



UNSHELTERED COUNT FORM

Use on: January 30, 2019 06:00am - 06:00am (24 hours)

Purpose: Street Count Interview

NC-511 Fayetteville/Cumberland County CoC Point-in-Time (PIT) Unsheltered Count Form

Location: _____ County: Cumberland Date: _____ Time: _____ am / pm

Interviewer (Name & Agency): _____ Phone: _____

Script: "Hello, my name is _____ and I am a volunteer for the Fayetteville/Cumberland County CoC. We are conducting a survey to count homeless people in an effort to provide better programs and services for them. Your participation is voluntary and responses to questions will not be shared with anyone outside of our team. I will need to read each question all the way through. Can I have about 10 minutes of your time?"

Yes (Go to Q1) **NO (Thank the respondent and utilize the observation method if the survey is declined or if the situation is too dangerous)**

<p>1) Where did you sleep (or where are you sleeping) on the night of Wednesday, January 30?</p> <p style="text-align: center; color: red;"><i>(Do not read the categories. Select the category that best matches the response.)</i></p>	<p>*** <i>Literally homeless categories</i> ***</p>
	<p><input type="checkbox"/> Unsheltered (outdoors, tent, woods, vehicle, bus/train station, abandoned building, under bridge/overpass, or other place not meant for human habitation)</p> <p><input type="checkbox"/> Emergency Shelter (Name of shelter: _____)</p> <p><input type="checkbox"/> Transitional Housing (Name of housing: _____)</p> <p><input type="checkbox"/> Hotel or Motel (paid for by and agency such as DSS, church, emergency assistance, etc.)</p>
	<p>*** <i>At-risk of homelessness categories</i> ***</p>
	<p><input type="checkbox"/> Hotel/motel paid for with your own funds</p> <p><input type="checkbox"/> Jail/prison or youth detention center</p> <p><input type="checkbox"/> Hospital or treatment facility* (detox, substance abuse, mental health)</p> <p style="text-align: center;">*Were you homeless immediately before entering this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Permanent housing (permanent supportive housing, rapid re-housing, other permanent housing) Name of housing: _____</p> <p><input type="checkbox"/> House/apartment that you rent or own</p> <p><input type="checkbox"/> With a friend or family member (in their home)</p> <p><input type="checkbox"/> In a place you are being evicted from within two weeks</p>
<p>2) Have you already answered these questions today with another volunteer?</p>	<p><input type="checkbox"/> Yes (thank you, since you have already completed this form I have no more questions)</p> <p><input type="checkbox"/> No (continue)</p> <p><input type="checkbox"/> Does not know / refused to answer (continue)</p>

3) Which best describes your family/household staying with you tonight?

<i>Household without children</i>	<i>Household with adults & children</i>	<i>Household with only children</i>
<input type="checkbox"/> Single adult, no children <input type="checkbox"/> Adult couple, no children <input type="checkbox"/> Adult(s) with an adult child/children	<input type="checkbox"/> One parent with children <input type="checkbox"/> Two parents with children	<input type="checkbox"/> Unaccompanied child (17 or younger) <input type="checkbox"/> Household of only children (all members are 17 or younger)

4) Please answer the following information for the head of household (HoH) and each additional member of the household:

		Head of Household	Person 2	Person 3	Person 4	Person 5	Person 6
Relationship to HoH (self, child, spouse, sibling, other relative, friend, etc.)	Self	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Family <input type="checkbox"/> Non-married partner <input type="checkbox"/> Other: _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Family <input type="checkbox"/> Non-married partner <input type="checkbox"/> Other: _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Family <input type="checkbox"/> Non-married partner <input type="checkbox"/> Other: _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Family <input type="checkbox"/> Non-married partner <input type="checkbox"/> Other: _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Family <input type="checkbox"/> Non-married partner <input type="checkbox"/> Other: _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Family <input type="checkbox"/> Non-married partner <input type="checkbox"/> Other: _____
	Initials (first & last)	_____	_____	_____	_____	_____	_____
Age/DOB	_____	_____	_____	_____	_____	_____	_____
(if hesitant, instead ask: are you?)	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 - 24 <input type="checkbox"/> 25 or older	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 - 24 <input type="checkbox"/> 25 or older	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 - 24 <input type="checkbox"/> 25 or older	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25 or older	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 - 24 <input type="checkbox"/> 25 or older	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 - 24 <input type="checkbox"/> 25 or older	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 - 24 <input type="checkbox"/> 25 or older
Gender	Male	<input type="checkbox"/> Male	<input type="checkbox"/> Male	<input type="checkbox"/> Male	<input type="checkbox"/> Male	<input type="checkbox"/> Male	<input type="checkbox"/> Male
	Female	<input type="checkbox"/> Female	<input type="checkbox"/> Female	<input type="checkbox"/> Female	<input type="checkbox"/> Female	<input type="checkbox"/> Female	<input type="checkbox"/> Female
	Transgender	<input type="checkbox"/> Transgender	<input type="checkbox"/> Transgender	<input type="checkbox"/> Transgender	<input type="checkbox"/> Transgender	<input type="checkbox"/> Transgender	<input type="checkbox"/> Transgender
	Gender non-conforming	<input type="checkbox"/> Gender non-conf.	<input type="checkbox"/> Gender non-conf.	<input type="checkbox"/> Gender non-conf.	<input type="checkbox"/> Gender non-conf.	<input type="checkbox"/> Gender non-conf.	<input type="checkbox"/> Gender non-conf.
Race	Black/African-American	<input type="checkbox"/> Black/Afr. Amer.	<input type="checkbox"/> Black/Afr. Amer.	<input type="checkbox"/> Black/Afr. Amer.	<input type="checkbox"/> Black/Afr. Amer.	<input type="checkbox"/> Black/Afr. Amer.	<input type="checkbox"/> Black/Afr. Amer.
	White	<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> White
	Asian	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
	Pacific Islander	<input type="checkbox"/> Pac. Islander	<input type="checkbox"/> Pac. Islander	<input type="checkbox"/> Pac. Islander	<input type="checkbox"/> Pac. Islander	<input type="checkbox"/> Pac. Islander	<input type="checkbox"/> Pac. Islander
	Native American	<input type="checkbox"/> Native American	<input type="checkbox"/> Native American	<input type="checkbox"/> Native American	<input type="checkbox"/> Native American	<input type="checkbox"/> Native American	<input type="checkbox"/> Native American
Multiple Races	<input type="checkbox"/> Multiple Races	<input type="checkbox"/> Multiple Races	<input type="checkbox"/> Multiple Races	<input type="checkbox"/> Multiple Races	<input type="checkbox"/> Multiple Races	<input type="checkbox"/> Multiple Races	
Hispanic/Latino Y/N	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Military Veteran Y/N	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disability Y/N	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

NC-511 Fayetteville/Cumberland County CoC Point-in-Time (PIT) Unsheltered Count Form (Cont.)

Answer the following questions for the Head of Household only:

5) Is this the first time you have been homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6) If you are currently homeless, how long have you been homeless <i>this time</i> ? (only include time spent staying in shelters and/or on the streets)	<input type="checkbox"/> Less than a month <input type="checkbox"/> 1 - 3 months <input type="checkbox"/> More than 3 months but less than a year		<input type="checkbox"/> More than 1 year but less than 3 <input type="checkbox"/> Greater than 3 years
7) How many times have you lived on the street or in an emergency shelter over the past 3 years?	<input type="checkbox"/> 1 time <input type="checkbox"/> 2-3 times		<input type="checkbox"/> 4+ times
8) If you have been homeless more than 4 times, is the total time homeless 12 months or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
9) Are you a survivor of domestic violence?	<input type="checkbox"/> Yes If yes, are you currently fleeing domestic violence? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> No		
10) Have you ever received health care or benefits from a Veterans Administration medical center?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11) Do you receive any disability benefits such as Social Security income, Social Security disability income, or Veteran's disability benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
12) Have you been diagnosed with any of the following medical conditions?	<input type="checkbox"/> Serious mental illness <input type="checkbox"/> Substance use disorder <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic physical illness <input type="checkbox"/> Developmental disability <input type="checkbox"/> PTSD <input type="checkbox"/> Physical Disability <input type="checkbox"/> Traumatic brain injury		
13) Have you been discharged from any facility or institution in the last 30 days? (such as)	<input type="checkbox"/> Jail/Prison <input type="checkbox"/> Mental health inpatient facility <input type="checkbox"/> Military <input type="checkbox"/> Hospital <input type="checkbox"/> Substance abuse treatment facility <input type="checkbox"/> Other: _____		
14) Are you currently employed? (if unemployed, when did you last work)	<input type="checkbox"/> Yes <input type="checkbox"/> No (date of last employment: ____/____/____)		
15) Do you receive income from any of the following sources?	<input type="checkbox"/> Disability (SSI/SSDI) <input type="checkbox"/> SNAP/Food Stamps <input type="checkbox"/> Other: _____ <input type="checkbox"/> Social Security/Pension <input type="checkbox"/> Child Support <input type="checkbox"/> TANF/Work First <input type="checkbox"/> Friends and Family		
16) Where was the last place you were housed for 90 days or more?	<input type="checkbox"/> Fayetteville/Cumberland County <input type="checkbox"/> Another state: _____ <input type="checkbox"/> Another city or county in NC: _____ <input type="checkbox"/> Another country: _____		

Those are all the questions I have for you, we know these topics are personal and we appreciate your willingness to participate. Thank you for your time!

