

Date: _____

Time: _____

Location: _____

Your answers to the following survey by questions will help us understand how we can better meet the needs of people who are homeless in Volusia County. This survey is voluntary. You may choose not to answer some questions. You may also stop answering at any time. 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 a few moments to help us.

SECTION A. Ask if individual is willing to answer these questions:

<p>1. Have you completed this survey earlier today or this week? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>								
<p>2. Please tell us your first name and last initial: _____</p>								
<p>3. What is your date of birth? Month _____ Day _____ Year _____</p>								
<p>4. Are you a veteran? Have you ever served on active duty in the U.S. military? *If yes, give veteran the Salvation Army Card.</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>								
<p>5. Do you have a regular place to stay right now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>								
<p>5a. Would you describe yourself as being homeless? If no, do not complete survey. If yes, ask: Where did you stay last night?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <p><input type="checkbox"/> Emergency shelter, include motel voucher</p> <p><input type="checkbox"/> Psychiatric facility</p> <p><input type="checkbox"/> Jail, prison, detention facility</p> <p><input type="checkbox"/> Room, apartment, house rented</p> <p><input type="checkbox"/> Stay with friend</p> <p><input type="checkbox"/> Place not meant for habitation (car, street, boat)</p> </td> <td style="width: 33%; vertical-align: top;"> <p><input type="checkbox"/> Transitional Housing for Homeless</p> <p><input type="checkbox"/> Substance abuse treatment facility</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Apartment or house owned</p> <p><input type="checkbox"/> Hotel/motel paid for by self</p> <p><input type="checkbox"/> Other: _____</p> </td> <td style="width: 33%; vertical-align: top;"> <p><input type="checkbox"/> Permanent housing for homeless</p> <p><input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Stay with family member</p> <p><input type="checkbox"/> Foster care home</p> </td> </tr> </table>			<p><input type="checkbox"/> Emergency shelter, include motel voucher</p> <p><input type="checkbox"/> Psychiatric facility</p> <p><input type="checkbox"/> Jail, prison, detention facility</p> <p><input type="checkbox"/> Room, apartment, house rented</p> <p><input type="checkbox"/> Stay with friend</p> <p><input type="checkbox"/> Place not meant for habitation (car, street, boat)</p>	<p><input type="checkbox"/> Transitional Housing for Homeless</p> <p><input type="checkbox"/> Substance abuse treatment facility</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Apartment or house owned</p> <p><input type="checkbox"/> Hotel/motel paid for by self</p> <p><input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Permanent housing for homeless</p> <p><input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Stay with family member</p> <p><input type="checkbox"/> Foster care home</p>			
<p><input type="checkbox"/> Emergency shelter, include motel voucher</p> <p><input type="checkbox"/> Psychiatric facility</p> <p><input type="checkbox"/> Jail, prison, detention facility</p> <p><input type="checkbox"/> Room, apartment, house rented</p> <p><input type="checkbox"/> Stay with friend</p> <p><input type="checkbox"/> Place not meant for habitation (car, street, boat)</p>	<p><input type="checkbox"/> Transitional Housing for Homeless</p> <p><input type="checkbox"/> Substance abuse treatment facility</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Apartment or house owned</p> <p><input type="checkbox"/> Hotel/motel paid for by self</p> <p><input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Permanent housing for homeless</p> <p><input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Stay with family member</p> <p><input type="checkbox"/> Foster care home</p>						
<p><i>(If Jail/Prison, Hospital or Treatment Facility is checked above, ask the following question - OTHERWISE SKIP TO QUESTION 6):</i></p>								
<p>5b. Where were you staying right before you came to that place?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <p><input type="checkbox"/> Emergency shelter, include motel voucher</p> <p><input type="checkbox"/> Psychiatric facility</p> <p><input type="checkbox"/> Jail, prison, detention facility</p> <p><input type="checkbox"/> Room, apartment, house rented</p> <p><input type="checkbox"/> Stay with friend</p> <p><input type="checkbox"/> Place not meant for habitation (car, street, boat)</p> </td> <td style="width: 33%; vertical-align: top;"> <p><input type="checkbox"/> Transitional Housing for Homeless</p> <p><input type="checkbox"/> Substance abuse treatment facility</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Apartment or house owned</p> <p><input type="checkbox"/> Hotel/motel paid for by self</p> <p><input type="checkbox"/> Other: _____</p> </td> <td style="width: 33%; vertical-align: top;"> <p><input type="checkbox"/> Permanent housing for homeless</p> <p><input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Stay with family member</p> <p><input type="checkbox"/> Foster care home</p> </td> </tr> </table>			<p><input type="checkbox"/> Emergency shelter, include motel voucher</p> <p><input type="checkbox"/> Psychiatric facility</p> <p><input type="checkbox"/> Jail, prison, detention facility</p> <p><input type="checkbox"/> Room, apartment, house rented</p> <p><input type="checkbox"/> Stay with friend</p> <p><input type="checkbox"/> Place not meant for habitation (car, street, boat)</p>	<p><input type="checkbox"/> Transitional Housing for Homeless</p> <p><input type="checkbox"/> Substance abuse treatment facility</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Apartment or house owned</p> <p><input type="checkbox"/> Hotel/motel paid for by self</p> <p><input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Permanent housing for homeless</p> <p><input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Stay with family member</p> <p><input type="checkbox"/> Foster care home</p>			
<p><input type="checkbox"/> Emergency shelter, include motel voucher</p> <p><input type="checkbox"/> Psychiatric facility</p> <p><input type="checkbox"/> Jail, prison, detention facility</p> <p><input type="checkbox"/> Room, apartment, house rented</p> <p><input type="checkbox"/> Stay with friend</p> <p><input type="checkbox"/> Place not meant for habitation (car, street, boat)</p>	<p><input type="checkbox"/> Transitional Housing for Homeless</p> <p><input type="checkbox"/> Substance abuse treatment facility</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Apartment or house owned</p> <p><input type="checkbox"/> Hotel/motel paid for by self</p> <p><input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Permanent housing for homeless</p> <p><input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Stay with family member</p> <p><input type="checkbox"/> Foster care home</p>						
<p>6. How long since you last had a regular place to stay?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> 1 week or less</td> <td style="width: 33%;"><input type="checkbox"/> More than 1 week, but less than 1 month</td> <td style="width: 33%;"><input type="checkbox"/> 1 to 3 months</td> </tr> <tr> <td><input type="checkbox"/> More than 3 months, but less than 1 year</td> <td></td> <td><input type="checkbox"/> 1 year or longer</td> </tr> </table>			<input type="checkbox"/> 1 week or less	<input type="checkbox"/> More than 1 week, but less than 1 month	<input type="checkbox"/> 1 to 3 months	<input type="checkbox"/> More than 3 months, but less than 1 year		<input type="checkbox"/> 1 year or longer
<input type="checkbox"/> 1 week or less	<input type="checkbox"/> More than 1 week, but less than 1 month	<input type="checkbox"/> 1 to 3 months						
<input type="checkbox"/> More than 3 months, but less than 1 year		<input type="checkbox"/> 1 year or longer						

7. How many separate periods of time in the past 3 years have you been without a regular place to stay (including right now)?
 1 time 2-3 times 4 or more times

8. What caused you to become homeless?
a. employment/financial reasons e. family problems
b. housing issues f. natural/other disasters
c. medical/disability problems g. recent immigration
d. forced to relocate from home

9. What City do you usually live in? _____

10. How long have you lived in Volusia County?
a. one week or less d. More than 3 months, less than 1 year
b. more than 1 week, less than 1 month e. one year or longer
c. one to three months

GENDER: 11. Are you:
 Male Female Transgender Female to Male Transgender Male to Female

RACE/ETHNICITY:
12a. Are you Hispanic or Latino? Yes No

12b. What is your race? (you may name more than one race)
 American Indian/Alaskan Native Asian Black/African American
 Native Hawaiian/Other Pacific Islander White Multiracial Other

13a. Do you have a disabling condition? Yes No

13b. What type of disabling or medical condition do you have? (you may choose more than one condition)
 Physical Developmental Mental Health Drug or Alcohol Addiction HIV/AIDS

14. Were you ever a foster care child? Refused to Answer
a. Yes
b. No

15. EDUCATION: What is the highest level you completed?
 No Schooling Completed Nursery to 4th grade 5th grade or 6th grade
 7th grade or 8th grade 9th Grade 10th grade
 11th grade 12 grade, No Diploma High School Diploma
 GED Post- secondary school

SECTION B. Please answer these questions about your family and others staying with you.

16. Are you:
1. Single 2. Married 3. Divorced 4. Separated 5. Widow

17. Do you have any family members who are homeless and with you now? Yes No
(If No, SKIP TO QUESTION 26)

18. If YES, including yourself, other adults and children, how many family members are homeless now? _____ *(COMPLETE QUESTIONS 19-25)*

if there are children, complete Questions 19-22

19. Girls: How many? _____

20. Girls: Age(s)? 20a _____ 20c _____
 20b _____ 20d _____

21. Boys: How many? _____

22. Boys: Age(s)? 22a _____ 22b _____
 22c _____ 22d _____

Check here if more children are recorded on the back.

if there are adults, complete Questions 23-25

23. Gender: 23a Male Female
 23b Male Female
 23c Male Female

24. Age(s): 24a ____ 24b ____ 24c ____

25. Veteran? 25a Yes No
 25b Yes No
 25c Yes No

Check here if more adults are recorded on the back. * If yes, give veteran the Salvation Army Card.

SECTION C. Please answer these questions about your experiences.

26. Services that you or your family need right now. (CHECK ALL THAT APPLY)

- | | | |
|---|--|---|
| a. <input type="checkbox"/> Food | g. <input type="checkbox"/> Criminal justice/legal aid | l. <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) | i. <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: _____ | |

27. Are there any comments or suggestions that you would like to make about housing or services for the homeless here? Have you stayed at any shelter or housing program? Have you been helped by a case manager? How would you rate the care?