OMB Control Number: 2900-0843 Estimated Burden Avg: 6 minutes Expiration Date: October 31, 2024

## 2024 CHALENG Survey - Veteran

ld	entification	2b	. Have you had four or more episodes of
1.	In which branch of the armed services did		homelessness in the past three years?
	you serve?	0	Yes
0	Army	0	No
0	Navy	3.	What gender do you identify as?
0	Marine Corps	0	Male
0	Air Force	0	Female
0	Coast Guard	0	Transgender Male
0	National Guard/Reserve	0	Transgender Female
2.	Where are you living now?	0	Gender Non-Conforming
0	Literally Homeless (on streets, in shelter,	1	What is your age?
	in car)	0	Less than 25
0	Emergency Housing	0	25-34
0	Transitional Housing (Grant and Per Diem	0	35-44
	housing, VA Domiciliary, or community contract housing)	0	45-54
$\cap$	Permanent Subsidized Housing (including		55-64
<u> </u>	HUD-VASH and Section 8)	0	65-74
0	Unsubsidized Housing (private	0	75-84
	apartment/house/condominium)	0	85+
Ple	ease only answer these questions if		
yo	u answered question #2 with "Literally meless." All other Veterans should skip	5.	What race do you most strongly identify with?
	estions 2(a) and 2(b).	0	American Indian or Alaska Native
2a. Which of the following options best		0	Asian
Za	describes how long you have been	0	Black or African American
	homeless?	0	Native Hawaiian or Other Pacific Islander
0	0-3 months	0	White
0	4-6 months	0	Don't Know
0	7-12 months	6.	What ethnicity do you most strongly
0	13-24 months		identify with?
0	More than 24 months	0	Non-Hispanic/Non-Latino
		0	Hispanic/Latino
		0	Don't Know

7.	How many dependents under the age of 18 are residing with you?  O 0 0 1 0 2	have	troub e you s	le ma	king morto	at risk (do you gage payments uncertain)?
	O <sub>3</sub> O <sub>4</sub> or more	commu	nity?	e in a	rural or fro	ontier
8.	Are you currently enrolled in the VA?  O Yes  O No	O Yes				
	OUnsure					
he	ease tell us in your own words: What is the real pend your homelessness now, or if you are portant resource that will prevent you from	e former	ly hon	neless	, what is th	ne most
ho	sed on your experience as a Veteran experimelessness, please help us understand how e past 3 months (or 90 days) how well are y	v well yo	ur nee	eds are	e being me	et. Within
ho the	melessness, please help us understand how	wwell yo our need	ur nee ds beir	eds are	e being me	et. Within
ho the	melessness, please help us understand how e past 3 months (or 90 days) how well are y	wwell yo our need	ur nee ds beir	eds are	e being me t in the fol	et. Within lowing:
ho the Ho	melessness, please help us understand how e past 3 months (or 90 days) how well are y <b>ousing</b>	well yo your need Never Me	ur nee ds beir et——	eds are $\rightarrow$ A	e being me t in the fol lways Met	et. Within lowing: N/A
ho the <b>H</b> ( 1. 2.	melessness, please help us understand how e past 3 months (or 90 days) how well are y pusing Emergency/Immediate Shelter	well yo your need Never Me	ur nee ds beir et——	eds areng me  A O	e being me t in the fol lways Met O	et. Within lowing: N/A
ho the 1. 2.	melessness, please help us understand how e past 3 months (or 90 days) how well are y <b>Dusing</b> Emergency/Immediate Shelter Transitional Living Facility and Halfway Ho	well yo rour need Never Me O use O	ur needs bein	eds areng me  A  O  O	e being me t in the fol Iways Met O O	et. Within lowing: N/A O
ho the 1. 2. 3. 4.	melessness, please help us understand how e past 3 months (or 90 days) how well are y busing Emergency/Immediate Shelter Transitional Living Facility and Halfway Ho Long-Term Permanent Housing	well yo your need Never Me O use O	ur needs beinet.  O O	eds areing me  A  O  O	e being me t in the fol lways Met O O	et. Within lowing: N/A O O
ho the 1. 2. 3. 4. 5.	melessness, please help us understand how e past 3 months (or 90 days) how well are y busing Emergency/Immediate Shelter Transitional Living Facility and Halfway Ho Long-Term Permanent Housing Registered Sex Offender Housing	well your need Never Me Ouse O O	ur needs beinget. O O O	eds areing me  A  O  O  O	e being me t in the fol lways Met O O O	et. Within lowing: N/A O O O
ho the 1. 2. 3. 4. 5. 6.	melessness, please help us understand how e past 3 months (or 90 days) how well are y busing  Emergency/Immediate Shelter  Transitional Living Facility and Halfway Ho Long-Term Permanent Housing  Registered Sex Offender Housing  Affordable Housing	well your need Never Me Ouse O O O O	ur needs beinget. O O O O	eds areing me  A  O  O  O  O  O	e being me t in the fol lways Met O O O O	et. Within lowing:  N/A  O  O  O  O
ho the 1. 2. 3. 4. 5. 6.	melessness, please help us understand howe past 3 months (or 90 days) how well are yousing  Emergency/Immediate Shelter  Transitional Living Facility and Halfway Ho  Long-Term Permanent Housing  Registered Sex Offender Housing  Affordable Housing  Eviction Prevention Services	well your need Never Me Ouse O O O O	ur needs beinget. O O O O	eds areing me  A  O  O  O  O  O	e being me t in the fol lways Met O O O O O	et. Within lowing:  N/A  O  O  O  O  O
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ho the 1. 2. 3. 4. 5. 6. Tr 1. 2. 3.	melessness, please help us understand howe past 3 months (or 90 days) how well are yousing  Emergency/Immediate Shelter  Transitional Living Facility and Halfway Ho Long-Term Permanent Housing Registered Sex Offender Housing  Affordable Housing Eviction Prevention Services  Teatment Services  Medical Services  Services for Emotional or Psychiatric Problems  Substance Abuse Treatment	Never Me O Never Me O O O O O O O O O O O O O O O O O O O	ur needs being et OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	eds areing me  A  O  O  O  O  O  O  O  O	e being me t in the fol lways Met O O O O O O O O O O O O O O O O O O O	et. Within lowing:  N/A  O O O O O O O O O O O O O O O O O O
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		Never Met.———		$\longrightarrow$ Alw	ays Met	N/A
7.	Elder Healthcare and Resources	0	0	0	0	0
8.	Health and Wellness (preventing illness and prolonging life through diet, exercise and self care)	0	0	0	Ο	0
9.	Treatment for Dual Diagnosis	0	0	0	0	0
10	. Case Management	0	0	0	0	0
11	. Military Sexual Trauma	0	0	0	0	0
	. Gender Specific Health Care Provider Availability	0	0	0	0	0
13	. Dental Care					
	How would you describe the health of your OExcellent OVery Good OGood OFair OPoor	r teeth	and gu	ms?		
In	come/Benefits Services	Never M	et	$\longrightarrow$ Alw	ays Met	N/A
1.	VA Disability/Pension	0	0	0	0	0
2.	Supplemental Security Income (SSI) and Social Security Disability (SSD)	0	0	0	0	0
3.	Money Management and Budgeting	0	0	0	0	0
4.	Food	0	0	0	0	0
5.	Clothing	0	0	0	0	0
6.	Family Reconciliation Assistance/ Family Counseling	0	0	0	0	0
7.	Move-In Assistance	0	0	0	0	0
8.	Utility Assistance	0	0	0	0	0
9.	Transportation	0	0	0	0	0
10	. Child Care	0	0	0	0	0
Le	galAssistance	Never Met.		→ Always Met		N/A
1.	Legal Assistance to Help Restore a Driver's License	0	0	0	0	0
2.	Financial Guardianship	0	0	0	0	0
3.	Re-Entry Services for Incarcerated Veterans	s O	0	0	0	0
4.	Legal Assistance for Child Support Issues	0	0	0	0	0
5.	Legal Assistance for Outstanding Warrants and Fines	0	0	0	0	0

	Ne	ever Me	et.——	$\longrightarrow$ $\stackrel{\not}{-}$	Always Met	N/A
6.	Legal Assistance to Expunge a Criminal Reco	rd O	0	0	0	0
7.	Legal Assistance for Credit Issues/ Debt Collection/Bankruptcy	0	0	0	0	0
8.	ADA issues with rental housing (i.e. ramps for wheelchair access, accommodation of service animals)	0	0	0	0	0
9.	Domestic Violence/Protection Orders	0	0	0	0	0
10	. Tax Issues	0	0	0	0	0
11	. Discharge Upgrade Appeals	0	0	0	0	0
12	. Family Law (i.e. divorce, child custody)	0	0	0	0	0
Ed	lucation/Job Services Ne	ver Me	et.——	$\longrightarrow F$	Always Met	N/A
1.	Education	0	0	0	0	0
2.	Job Training	0	0	0	0	0
3.	Finding a Job or Getting Employment	0	0	0	0	0
4.	Vocational Rehabilitation (a process that enables people with functional, psychological developmental, cognitive, or emotional impairments or health conditions to overcome barriers to accessing, maintaining or returning to employment)	, ,	0	0	0	0
Di	gital Access		Υ	es	No Don't l	Know
1.	Do you use the internet, at least occasionally	?	(	C	0 0	
2.	How often do you access the internet?  Ovever  Out least once a day  Out least once a week but not every day  Out least once a month but less than once a  Ouess than once a year	week				
3.	Do you have a cell phone?		(	)	0 0	
4.	Do you have a smart phone?		(	)	0 0	
5.	Do you own a computer or laptop?		(	)	0 0	

## **VA and Community Coordination**

1.	, , , , , , , , , , , , , , , , , , ,	Not Acces	sible—	$\rightarrow$ Very $A$	N/A		
	services are to homeless Veterans in your community?	0	0	0	0	0	
2.	How able is the VA to coordinate services for homeless Veterans?	Not Able -	0	$\stackrel{\longrightarrow}{Mos}$	stly Able	N/A	
3.	How aware of Veterans' needs and	Not Aware		$\longrightarrow$ Most	N/A		
	resources are Community Homeless Agencies?	0	0	0	0	0	

The Paperwork Reduction Act of 1995: This information is collected in accordance with Section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 6 minutes. This includes the time it will take to follow instructions, gather the necessary facts, and respond to questions asked. Customer satisfaction is used to gauge customer perceptions of VA services, as well as customer expectations and desires. The results of this survey/assessment will lead to improvements in the quality of service delivery by helping to shape the direction and focus of services and the patient experience. Participation in this survey is voluntary, and failure to respond will have no impact on benefits to which you may be entitled.

Thank you for your participation in the CHALENG survey! If you would like more Information or if you have any concerns, please contact the Call Center for Homeless Veterans: http://www.va.gov/homeless/nationalcallcenter.asp 1-877-4AID VET (1-877-424-3838)