESENT, PERSON 1 SHOULD ANSWER FOR THEM.]**

	Person 1	Person 2	Person 3	Person 4	Person 5
5. How is <i>[FILL INITIALS]</i> related to you/Person 1?	<b>Self</b>	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family <input type="checkbox"/> Non-Married Partner <input type="checkbox"/> Other, Non-Family → _____	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family <input type="checkbox"/> Non-Married Partner <input type="checkbox"/> Other, Non-Family → _____	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family <input type="checkbox"/> Non-Married Partner <input type="checkbox"/> Other, Non-Family → _____	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family <input type="checkbox"/> Non-Married Partner <input type="checkbox"/> Other, Non-Family → _____
6. Just to confirm, did you stay with <i>[FILL INITIALS OF PERSON 1]</i> on the night of January XX <i>[FILL TIME SET BY CoC FOR PIT COUNT]</i> ?	<b><i>[SKIP FOR PERSON 1]</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
<i>[IF Q6=NO ASK Q6A, OTHERWISE GO TO Q7]</i> a. Where were you staying on the night of the count? <i>[READ CATEGORIES FROM Q1. RECORD NUMBER HERE.]</i>	<b><i>[SKIP FOR PERSON 1]</i></b>	Location where slept on night of count (refer to Q1):  # _____	Location where slept on night of count (refer to Q1):  # _____	Location where slept on night of count (refer to Q1):  # _____	Location where slept on night of count (refer to Q1):  # _____
<b><i>[IF SHELTERED (9-13 FROM Q1), STOP AND GO BACK TO Q5 FOR NEXT PERSON]</i></b>					
7. How old are you/is <i>[FILL INITIALS]</i> ? <i>[ENTER NUMBER]</i>					
a. <i>[IF HESITANT ASK:]</i> Are you...?	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> DK/REF	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> DK/REF	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> DK/REF	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> DK/REF	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 + <input type="checkbox"/> DK/REF

Service-Based Count Form

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>8. Are you male, female, or transgender?</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male
<b>9. Are you Hispanic or Latino?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
<b>10. What is your race? You can select one or more races.</b> <b>[READ CATEGORIES, DO NOT READ "Please Specify."]</b>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Please specify → <hr/> <input type="checkbox"/> DK/REF	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Please specify → <hr/> <input type="checkbox"/> DK/REF	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Please specify → <hr/> <input type="checkbox"/> DK/REF	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Please specify → <hr/> <input type="checkbox"/> DK/REF	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Please specify → <hr/> <input type="checkbox"/> DK/REF
<b>11. Have you served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
<b>12. [IF Q11=NO ASK Q12, OTHERWISE GO TO Q13] Were you ever called into active duty as a member of the National Guard or as a Reservist?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
<b>13. Have you ever received health care or benefits from a Veterans Administration medical center?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF

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<b>14. Is this the first time you have been homeless?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
<b>15. How long have you been homeless <u>this time</u>? Only include time spent staying in shelters and/or on the streets.</b>	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF
<b>[IF Q14=YES (FIRST TIME HOMELESS) THEN SKIP TO INSTRUCTION AFTER Q16A, OTHERWISE ASK Q16]</b>					
<b>16. Including this time, how many separate times have you stayed in shelters or on the streets in the past 3 years, that is since January 2011? Was it 4 more times or less than 4 times?</b>	<input type="checkbox"/> Less than 4 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> DK/REF	<input type="checkbox"/> Less than 4 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> DK/REF	<input type="checkbox"/> Less than 4 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> DK/REF	<input type="checkbox"/> Less than 4 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> DK/REF	<input type="checkbox"/> Less than 4 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> DK/REF
<b>a. In total, how long did you stay in shelters or on the streets for those times?</b>	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF	_____ Days _____ Weeks _____ Months _____ Years _____ DK/REF
<b>[ENTER DAYS OR WEEKS OR MONTHS OR YEARS]</b>					

***[GO BACK TO Q5, COMPLETE COLUMNS FOR PERSONS 2-5 FOR ALL OTHER HH MEMBERS IN ORDER OF OLDEST TO YOUNGEST. THEN ASK Q17-Q21 for ADULTS ONLY.]***

***[ONLY ASK QUESTIONS Q17-Q21 TO PERSONS AGE 18 AND OLDER]***

<b>17. Please tell me whether any of these situations apply to you.</b>					
	<b>Person 1</b>	<b>Person 2</b>	<b>Person 3</b>	<b>Person 4</b>	<b>Person 5</b>
<b>a. Do you/Does Person [2-5] drink alcohol?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
<b>b. Do you/Does Person [2-5] use illegal drugs? This includes prescription drugs that were not prescribed for you.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
<b>c. Do you/Does Person [2-5] have any ongoing</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF

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<p>health problems or medical conditions such as diabetes, cancer, heart disease?</p>					
<p>d. Do you/Does Person [2-5] have Post-Traumatic Stress Disorder or PTSD? [IF NECESSARY: a condition that can occur in people who have seen or had life-threatening events such as natural disasters, serious accidents, war, or personal violence. It may cause feelings of detachment.]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
<p>e. Do you/Does Person [2-5] have psychiatric or emotional conditions such as depression or schizophrenia?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
<p>f. Do you/Does Person [2-5] have a physical disability?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
<p>g. Have you/Has Person [2-5] ever had a traumatic injury to your/their brain from a bump, blow, or wound to the head?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
<p>h. [IF ONE OR MORE ANSWERS FROM A TO G =YES, THEN ASK H. IF PERSON HAS NONE OF THESE HEALTH ISSUES SKIP TO Q18.] Do any of the situations we just discussed keep you from holding a job or living in stable housing?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
<p>i. [IF H = YES, THEN ASK I. IF NOT, SKIP TO QUESTION Q18.] Which ones keep you from holding a job or living in stable housing?</p>	<input type="checkbox"/> (a) Alcohol use <input type="checkbox"/> (b) Illegal drug use <input type="checkbox"/> (c) Ongoing health issue <input type="checkbox"/> (d) PTSD <input type="checkbox"/> (e) Psychiatric / emotional condition <input type="checkbox"/> (f) Physical disability <input type="checkbox"/> (g) Brain injury	<input type="checkbox"/> (a) Alcohol use <input type="checkbox"/> (b) Illegal drug use <input type="checkbox"/> (c) Ongoing health issue <input type="checkbox"/> (d) PTSD <input type="checkbox"/> (e) Psychiatric / emotional condition <input type="checkbox"/> (f) Physical disability <input type="checkbox"/> (g) Brain injury	<input type="checkbox"/> (a) Alcohol use <input type="checkbox"/> (b) Illegal drug use <input type="checkbox"/> (c) Ongoing health issue <input type="checkbox"/> (d) PTSD <input type="checkbox"/> (e) Psychiatric / emotional condition <input type="checkbox"/> (f) Physical disability <input type="checkbox"/> (g) Brain injury	<input type="checkbox"/> (a) Alcohol use <input type="checkbox"/> (b) Illegal drug use <input type="checkbox"/> (c) Ongoing health issue <input type="checkbox"/> (d) PTSD <input type="checkbox"/> (e) Psychiatric / emotional condition <input type="checkbox"/> (f) Physical disability <input type="checkbox"/> (g) Brain injury	<input type="checkbox"/> (a) Alcohol use <input type="checkbox"/> (b) Illegal drug use <input type="checkbox"/> (c) Ongoing health issue <input type="checkbox"/> (d) PTSD <input type="checkbox"/> (e) Psychiatric / emotional condition <input type="checkbox"/> (f) Physical disability <input type="checkbox"/> (g) Brain injury
<p>Just a few more questions ... 18. Have you/Has Person [2-5] ever received</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF

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<p>special education (or special ed.) services for more than 6 months?</p>					
<p>19. Do you/Does Person [2-5] have AIDS or an HIV-related illness?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
<p>20. Do you/Does Person [2-5] receive any disability benefits such as Social Security Income, Social Security Disability Income, or Veteran’s Disability Benefits?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
<p>21. Have you ever been physically, emotionally, or sexually abused by a relative or another person you have stayed with, such as a spouse, partner, brother or sister, or parent?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/REF
<p>Thanks for taking the survey!</p>	<p><b><i>[IF MORE ADULTS IN HH GO BACK TO Q17 TO COMPLETE COLUMNS FOR PERSONS 2-5.]</i></b></p>				