

**2016 HUD Point in Time Survey
Highlands, Hardee, Hendry, Glades, Desoto, Okeechobee Counties**

Could I have a few minutes of your time to complete an anonymous survey? Your participation will help us report on the needs of very low income and homeless persons in this County. We want to request additional resources 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.

1. Are you single or are you part of a family that is with you? 1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Family <i>If family STOP, GO TO FAMILY SURVEY</i>				
2. What are your initials (CJ, or AT, for example): _____				
3. What is your date of birth?		Month: _____	Day: _____	Year: _____
4. Where did you stay last night?				
1 <input type="checkbox"/> Streets, camp, vehicle	2 <input type="checkbox"/> House or trailer without utilities	3 <input type="checkbox"/> Motel/hotel you did NOT pay for		
4 <input type="checkbox"/> Emergency shelter	5 <input type="checkbox"/> Transitional housing	6 <input type="checkbox"/> Motel/hotel you paid for		
7 <input type="checkbox"/> Jail or prison	8 <input type="checkbox"/> Hospital or treatment program	9 <input type="checkbox"/> House or apartment where you are on the lease		
10 <input type="checkbox"/> House, apartment where you are NOT on the lease	11 <input type="checkbox"/> Housing you own	12 <input type="checkbox"/> Other _____		
5. How old are you? 1 _____ 2 <input type="checkbox"/> Don't know, refused 3 <input type="checkbox"/> Under 18 4 <input type="checkbox"/> 18-24 5 <input type="checkbox"/> 25+ 6 <input type="checkbox"/> 65+				
6. Are you: 1 <input type="checkbox"/> Male 0 <input type="checkbox"/> Female 3 <input type="checkbox"/> Transgender				
7. Are you Hispanic or Latino? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know/refused				
8. What is your race? You may select one or more races.		1 <input type="checkbox"/> American Indian/Alaskan Native	5 <input type="checkbox"/> White	
		2 <input type="checkbox"/> Asian	6 <input type="checkbox"/> Please specify: _____	
		3 <input type="checkbox"/> Black or African American		
		4 <input type="checkbox"/> Native Hawaiian, Pacific Islands	7 <input type="checkbox"/> Don't know/refused	
9. Have you served in the United States Armed Forces (Army, Navy, Air Force, Marines, Coast Guard)? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
10. Were you ever called into active duty as a member of the National Guard or Reserves? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
11. Have you ever received health care or benefits from a Veterans Administration medical center? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
12. Is this the first time you have been homeless? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
13. How long have you been homeless this time? Only include time spent staying in shelters or on the street. _____ Days _____ Weeks _____ Months _____ Years _____ Don't know/refused				
14. (Skip if first time homeless and go to 16.)) Including this time, how many separate times have you stayed in shelters or on the streets in the past 3 years, that is since January 2013? Was it 4 or more times or less than 4 times?				
1 <input type="checkbox"/> Less than 4 times 2 <input type="checkbox"/> 4 or more times 3 <input type="checkbox"/> Don't know/refused				
15. In total, how long did you stay in shelters or on streets for those times? _____ Days _____ Weeks _____ Months _____ Years _____ Don't know/refused				

16. Please tell me whether any of these situations apply to you:		
a. Do you drink alcohol? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know/refused		
b. Do you use illegal drugs? (including prescription drugs not prescribed for you) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know/refused		
c. Do you have any ongoing health problems or medication conditions such as diabetes, cancer, heart disease? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know/refused		
d. Do you have Post-Traumatic Stress Disorder or PTSD? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know/refused		
e. Have you been told or do you have psychiatric condition or emotional conditions (such as depression or schizophrenia)? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know/refused		
f. Do you have a physical disability? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know/refused		
g. Have you ever had a traumatic injury to your brain from a bump, blow, wound to your head? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know/refused		
17. If one or more answers from 16 a-g = yes, then ask this question: Do any of these situations we just talked about keep you from holding a job or living in stable housing? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know/refused		
18. If 17 answer = yes, then ask this question: Which ones keep you from holding a job or living in stable housing? 1 <input type="checkbox"/> Alcohol use 2 <input type="checkbox"/> Illegal drug use 3 <input type="checkbox"/> Ongoing health issue 4 <input type="checkbox"/> PTSD 5 <input type="checkbox"/> Psychiatric/emotional conditions 6 <input type="checkbox"/> Physical disability 7 <input type="checkbox"/> Brain injury		
<i>Just a few more questions! Remember, the information we are gathering is anonymous.....</i>		
19. Have you ever received special education services for more than 6 months? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know/refused		
20. Have you ever been physically, emotionally, sexually abused by another person you have stayed with? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know/refused		
21. Have you ever been in foster care? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know/refused		
22. Do you receive any of the following forms of income?		
a. <input type="checkbox"/> Earned income	g. <input type="checkbox"/> Workers' Comp	i. <input type="checkbox"/> Job pension
b. <input type="checkbox"/> Unemployment	h. <input type="checkbox"/> TANF	m. <input type="checkbox"/> Child support
c. <input type="checkbox"/> SSI	l. <input type="checkbox"/> General assistance	n. <input type="checkbox"/> Alimony
d. <input type="checkbox"/> SSDI	j. <input type="checkbox"/> SSA retirement	o. <input type="checkbox"/> Other source
e. <input type="checkbox"/> Veterans disability	k. <input type="checkbox"/> Veteran's pension	p. <input type="checkbox"/> No financial resource
f. <input type="checkbox"/> Private disability insurance		
23. What services do you or your family need right now? Suggest several to encourage response.		
a. <input type="checkbox"/> Food	g. <input type="checkbox"/> Criminal justice/legal aid	i. <input type="checkbox"/> substance abuse service
b. <input type="checkbox"/> Housing placement	h. <input type="checkbox"/> Education	m. <input type="checkbox"/> employment
c. <input type="checkbox"/> Materials good (clothing)	l. <input type="checkbox"/> Health care	n. <input type="checkbox"/> case management
d. <input type="checkbox"/> Temp. housing/aid	j. <input type="checkbox"/> HIV/AIDS service	o. <input type="checkbox"/> daycare/child care
e. <input type="checkbox"/> Transportation	k. <input type="checkbox"/> Mental health care	p. <input type="checkbox"/> outreach
f. <input type="checkbox"/> Consumer assistance		q. <input type="checkbox"/> Other
24. What is the highest level of education you completed?		
a. <input type="checkbox"/> Never attended school	b. <input type="checkbox"/> Attended high school, did not complete	c. <input type="checkbox"/> 12 th grade, no diploma
d. <input type="checkbox"/> High school diploma	e. <input type="checkbox"/> GED	f. <input type="checkbox"/> Technical school
g. <input type="checkbox"/> College	h. <input type="checkbox"/> refused to answer	
25. How long have you been staying in this county?		
1 <input type="checkbox"/> one week or less	2 <input type="checkbox"/> more than 1 week, less than 1 month	3 <input type="checkbox"/> one to three months
4 <input type="checkbox"/> More than 3 months, less than 1 year	5 <input type="checkbox"/> one year or longer	6 <input type="checkbox"/> all my life

26. Where was this survey completed?

- | | |
|---------------------------------------|--|
| a. <input type="checkbox"/> Highlands | d. <input type="checkbox"/> Hardee |
| b. <input type="checkbox"/> Desoto | e. <input type="checkbox"/> Hendry |
| c. <input type="checkbox"/> Glades | f. <input type="checkbox"/> Okeechobee |

Thank you for completing this survey!

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

Name of program

Program location

Surveyor's name