

HomelessAid Survey

* Required

1. What is your age? *

Mark only one oval.

- ☐ 0-16
- ☐ 16-40
- ☐ 40-60
- ☐ 60+

2. What technology do you have access to? (Check all that apply) *

Check all that apply.

- ☐ Smartphone with internet access
- ☐ Internet
- ☐ Laptop
- ☐ Tablet
- ☐ None
- ☐ Other: _____

3. What type of phone do you have? *

Mark only one oval.

- ☐ Android
- ☐ iPhone
- ☐ Other:
- ☐ None

4. *Do you know where to find facilities/places with free WiFi? *

Mark only one oval.

- ☐ Yes
- ☐ No

5. *Do you feel that you have these basic necessities to live? (Check all that apply) *

Check all that apply.

- ☐ Food
- ☐ Clinics
- ☐ Place to Live
- ☐ Clothes
- ☐ Other: _____

6. What are some items you would want to be provided(clothes, toiletries, packed food) that could help you? *

7. Would you prefer a website or an app to find help? *

Check all that apply.

- ☐ App
- ☐ Website

8. Do you have access to a hospital/free clinic? Do you know where it is located?

9. Is the City of Austin helping you in any way? If yes, please describe. Otherwise, how would you like to see them help?

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