2016 HUD Point in Time Survey – FAMILY SURVEY
Highlands, Hardee, Hendry, Glades, Desoto, Okeechobee Counties

Would you participate in an anonymous survey to help us report on the needs of low income and homeless persons in this County? We want to request money for rent/utility assistance, food and clothing, medicine, transportation, and job training -- from the county, the state and the Federal government? **This survey is entirely anonymous.** You may choose not to answer some questions. Your answers will not affect the services available to you or your family, even if you do not answer at all. **Your answers will not be shared with anyone**. Thank you for taking about five minutes to help us.

Are you single or are you part of a family that is with you? 1❑ Single 2❑ Family *If Single -- STOP, GO TO SINGLE SURVEY*

1. Including yourself, how many adults and children who are staying with you in the same location?
_______ adults (age 18 and older) ________ children (age 17 and younger)
Please feel free to provide information on adults not with you right now and/or all children.

	Person 1	Person 2	Person 3	Person 4
2. What is your date of birth?	Month: Day: Year:	Month: Day: Year:	Month: Day: Year:	Month: Day: Year:
3. What are your Initials?				
4. Where did you stay last night?	❑Street, camp, vehicle ❑Abandoned house or trailer with no utilities ❑Motel/hotel you did NOT pay for ❑Emergency shelter ❑Transitional housing ❑Motel/hotel you paid for ❑Jail, prison ❑Hospital or treatment program ❑House or apartment where you are on the lease ❑House or apartment where you are NOT on the lease ❑Housing you/family own ❑Other ___________	❑Street, camp, vehicle ❑Abandoned house or trailer with no utilities ❑Motel/hotel you did NOT pay for ❑Emergency shelter ❑Transitional housing ❑Motel/hotel you paid for ❑Jail, prison ❑Hospital or treatment program ❑House or apartment where you are on the lease ❑House or apartment where you are NOT on the lease ❑Housing you/family own ❑Other ___________	❑Street, camp, vehicle ❑Abandoned house or trailer with no utilities ❑Motel/hotel you did NOT pay for ❑Emergency shelter ❑Transitional housing ❑Motel/hotel you paid for ❑Jail, prison ❑Hospital or treatment program ❑House or apartment where you are on the lease ❑House or apartment where you are NOT on the lease ❑Housing you/family own ❑Other ___________	❑Street, camp, vehicle ❑Abandoned house or trailer with no utilities ❑Motel/hotel you did NOT pay for ❑Emergency shelter ❑Transitional housing ❑Motel/hotel you paid for ❑Jail, prison ❑Hospital or treatment program ❑House or apartment where you are on the lease ❑House or apartment where you are NOT on the lease ❑Housing you/family own ❑Other ___________
5. How old are you?	_______ age ❑ Under 18 ❑ 18-24 ❑ 25+ ❑ 65 +	_______ age ❑ Under 18 ❑ 18-24 ❑ 25+ ❑ 65 +	_______ age ❑ Under 18 ❑ 18-24 ❑ 25+ ❑ 65 +	_______ age ❑ Under 18 ❑ 18-24 ❑ 25+ ❑ 65 +
6. Are you:	❑ Male ❑ female ❑ transgender	❑ Male ❑ female ❑ transgender	❑ Male ❑ female ❑ transgender	❑ Male ❑ female ❑ transgender
7. Are you Hispanic or Latino?	❑ Yes ❑ No ❑ don't know/refused	❑ Yes ❑ No ❑ don't know/refused	❑ Yes ❑ No ❑ don't know/refused	❑ Yes ❑ No ❑ don't know/refused
8. What is your race? You may select one or more races.	❑White ❑Black or African America ❑Native Hawaiian, Pacific Islands ❑ American Indian/Alaskan Native ❑Asian ❑Please specify: ___________ ❑Don't know/refused	❑White ❑Black or African America ❑Native Hawaiian, Pacific Islands ❑ American Indian/Alaskan Native ❑Asian ❑Please specify: ___________ ❑Don't know/refused	❑White ❑Black or African America ❑Native Hawaiian, Pacific Islands ❑ American Indian/Alaskan Native ❑Asian ❑Please specify: ___________ ❑Don't know/refused	❑White ❑Black or African America ❑Native Hawaiian, Pacific Islands ❑ American Indian/Alaskan Native ❑Asian ❑Please specify: ___________ ❑Don't know/refused
	Person 1	Person 2	Person 3	Person 4

9. Have you served in the US Armed Forces (Army, Navy, Air Force, Marines, Coast Guard)?	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable
10. Were you ever called into active duty as a member of the National Guard or Reserves?	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable
11. Have you ever received health care or benefits from a VA medical center?	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable
12. Is this the first time you have been homeless?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
13. How long have you been homeless this time? Only include time spent staying in shelters or on the streets, camps, cars, etc.	_______ days ______ weeks _______months ______years ☐Don't know/refused	_______ days ______ weeks _______months ______years ☐Don't know/refused	_______ days ______ weeks _______months ______years ☐Don't know/refused	_______ days ______ weeks _______months ______years ☐Don't know/refused
14. *(Skip if first time homeless)* Including this time, how many separate times have you stayed in shelters or on the streets in the past 3 years (since January 2013)? Was it 4 or more times or less than 4 times?	☐ Less than 4 times ☐ 4 or more times ☐ Don/t know/refused	☐ Less than 4 times ☐ 4 or more times ☐ Don/t know/refused	☐ Less than 4 times ☐ 4 or more times ☐ Don/t know/refused	☐ Less than 4 times ☐ 4 or more times ☐ Don/t know/refused
15. In total, how long did you stay in shelters or on the streets for all those times?	_______ days ______ weeks _______months ______years ☐Don't know/refused	_______ days ______ weeks _______months ______years ☐Don't know/refused	_______ days ______ weeks _______months ______years ☐Don't know/refused	_______ days ______ weeks _______months ______years ☐Don't know/refused
16. Please tell me whether any of these situations apply to you/family member.				
a. Do you drink alcohol?	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable
b. Do you use illegal drugs?	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable
c. Do you have any ongoing health problems or medical conditions such as diabetes, cancer, heart disease?	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable
d. Do you have Post-Traumatic Stress Disorder (PTSD)?	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable
e. Have you been told or do you have psychiatric condition or emotional conditions (such as depression/schizophrenia)?	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable
	Person 1	Person 2	Person 3	Person 4

f. Do you have a physical disability?	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable
g. Have you ever had a traumatic brain injury to your brain?	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable
17. *If one or more answers from 16 a-g = yes, then ask:* Do any of these situations we just talked about keep you from holding a job or living in stable housing?	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable
18. *If 17 answer = yes, then ask this question:* Which ones keep you from holding a job or living in stable housing – adults only.	☐Alcohol use ☐ Illegal drug use ☐Ongoing health issue ☐PTSD ☐Psychiatric/emotional conditions ☐Physical disability ☐Brain injury	☐Alcohol use ☐ Illegal drug use ☐Ongoing health issue ☐PTSD ☐Psychiatric/emotional conditions ☐Physical disability ☐Brain injury	☐Alcohol use ☐ Illegal drug use ☐Ongoing health issue ☐PTSD ☐Psychiatric/emotional conditions ☐Physical disability ☐Brain injury	☐Alcohol use ☐ Illegal drug use ☐Ongoing health issue ☐PTSD ☐Psychiatric/emotional conditions ☐Physical disability ☐Brain injury
19. Have you ever received special education services for more than 6 months?	☐ Yes ☐ No ☐ Don't know/refused	☐ Yes ☐ No ☐ Don't know/refused	☐ Yes ☐ No ☐ Don't know/refused	☐ Yes ☐ No ☐ Don't know/refused
20. Have you ever been physically, emotionally, sexually abused by another person you have stayed with?	☐ Yes ☐ No ☐ Don't know/refused	☐ Yes ☐ No ☐ Don't know/refused	☐ Yes ☐ No ☐ Don't know/refused	☐ Yes ☐ No ☐ Don't know/refused
21. Have you ever been in foster care?	☐ Yes ☐ No ☐ Don't know/refused	☐ Yes ☐ No ☐ Don't know/refused	☐ Yes ☐ No ☐ Don't know/refused	☐ Yes ☐ No ☐ Don't know/refused
22. Do you receive any of the following forms of income?	☐Earned income ☐Unemployment ☐SSI ☐SSDI ☐Veterans disability ☐Private disability insurance ☐Worker's Comp ☐TANF ☐General assistance ☐SSA retirement ☐Veteran's pension ☐Job pension ☐Child support ☐Alimony ☐Other source ☐No financial resources ☐Not applicable	☐Earned income ☐Unemployment ☐SSI ☐SSDI ☐Veterans disability ☐Private disability insurance ☐Worker's Comp ☐TANF ☐General assistance ☐SSA retirement ☐Veteran's pension ☐Job pension ☐Child support ☐Alimony ☐Other source ☐No financial resources ☐Not applicable	☐Earned income ☐Unemployment ☐SSI ☐SSDI ☐Veterans disability ☐Private disability insurance ☐Worker's Comp ☐TANF ☐General assistance ☐SSA retirement ☐Veteran's pension ☐Job pension ☐Child support ☐Alimony ☐Other source ☐No financial resources ☐Not applicable	☐Earned income ☐Unemployment ☐SSI ☐SSDI ☐Veterans disability ☐Private disability insurance ☐Worker's Comp ☐TANF ☐General assistance ☐SSA retirement ☐Veteran's pension ☐Job pension ☐Child support ☐Alimony ☐Other source ☐No financial resources ☐Not applicable
	Person 1	Person 2	Person 3	Person 4

23. What services do you or family need right now? Ask adult(s) on behalf of children.	❑Food ❑Housing placement ❑Clothing ❑Temp housing assistance ❑Transportation ❑Criminal justice/legal aid ❑Education ❑Health care ❑HIV/AIDS service ❑Mental health care ❑Substance abuse services ❑Employment ❑Day care/child care ❑Other ____________	❑Food ❑Housing placement ❑Clothing ❑Temp housing assistance ❑Transportation ❑Criminal justice/legal aid ❑Education ❑Health care ❑HIV/AIDS service ❑Mental health care ❑Substance abuse services ❑Employment ❑Day care/child care ❑Other ____________	❑Food ❑Housing placement ❑Clothing ❑Temp housing assistance ❑Transportation ❑Criminal justice/legal aid ❑Education ❑Health care ❑HIV/AIDS service ❑Mental health care ❑Substance abuse services ❑Employment ❑Day care/child care ❑Other ____________	❑Food ❑Housing placement ❑Clothing ❑Temp housing assistance ❑Transportation ❑Criminal justice/legal aid ❑Education ❑Health care ❑HIV/AIDS service ❑Mental health care ❑Substance abuse services ❑Employment ❑Day care/child care ❑Other ____________
24. What is the highest level of education you have completed (adults only).	❑Never attended school ❑High school, no diploma ❑High school diploma ❑GED ❑Technical school ❑College ❑Not applicable	❑Never attended school ❑High school, no diploma ❑High school diploma ❑GED ❑Technical school ❑College ❑Not applicable	❑Never attended school ❑High school, no diploma ❑High school diploma ❑GED ❑Technical school ❑College ❑Not applicable	❑Never attended school ❑High school, no diploma ❑High school diploma ❑GED ❑Technical school ❑College ❑Not applicable
25. How long have you been staying in this county?	❑One week or less ❑More than 1 week, less than 1 month ❑1 to 3 months ❑More than 3 months, less than 1 year ❑1 year or longer ❑All my life	❑One week or less ❑More than 1 week, less than 1 month ❑1 to 3 months ❑More than 3 months, less than 1 year ❑1 year or longer ❑All my life	❑One week or less ❑More than 1 week, less than 1 month ❑1 to 3 months ❑More than 3 months, less than 1 year ❑1 year or longer ❑All my life	❑One week or less ❑More than 1 week, less than 1 month ❑1 to 3 months ❑More than 3 months, less than 1 year ❑1 year or longer ❑All my life

Thank you for completing this survey! Please feel free to take one of our gifts!

Surveyor: please answer these questions and then you are done!

Name of Program:	County location:
Surveyor's name:	