**Hello, my name is \_\_\_\_\_\_\_\_\_ and I’m a volunteer for the Tampa/Hillsborough County Continuum of Care. We are conducting a survey to count people experiencing homelessness to provide better services to them in our community. Your participation is voluntary and your responses will not be shared with anyone outside of our team. I need to read each question all the way through.**

**May I have a few minutes of your time?**

**If the person declines to participate please gather as much identifying/descriptive info as possible below:**

* **Was this survey completed based on observation?** ⬜ Yes ⬜ No

**1. Have you completed this survey earlier today?** ⬜ Yes (if “Yes”, stop survey) ⬜ No

**2. Are you currently homeless?** ⬜ Yes ⬜ No (if “No”, stop survey)

**3. Where did you stay last night?**

⬜Place not meant for habitation (car, street, abandoned building, etc.)

⬜Emergency shelter (ES) If ES, name of Facility: \_\_\_\_\_\_\_

⬜Transitional housing for homeless (TH) If TH, name of Facility: \_\_\_\_\_\_\_

⬜Hotel/Motel paid for by an agency or organization

⬜Psychiatric facility

⬜ Substance abuse treatment facility

⬜ Hospital How long were you in the facility/jail/hospital?

⬜ Jail, prison, detention facility ⬜ More than 90 days ⬜ Less than 90 days**\***

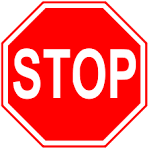
**\***If person indicates they are staying in a facility/hospital and “Less than 90 days” is checked – ASK: Where did you stay right before entering the facility/jail/hospital:

⬜ Place not meant for habitation (car, street)

⬜ Emergency shelter (ES) / Safe Haven (SH) If ES/SH, name of Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ Transitional housing for homeless (TH) If TH, name of Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜Hotel/Motel paid for by an agency or organization

**[](http://www.google.com/url?url=http://www.clipartpanda.com/categories/stop-sign-clip-art-microsoft&rct=j&frm=1&q=&esrc=s&sa=U&ved=0ahUKEwid6Y3L2JDKAhXK7CYKHQYbAqwQwW4IFjAA&sig2=8C6eGEBumGtjB0a1REtt-A&usg=AFQjCNGy_ZwOSLkRvIwt9asIUIawTofqrw) Stop Survey** if person reports they are living in a **non-homeless** situation. Examples include: Rental apartment/home, staying or living with friends or family, permanent supportive housing, long term care or nursing home, residential project or halfway house, or hotel/motel paid for by self.

**4. Please tell me your first name and first three letters of your last name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Last 4 of your SSN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. What is your date of birth**? Month \_\_\_\_\_\_\_ Day \_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ Place not meant for habitation (car, street)

⬜ Emergency shelter, include motel voucher

⬜ Transitional Housing for Homeless

⬜ Psychiatric facility

⬜ Substance abuse treatment facility

⬜ Hospital

⬜ Jail, prison, detention facility

⬜Room, apartment, house rented

⬜ Apartment or house owned

⬜ Stayed with family member

⬜ Stayed with friend

⬜ Hotel/motel paid for by self

⬜ Foster care home

⬜ Permanent housing for homeless

⬜ Don’t know

⬜ Refused

⬜ Other:

**7. Are you:**  ⬜ Male ⬜ Female ⬜ Transgender (if Transgender, circle:M to F /F to M )

**8. Are you Hispanic or Latino**? ⬜ Yes ⬜ No

**9. What is your race?** (Please circle Primary Race if more than one is indicated): ⬜ American Indian/Alaskan Native ⬜ Asian

⬜ Black/African American ⬜ Native Hawaiian/Other Pacific Islander ⬜ White ⬜ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. How long have you been in this episode of homelessness?** ⬜ 1 week or less ⬜ more than 1 week, but less than 1 month ⬜ 1 – 3 months ⬜ more than 3 months, but less than 1 year ⬜ 1 year or longer

**10. How many times have you been on the streets, Emergency Shelter, or Safe Haven in the past three years including today?**  ⬜ Never in the 3 years ⬜ One Time ⬜ Two Times ⬜ Three Times ⬜ Four or More Times

11. Total number of months you have been homeless on the street, Emergency Shelter, or Safe Haven in the past three years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ months

**12. How long have you been staying in Hillsborough County?** ⬜ 1 week or less ⬜ More than 1 week, but less than 1 month

⬜ 1 to 3 months ⬜ More than 3 months, but less than 1 year ⬜ 1 year or longer

13. What is the primary cause of your homelessness? ⬜ Employment/financial reasons ⬜ Family problems

⬜ Recent immigration ⬜ Housing issues ⬜ Natural/other disasters

⬜ Medical/disability problems ⬜ Other: \_\_\_\_\_\_

**14. Were you ever in foster care as a child?** ⬜Yes⬜No

15A. Do you have a disabling condition? ⬜ Yes ⬜ No (If No, skip to question 16)

15B. What type of disabling condition do you have? (you may select more than one condition)

⬜ Physical ⬜ Developmental ⬜ Mental health ⬜ Alcohol Abuse ⬜ Drug Abuse ⬜ HIV/AIDS

16A. Have you ever served on Active Duty in the US Military? ⬜ Yes ⬜ No (If “No”, skip to question 17)

16B. What Branch of the Military did you serve? ⬜ Army ⬜ Air Force ⬜ Navy ⬜ Marines ⬜ Coast Guard

**16C. What date did you enter the service?** (Month/Year) \_\_\_\_\_\_\_\_\_\_\_ **What date did you exit the Service?** (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**16D.** **What type of discharge did you receive?** ⬜ Honorable  ⬜ Dishonorable ⬜ General  ⬜ Other than honorable ⬜ Bad conduct

⬜ Other

**17. Are you covered by Health Insurance?** ⬜ Yes ⬜ No

18. Are you a domestic violence victim/survivor? ⬜ Yes ⬜ No

19. Have you ever been charged with a felony? ⬜ Yes ⬜ No

20. Do you receive any income? ⬜ Yes (if yes, check all sources that apply?) Amount $ /month (Gross) ⬜ No Income

⬜ Earned income

⬜ Workers’ Comp

⬜ Job/employment

⬜ Unemployment

⬜ TANF

⬜ Child support

⬜ SSI

⬜ SSDI

⬜ SSA retirement

⬜ General assistance

⬜ Alimony

⬜ Veterans disability

⬜ Veteran’s pension

⬜ Private disability insurance

⬜ No financial resource

⬜ Other source \_\_\_\_\_\_\_\_

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| ⬜ Earned income  ⬜ SSI  ⬜ SSDI  ⬜ Unemployment | ⬜ Alimony  ⬜ Workers’ Comp  ⬜ TANF  ⬜ Child support | ⬜ SSA retirement  ⬜ Pension/Retirement Income  ⬜ VA Disability Comp (Service Connected) | ⬜ VA Disability Pension (NON -service connected)  ⬜ Private disability insurance  ⬜ Other |  |

**21. Are you currently employed?**  ⬜ Yes ⬜ No

**22A. Do you have any family members who are homeless and with you now?**  **⬜ Yes ⬜ No**

**22B. If Yes to 22A: NOT including yourself, how many family members are homeless now?**

**Other Adults: \_\_\_\_\_\_\_\_\_\_\_\_ Children: \_\_\_\_\_\_\_\_\_\_\_\_\_**(C**omplete table below for OTHER adults and children.**)

**M** = Male **F**  = Female **T** = Transgendered

**H** = Hispanic **NH** = Non-Hispanic **A**  = Asian

**AN** = American Indian / Alaskan Native **W** = White

**B** = Black/African American **PI** = Nat. Hawaiian / Pacific Isl.

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| **Initials of Other Adults** | **Gender** | **Age** | **Hispanic/Latino** | **Race** | **Veteran** |  |  |  |  |  |  |
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| **Initials of Children** | **Gender** | **Age** | **Hispanic/Latino** | **Race** |  |  | **Initials of Children** | **Gender** | **Age** | **Hispanic/Latino** | **Race** |
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**NOTES:**

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**Surveyor must fill this out for every survey:**

**Person Completing Survey: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Survey was completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM / PM**

**Deployment Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Atlas Grid ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**