

Kansas Balance of State Continuum of Care 2018 Point in Time (PIT) Count Survey

Surveyor _____ Shelter/Facility of Origin _____

Complete survey for all Household members

Staple all Families/Household Members Together! Please Write Legibly!

Hello –With your permission, I will ask some demographic questions along with a few health and housing questions. The purpose of this survey is to have a grasp on who is homeless in our community. The result of this survey is completely anonymous and the final report will not contain any personally identifiable information. You may refuse to complete this survey or any specific question you do not want to answer. May I continue?

Refused to complete survey _____

1. Have you completed this survey about your housing situation in 2018?

Yes No If NO, please continue** If YES, **STOP SURVEY**

(For De-Duplication Only)

First Letter of your FIRST name _____

First Letter of your MIDDLE name _____

First Letter of your LAST name _____

Refused to provide initials

2. Age

17 and Under/Youth

18-24/Young Adult

25+ /Adult

3. Birthdate: (For De-Duplication Only)

____ / ____ / ____

____ / ____ / ____

Refused birthdate

4. Including yourself, how many individuals were with you on January 24th: _____

****ONLY** include household members currently with you**

Household Type:

Single person

Single person household with children

Two-person household with NO children

Two-person household with children

Other _____

Don't Know

Refused

5. Where did you stay overnight during the night of January 24th?

| |
|---|
| Location |
| <input type="checkbox"/> In a car, on the street, under a bridge, abandoned building, public building, bus, camping out, etc. |
| <input type="checkbox"/> Emergency Shelter NAME OF SHELTER: _____ |
| <input type="checkbox"/> Youth Shelter NAME OF SHELTER: _____ |
| <input type="checkbox"/> Transitional Housing (may pay) NAME OF SHELTER: _____ |
| <input type="checkbox"/> Domestic Violence Shelter |
| <input type="checkbox"/> Hotel/Motel you DID NOT pay for yourself |
| <input type="checkbox"/> Halfway House you DID NOT pay for yourself |
| <input type="checkbox"/> Family/Friends you DID NOT pay to stay with |
| <input type="checkbox"/> Safe Haven NAME OF SHELTER: _____ |
| <input type="checkbox"/> Prison/Jail/Youth Corrections/Detention Facility |
| <input type="checkbox"/> Psychiatric Hospital Facility |
| <input type="checkbox"/> Medical Hospital Facility |
| <input type="checkbox"/> Substance Abuse Treatment Facility |
| <input type="checkbox"/> Own Place / Not homeless |

6. Is your current housing situation a result of domestic violence?

Yes No Don't Know Refused

7. Gender – Select One

Male Female Transgender

Don't Know Refused Gender Non-Conforming

8. Which Ethnicity do you identify with?

Hispanic Non-Hispanic Don't Know Refused

9. What is your race?

White Black/African American

Asian American Indian/Alaskan Native

Multiple Races Native Hawaiian/Pacific Islander

Refused Don't Know

STOP for Youth (17 and under, unless unaccompanied or HOH)

10. Have you ever served in the U.S. Armed Forces, National Guard or as a Reservist?

Yes No Don't Know Refused

11. What type of discharge did you receive?

Honorable Other than Honorable Dishonorable

Don't Know Refused Not Applicable

12. Have you been living in emergency shelter and/or on the streets (including bus stations, underpasses, encampments, abandoned buildings, etc) continuously for the past year or more?

Yes No Don't Know Refused

13. Which of the following best describes your current situation?

1st time homeless in past 3 years

2-3 different times in past 3 years

At least 4 different times in past 3 years-total time is 12 months+

Continuously homeless for a year or more

14. Have you ever received treatment or were offered services or diagnosis for any of the following (check all that apply):

| | Yes | Indefinite/Impairs independence |
|--------------------------|-------------------------------------|----------------------------------|
| Alcohol Abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| Drug Abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| Serious Mental Illness | <input type="checkbox"/> | <input type="checkbox"/> |
| HIV/AIDs related Illness | <input type="checkbox"/> | <input type="checkbox"/> |
| Development Disability | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical Disability | <input type="checkbox"/> | <input type="checkbox"/> |
| Traumatic Brain Injury | <input type="checkbox"/> | <input type="checkbox"/> |
| PTSD | <input type="checkbox"/> | <input type="checkbox"/> |
| None of the above | <input type="checkbox"/> | <input type="checkbox"/> |
| | Don't Know <input type="checkbox"/> | Refused <input type="checkbox"/> |

Thank you for your time to complete this survey