

**Kansas Balance of State Continuum of Care 2019 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 2019?**

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 Range:**

**3. Birthdate:** (For De-Duplication Only)

17 and Under/Youth

18-24/Young Adult

25+ /Adult

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Client Refused birthdate

DV/VSP Agency Refused

**4. Including yourself, how many individuals were with you on January 23<sup>rd</sup>:** **\*\*ONLY** include household members staying with you tonight\*\*

Total Number in Household \_\_\_\_\_

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 23<sup>rd</sup>?**

Location

In a car, on the street, under a bridge, abandoned building, public building, bus, camping out, etc.

Emergency Shelter

NAME OF SHELTER: \_\_\_\_\_

Youth Shelter

NAME OF SHELTER: \_\_\_\_\_

Transitional Housing (may pay)

NAME OF SHELTER: \_\_\_\_\_

Domestic Violence Shelter

Hotel/Motel you DID NOT pay for yourself

Halfway House you DID NOT pay for yourself

Family/Friends you DID NOT pay to stay with

Safe Haven

NAME OF SHELTER: \_\_\_\_\_

Prison/Jail/Youth Corrections/Detention Facility

Psychiatric Hospital Facility

Medical Hospital Facility

Substance Abuse Treatment Facility

Own Place / Not homeless

**6. Are you experiencing homelessness because you are currently fleeing domestic violence, dating violence, sexual assault, or stalking?**

Yes  No  Don't Know  Refused

**7. Gender – Select One**

Male

Female

Gender Non-Conforming

Transgender

Don't Know

Refused

**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?**

1<sup>st</sup> 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):**

**IF YES: Mark if long-term, impairs ability to live independently, and Permanent Housing would improve:**

Yes	No	Don't Know	Refused		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Abuse	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drug Abuse	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serious Mental Illness	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIV/AIDs related Illness	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Development Disability	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traumatic Brain Injury (TBI)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post Traumatic Stress Disorder (PTSD)	<input type="checkbox"/>

**Thank you for your time to complete this survey**