

Tehama County Continuum of Care • January 30, 2019

2019 POINT-IN-TIME COUNT • STREET COUNT SURVEY FORM

Surveyor Name: _____ Survey Location: _____ City: _____

Opening Script:

A. “We are conducting a survey on housing needs to determine what kind of services are needed in our community. Have you taken this survey in the last 24 hours?” **Yes** = STOP. [Say “Thank You” and move on.] **No** = CONTINUE ►

B. “Last night, did you spend the night in a place that wasn’t intended for a person to sleep OR at a shelter or transitional housing program?” **Yes** = CONTINUE ► **No** = STOP. [Explain that they’re not eligible to be surveyed. Say “Thank You” and move on.]

C. “Participation is voluntary and your responses to questions will not be shared with anyone outside of our team. The survey takes about 10 minutes. You’ll receive a small ‘Thank You’ gift as a token of our appreciation for participating. Would you like to participate?” **No** = STOP. [Go to Observation Tally Sheet] **Yes** = CONTINUE ►

D. “First, I need to determine your household size. We consider a ‘household’ one or more people who regularly sleep in the same place, even if that place changes from night to night and who consider themselves a family. Sometimes the people in a household are related by blood, sometimes they’re related by marriage, and sometimes just by choice. How many ADULTS and how many CHILDREN are in your household?”

Adults (18 or older): _____ **Children (under 18):** _____

COMPLETE ONE SURVEY FOR EACH HOUSEHOLD MEMBER.

Unique Identifier:	First 3 Letters of Last Name: <table border="1" style="display: inline-table; width: 60px; height: 30px; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				Date of Birth: <table border="1" style="display: inline-table; width: 150px; height: 30px; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 10px; text-align: center;">/</td> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 10px; text-align: center;">/</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Household Type: <input type="checkbox"/> One Single Adult (Over 18) <input type="checkbox"/> Multiple Adults, No Children. <input type="checkbox"/> Family with adults AND children. <small>(At least ONE Adult and ONE Child.)</small> <input type="checkbox"/> ONLY Children (all under 18)
M	M	/	D	D	/	Y	Y							

For families with more than one member,
Write the **Unique Identifier for the HEAD OF HOUSEHOLD** HERE:

 /

 /

 /

1. Where did you sleep last night?

UNSHeltered Situations:

- Street or sidewalk
- Vehicle (car, van, RV, truck)
- Park
- Abandoned building
- Under bridge/overpass
- Woods or outdoor encampment
- Another place not meant for habitation:

Sheltered Situations (Includes Transitional Housing Programs):

- PATH Winter Shelter
- PATH Sale House
- PATH Men’s Transitional: Pathways
- Empower Tehama DV Shelter
- Empower Tehama Transitional Housing
- A Motel Room paid for by this assistance agency: _____
- Another Shelter or Transitional Housing:

Other Situations That Are Not Considered Permanent, Stable Housing:

- Motel Room paid for by me or a friend
- Jail or Prison
(which one?): _____
- Hospital or Treatment Program:
(which one?): _____
- A friend’s house or apartment
- A family member’s house or apartment
- Other location:

2. Relationship to Head of Household

- Self
- Child of Head of Household
- Spouse/Partner of Head of Household
- Other Family Member _____
- Other _____

3. Gender:

- Male
- Female
- Transgender: Male to Female
- Transgender: Female to Male
- Other Gender:

4. Ethnicity:

- Hispanic/Latino
- Non-Hispanic/Non-Latino

5. Race: (Check all that apply)

- White/Caucasian
- Black/African American
- American Indian/Alaska Native
- Native Hawaiian/Pacific Islander
- Asian
- Other Race:

6. Disabling Conditions:

(Disabling conditions are conditions that are expected to continue long-term and that substantially limit a person’s ability to complete everyday tasks.)

- Physical Disability
- Chronic Health Condition
- Developmental Disability
- Serious Mental Illness
- Substance Abuse Disorder
- Other Disabling Condition:

- No disabling conditions

**FOR CHILDREN ACCOMPANIED BY AN ADULT(S), STOP HERE.
FOR ADULTS AND UNACCOMPANIED CHILDREN, CONTINUE TO SIDE TWO ►**

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Please complete this page for each ADULT or UNACCOMPANIED CHILD.

7. How long has it been since the last time you had a home? (a place meant for habitation, not including a shelter, that you knew you could stay each night) _____ (months) _____ (years)

8. Is this the first time you've been homeless? Yes No

9. What city and state did you live in the last time you had a home? City _____ State _____

10. If you add together all of the time you've spend homeless in the past 3 years, is it 12 months or more? Yes No

11. In the past 3 years, have you been housed then become homeless again 4 or more times? Yes No

12. How long have you lived in Tehama County? _____ (months) _____ (years)

13. Have you ever had a stable home in Tehama County? Yes If yes, most recent year: _____ No

14. Have you ever served in the United States Military? No - Skip to Q15 Yes - Complete A-C below, then go to Q15:

14a. If Yes, which branch of Service? Army Navy Air Force Marines National Guard

14b. Were you ever called up for active duty as a member of the National Guard or as a Reservist? Yes No

14c. Have you ever received health care or benefits from a VA medical center? Yes No

15. Do you abuse drugs and/or alcohol? (This includes prescription medication that you don't take as directed.) Yes No

15a. If yes, would you be interested in any of the following services? (check all that apply): Outpatient Treatment Services Short-term inpatient detox services Long-term Residential Treatment services (30 days or longer)

16. Do you have a Mental Illness? Yes No

16a. If yes, where do you go for treatment? Tehama County Mental Health Other: _____ Not receiving treatment

17. Do you have HIV or AIDS? Yes No

18. As a child, were you abused by a family member or other trusted adult? Yes No

19. Have you ever been abused by a dating partner or spouse? Yes No 19a. If yes, are you currently fleeing domestic violence? Yes No

20. Are you on any of the following? Parole Probation ABI09 Probation Another Supervised Release Program: _____

21. Have you ever been in Foster Care? Yes No

22. Do you have any pets? Yes No 22a. If yes, what kind? Dog Cat Other _____ 22b. If you have a dog, what size? X-Large (example: Great Dane) Large (example: German Shepherd) Medium (example: Beagle) Small (example: Chihuahua)

23. Do you receive any income? Employment \$ _____ per month CalWORKs \$ _____ per month SSI/SSDI \$ _____ per month VA Benefits \$ _____ per month Other Source: _____ \$ _____ per month No Income

24. Which, if any, of these benefits do you receive? CalFresh (Food Stamps) WIC Medi-Cal Medicare Section 8 Housing Choice Vouchers Other Benefits: _____ No benefits

25. Check the circumstances below that caused you to become homeless or that make it difficult for you to get or keep housing: (Check all that apply)

- Alcohol/Drug Abuse Domestic Violence Mental Illness Illness / Health problems Family Crisis / Break-Up Eviction Foreclosure Aged out of foster care Loss of employment Discharged from hospital Discharged from jail or prison Lost / Denied housing due to criminal record Denied housing due to sex offender status Displaced by wildfire (which one): _____ Other reason(s): _____ None, I choose to be homeless.

26. In the list above, circle the one you see as the main cause of your current homelessness.

27. (OPTIONAL) Would you like to be contacted if there are services that you might qualify for, based on your responses to these questions? If so, enter your information below; otherwise, leave blank:

Name _____ Contact Number: _____ Where can you be found most days? _____

"By signing below, I understand that I am giving my permission to the Tehama County Continuum of Care to share my responses and contact information with community partner organizations for the purpose of determining possible eligibility for services and for contacting me."

Signature _____