

Tehama County Continuum of Care • January 31, 2023

2023 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:

| | | |
|--|--|--|
| | | |
|--|--|--|

Date of Birth:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y |
|---|---|---|---|---|---|---|---|

Household Type:

- Single Adult (18 or older)
- Multiple Adults, No Children.
- Family with adults AND children. (At least ONE Adult and ONE Child.)
- Single Unaccompanied Child (Under 18)
- Multiple Unaccompanied Children.

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 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
- 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 spent 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 been housed 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
U.S. Coast 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 use drugs and/or alcohol? (This includes prescription medication that you don't take as directed.)
Yes No

15a. If yes, approximately how often?
Every day
times per week
times per month
times per year

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. Have you ever been in Foster Care?
Yes No

21. Do you have any pets?
Yes No
21a. If yes, what kind(s)? (enter the number for each that applies)
Dog(s) Cat(s)
Other Pet(s) Describe: _____

21b. If you have dog(s), what size? (enter the number for each that applies)
X-Large (example: Great Dane)
Large (example: German Shepherd)
Medium (example: Beagle)
Small (example: Chihuahua)

22. Do you receive any income?
Employment \$_____ per month
Self-Employment (collecting recycling, doing odd jobs, etc.) \$_____ per month
CalWORKs \$_____ per month
SSI/SSDI \$_____ per month
VA Benefits \$_____ per month
Other: \$_____ per month
Other: \$_____ per month
No Income

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

24. 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
Loss of income
Cost of housing too high
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: _____
Other reason(s): _____

None, I choose to be homeless.

25. What do you see as the main cause of your current homelessness? (Surveyor: circle response in above list or describe in "Other reason(s)" field)

27. If it was available to you, which of the following types of housing would you be interested in? (check as many as apply)

- Apartment Trailer/RV in a Trailer Park
Shared housing (w/ roommates/housemates)
Assisted Living or Long-term Care facility
Transitional Housing Temporary Shelter
Other: _____
None, I'm not interested in housing.

28. Would you like to be contacted if there are services that you might qualify for, based on your responses to these questions? Yes No

If yes, Please confirm that you understand that by providing your name and contact number, you are giving your permission to the Tehama County Continuum of Care to share your responses and contact information with community partner organizations so that they can contact you if you may be eligible for their services. Do you consent to this? Yes No

Name: _____

Contact Number: _____

Where can you be found most days? _____

THANK YOU GIFT #:

If a Thank You gift was provided, please enter the number visible on the gift card sticker here: _____