

Agency: _____	Program: _____
City/Town/Community: _____	County: _____

**Please complete the following information about yourself:**

First initial  Middle initial  First 3 letters of last name   
 Month you were born (Circle 1 response):
 

Jan	Feb	Mar	Apr	May	Jun
Jul	Aug	Sep	Oct	Nov	Dec

- |   |  |
|---|--|
| <p><b>1. What is your age?</b> _____</p> <p><b>2. Are you...</b><br/>1 <input type="checkbox"/> Male    2 <input type="checkbox"/> Female</p> <p><b>3. Have you served in the U.S. Military?</b><br/>1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No</p> <p><b>4. Are you a seasonal resort worker?</b><br/>1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No</p> <p><b>5. Are you a seasonal or year-round farm worker?</b><br/>1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No</p> <p><b>6. Do you consider yourself to be Spanish/Hispanic/Latino?</b><br/>1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No</p> | <p><b>7. Which <u>one</u> category best describes your racial background? (Check only ONE response)</b><br/>         1 <input type="checkbox"/> Asian/Pacific Islander<br/>         2 <input type="checkbox"/> Native American/Alaska Native<br/>         3 <input type="checkbox"/> Black/African American<br/>         4 <input type="checkbox"/> White<br/>         5 <input type="checkbox"/> Mixed race<br/>         6 <input type="checkbox"/> Other: _____</p> <p><b>8. What is your situation? Are you: (Check only ONE response)</b><br/>         1 <input type="checkbox"/> A single person<br/>         2 <input type="checkbox"/> A single parent with children under 18<br/>         3 <input type="checkbox"/> Part of a couple <u>with</u> children under 18<br/>         4 <input type="checkbox"/> Part of a couple <u>without</u> children under 18<br/>         5 <input type="checkbox"/> In another situation → Describe: _____</p> |
|---|--|

**9. Not including yourself, how many relatives were with you last night?** \_\_\_\_\_

**Questions 10-11: Please complete this table for all the relatives who were with you last night. INCLUDE any children who are usually with you but who spent last night some place else. DO NOT INCLUDE YOURSELF!**

10. Age (Write in)	11. How is this person related to you? (Check one)
Person 1	1 <input type="checkbox"/> Spouse/partner    2 <input type="checkbox"/> Child    3 <input type="checkbox"/> Grandchild    4 <input type="checkbox"/> Other relative:
Person 2	1 <input type="checkbox"/> Spouse/partner    2 <input type="checkbox"/> Child    3 <input type="checkbox"/> Grandchild    4 <input type="checkbox"/> Other relative:
Person 3	1 <input type="checkbox"/> Spouse/partner    2 <input type="checkbox"/> Child    3 <input type="checkbox"/> Grandchild    4 <input type="checkbox"/> Other relative:
Person 4	1 <input type="checkbox"/> Spouse/partner    2 <input type="checkbox"/> Child    3 <input type="checkbox"/> Grandchild    4 <input type="checkbox"/> Other relative:
Person 5	1 <input type="checkbox"/> Spouse/partner    2 <input type="checkbox"/> Child    3 <input type="checkbox"/> Grandchild    4 <input type="checkbox"/> Other relative:
Person 6	1 <input type="checkbox"/> Spouse/partner    2 <input type="checkbox"/> Child    3 <input type="checkbox"/> Grandchild    4 <input type="checkbox"/> Other relative:

**12. Do you have a permanent place to live?** 1  Yes    2  No    3  Don't know

**13. Where will you/where did you spend the night of *Monday, August 28th*? (Check ONE response)**

1 <input type="checkbox"/> Emergency shelter	9 <input type="checkbox"/> Farm labor camp or dorm
2 <input type="checkbox"/> Domestic violence shelter	10 <input type="checkbox"/> Psychiatric hospital
3 <input type="checkbox"/> On the street, under a bridge, abandoned building, public building, car, traveling on a bus, camping out, etc.	11 <input type="checkbox"/> Medical hospital
4 <input type="checkbox"/> Hotel/motel paid for by yourself while looking for housing	12 <input type="checkbox"/> Substance abuse treatment program
5 <input type="checkbox"/> Hotel/motel paid for by others/vouchers	13 <input type="checkbox"/> Jail
6 <input type="checkbox"/> Youth shelter	14 <input type="checkbox"/> Prison
7 <input type="checkbox"/> Temporarily with family or friends <b>SEE BOX BELOW</b>	15 <input type="checkbox"/> Halfway house or juvenile detention
8 <input type="checkbox"/> <b>If with family or friends</b> , do you have an arrangement to stay there permanently?	16 <input type="checkbox"/> Transitional housing (time-limited)
1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No    3 <input type="checkbox"/> Don't know	17 <input type="checkbox"/> Permanent supportive housing
	18 <input type="checkbox"/> Somewhere else → <i>Where?</i> _____

14. **In the next week, are you being evicted or thrown out of the place you are staying?**

- 1  Yes    2  No    3  Don't know

15. **Including now, what is the total number of times you have been without a permanent place to live in the last three years? (Check only ONE response)**

- 1  Never  
2  One  
3  Two  
4  Three  
5  Four  
6  Five or more

16. **How long have you been without a permanent place to live this time? (Check only ONE response)**

- 1  I am NOT homeless  
2  Less than 1 month  
3  More than 1 month but less than 1 year  
4  1 to 3 years  
5  More than 3 years  
6  Don't know

17. **In what city/town will you/did you spend the night, Monday, August 28, 2006?**

\_\_\_\_\_ (Fill in city/town name)

18. **In what county will you/did you spend the night, Monday, August 28, 2006?**

\_\_\_\_\_ (Fill in county name)

19. **What was the last county (if outside Colorado, what state) you considered your permanent place to live?**

\_\_\_\_\_ (Fill in county or state name)

20. **As a child or youth, were you ever in foster care or another type of out-of-home placement?**

- 1  Yes    2  No

21. **Did you or another family member already complete a survey like this yesterday or today (on your own or with assistance)?**

- 1  Yes    2  No

22. **Do you think you have, or have you been told you have: (Read each line and CHECK ALL THAT APPLY.)**

- 1  Serious mental illness  
2  Serious medical or physical condition  
3  Alcohol or drug abuse  
4  Developmental disability  
5  HIV/AIDS  
6  Other → Describe: \_\_\_\_\_

- 7  None of these

23. **Have you or anyone else in your family received any money from working since the beginning of this year?**

- 1  Yes    2  No

24. **Are you or anyone else in your family receiving ANY of the following government benefits? (Read each line and CHECK ALL THAT APPLY)**

- 1  SSI/SSDI  
2  TANF  
3  Food Stamps  
4  VA Pension/Benefits  
5  Medicaid/Medicare  
6  Any other government benefit

25. **Why did you become homeless this time? (Read each line and CHECK ALL THAT APPLY)**

- 1  I am NOT homeless → Go to Question 26  
2  Lost job/can't find work  
3  Have work but wages are too low  
4  Relationship or family break-up/death in family  
5  Abuse or violence in your home  
6  Runaway/throwaway/discharged from foster care  
7  Discharged from jail, prison or halfway house  
8  Medical problems including physical or developmental disability  
9  Eviction/foreclosure  
10  Housing costs too high  
11  Utility costs too high  
12  Alcohol or drug abuse problems  
13  Mental illness/emotional problems  
14  Other reason → Describe: \_\_\_\_\_

26. **In the past month, what services did you or anyone in your family need but could NOT get? (Read each line and CHECK ALL THAT APPLY)**

- 1  Help finding work/employment assistance  
2  Help finding Section 8 or other permanent housing  
3  Emergency shelter  
4  Food  
5  Rent or utility assistance  
6  Transportation/bus passes  
7  Medical care  
8  Dental care  
9  Mental health care  
10  Alcohol or drug abuse treatment  
11  Help getting a Colorado ID or driver's license  
12  Help getting government benefits  
13  Child care  
14  Other service → Describe: \_\_\_\_\_

END OF SURVEY  
THANK YOU!