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**WeAllCount 2018**

Youth Count Survey

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| **Youth Survey central 1** | **Interview Date:** | **City:** |

*[Text written like this should* ***NOT*** *be read out loud and is only intended as support instruction for you]*

*[Please fill in the bubbles by writing an X or filling it in]*

X

⃝ ⃝

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| --- | --- | --- |
| **Hello, my name is \_\_\_\_\_\_\_\_\_\_\_ and I’m conducting a survey to better understand housing situations to help provide better services. Can I ask you two quick questions?**  ⃝ Yes 🡪 *[Continue survey]* ⃝ No 🡪 *[****STOP*** *survey and thank respondent]* | | |
| **Where did you sleep last Thursday night/Friday morning (Jan 26th/27th)?** | ⃝ Street or sidewalk  ⃝ Vehicle (car, van, RV, truck)  ⃝ Tent/Hand-built structure  ⃝ Park  ⃝ Abandoned building  ⃝ Bus, transit station, airport  ⃝ Under bridge/overpass  ⃝ Woods or outdoor encampment  ⃝ Other location: *[specify]* | ⃝ Emergency shelter  ⃝ Transitional housing  ⃝ Motel/Hotel  ⃝ Jail, hospital, treatment program  ⃝ Safe Haven  ⃝ Couch surfing  ⃝ Other unstable location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *If option above stop at question 25*  ⃝ House or apartment  ⃝ Any other stable housing  *[****STOP*** *survey and thank respondent]* |
| **Has another volunteer asked you these same questions about where you were staying last Thursday night?** | ⃝ Yes 🡪 *[****STOP*** *survey and thank respondent]*  ⃝ No  ⃝ Doesn’t Know/Refused | |
| **What is your age?** | ⃝ Under 18  ⃝ 18-24  ⃝ 25 and Over 🡪 *[****STOP*** *survey and thank respondent]* | |
| **Would you like to take a 10 minute survey? You will get a $10 Subway gift card for your time. You can refuse to answer any question or end the survey at any time. Your answers are confidential and will only be used to improve the quality of our services. Would you like to continue?**  ⃝ Yes 🡪 *[Continue survey]* ⃝ No 🡪 *[****STOP*** *survey and thank respondent]* | | |
| **Including yourself, how many adults and children slept in the same location with you last Thursday night?** | Adults Adults Children  (Over 25) (18-24) (Under 18) | |

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| **“I’m going to ask you some general survey questions. Let’s begin!”** | | | | | | | |
|  | **Head of Household/ P1** | **Person 2** | **Person 3** | **Person 4** | **Person 5** | |
| **What are your…**  **Initials?**  **Date of Birth?**  **Age?** | *Month*  *Day*  *Year*  *First*  *Middle*  *Last* | *First*  *Middle*  *Last*  *Month*  *Year*  *Day* | *First*  *Middle*  *Last*  *Month*  *Year*  *Day* | *First*  *Middle*  *Last*  *Month*  *Year*  *Day* | *First*  *Middle*  *Last*  *Month*  *Year*  *Day* | |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** | |
| **How are Person 2 to 5 related to you?**  *[This question is only for the Head of Household]* | ⃝ Head of Household | ⃝ Child  ⃝ Spouse or Partner  ⃝ Other Family Member  ⃝ Other, non-related | ⃝ Child  ⃝ Spouse or Partner  ⃝ Other Family Member  ⃝ Other, non-related | ⃝ Child  ⃝ Spouse or Partner  ⃝ Other Family Member  ⃝ Other, non-related | ⃝ Child  ⃝ Spouse or Partner  ⃝ Other Family Member  ⃝ Other, non-related | |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** | |
| **What is your primary race?**  *[Please select one]* | ⃝ American Indian or  Alaskan Native  ⃝ Asian  ⃝ Black or African  American  ⃝ Native Hawaiian or  Other Pacific Islander  ⃝ White  ⃝ Doesn’t Know  ⃝ Refused  ⃝ Other: | ⃝ American Indian or  Alaskan Native  ⃝ Asian  ⃝ Black or African  American  ⃝ Native Hawaiian or  Other Pacific Islander  ⃝ White  ⃝ Doesn’t Know  ⃝ Refused  ⃝ Other: | ⃝ American Indian or  Alaskan Native  ⃝ Asian  ⃝ Black or African  American  ⃝ Native Hawaiian or  Other Pacific Islander  ⃝ White  ⃝ Doesn’t Know  ⃝ Refused  ⃝ Other: | ⃝ American Indian or  Alaskan Native  ⃝ Asian  ⃝ Black or African  American  ⃝ Native Hawaiian or  Other Pacific Islander  ⃝ White  ⃝ Doesn’t Know  ⃝ Refused  ⃝ Other: | ⃝ American Indian or  Alaskan Native  ⃝ Asian  ⃝ Black or African  American  ⃝ Native Hawaiian or  Other Pacific Islander  ⃝ White  ⃝ Doesn’t Know  ⃝ Refused  ⃝ Other: | |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** | |
| **Are you Hispanic or Latino?** | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | |
| **Which gender**  **identity do you**  **most identify**  **with?** | ⃝ Male  ⃝ Female  ⃝ Trans Male to Female  ⃝ Trans Female to Male  ⃝ Gender Non-  Conforming  ⃝ Non-Binary  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Male  ⃝ Female  ⃝ Trans Male to Female  ⃝ Trans Female to Male  ⃝ Gender Non-  Conforming  ⃝ Non-Binary  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Male  ⃝ Female  ⃝ Trans Male to Female  ⃝ Trans Female to Male  ⃝ Gender Non-  Conforming  ⃝ Non-Binary  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Male  ⃝ Female  ⃝ Trans Male to Female  ⃝ Trans Female to Male  ⃝ Gender Non-  Conforming  ⃝ Non-Binary  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Male  ⃝ Female  ⃝ Trans Male to Female  ⃝ Trans Female to Male  ⃝ Gender Non-  Conforming  ⃝ Non-Binary  ⃝ Doesn’t Know  ⃝ Refused | |
| **Which of the**  **following best**  **represents how**  **you think of**  **yourself?** | ⃝ Lesbian or Gay  ⃝ Straight  ⃝ Bisexual  ⃝ Something Else  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Lesbian or Gay  ⃝ Straight  ⃝ Bisexual  ⃝ Something Else  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Lesbian or Gay  ⃝ Straight  ⃝ Bisexual  ⃝ Something Else  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Lesbian or Gay  ⃝ Straight  ⃝ Bisexual  ⃝ Something Else  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Lesbian or Gay  ⃝ Straight  ⃝ Bisexual  ⃝ Something Else  ⃝ Doesn’t Know  ⃝ Refused |
| **Are you currently experiencing an abusive relationship?** | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Are you currently**  **employed or**  **attending school?** | ⃝ Currently Employed  ⃝ Attending School  ⃝ Both  ⃝ Neither  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Currently Employed  ⃝ Attending School  ⃝ Both  ⃝ Neither  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Currently Employed  ⃝ Attending School  ⃝ Both  ⃝ Neither  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Currently Employed  ⃝ Attending School  ⃝ Both  ⃝ Neither  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Currently Employed  ⃝ Attending School  ⃝ Both  ⃝ Neither  ⃝ Doesn’t Know  ⃝ Refused |
| **How long ago**  **were you last**  **employed or**  **attending school?** | ⃝ Currently Employed/  in school  ⃝ Less than 1 Month  ⃝ 1-6 Months  ⃝ 6-12 Months  ⃝ 1-2 Years  ⃝ 2-5 Years  ⃝ 5+ Years  ⃝ Never Employed  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Currently Employed/  in school  ⃝ Less than 1 Month  ⃝ 1-6 Months  ⃝ 6-12 Months  ⃝ 1-2 Years  ⃝ 2-5 Years  ⃝ 5+ Years  ⃝ Never Employed  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Currently Employed/  in school  ⃝ Less than 1 Month  ⃝ 1-6 Months  ⃝ 6-12 Months  ⃝ 1-2 Years  ⃝ 2-5 Years  ⃝ 5+ Years  ⃝ Never Employed  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Currently Employed/  in school  ⃝ Less than 1 Month  ⃝ 1-6 Months  ⃝ 6-12 Months  ⃝ 1-2 Years  ⃝ 2-5 Years  ⃝ 5+ Years  ⃝ Never Employed  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Currently Employed/  in school  ⃝ Less than 1 Month  ⃝ 1-6 Months  ⃝ 6-12 Months  ⃝ 1-2 Years  ⃝ 2-5 Years  ⃝ 5+ Years  ⃝ Never Employed  ⃝ Doesn’t Know  ⃝ Refused |

**“Now I’m going to ask you some questions about your physical, mental, and sexual health.”**

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|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Do you have a physical disability?**  *[E.g. hearing, mobility, and visual impairments]* | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |
| **Do you have a developmental disability?**  *[E.g. autism, behavior disorders, and intellectual disabilities]* | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |
| **Do you have a chronic health condition?**  *[E.g. heart disease, severe asthma, traumatic brain injury, PTSD, cancer, emphysema, or liver disease]* | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |
| **Have you ever been**  **diagnosed with a**  **STI?** | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |
| **Are you living with HIV/AIDS?** | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Do you have any mental health issues?**  *[E.g. chronic*  *depression,*  *bipolar disorder, or*  *schizophrenia]* | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |
| **Do you feel you have an impairment caused by alcohol use?** | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |
| **Do you feel you have an impairment caused by drug abuse? This includes prescription drugs if used differently than prescribed.** | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |
| **Just so I**  **understand**  **what you told me**  **previously, do you**  **have a disability?** | ⃝ Yes  ⃝ No [Skip to Q24}  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No [Skip to Q24}  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No [Skip to Q24}  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No [Skip to Q24}  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No [Skip to Q24}  ⃝ Doesn’t Know  ⃝ Refused |
| **Do you expect this disability to be long term or permanent?** | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |
| **Doesthis disability**  **impair your ability to live**  **independently?** | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |
| **“We have two additional questions to see if you have experienced…”** | | | | | |
|  | **Head of Household** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
| **Have you ever been in jail, prison, or juvenile hall?** | ⃝ Jail  ⃝ Prison  ⃝ Juvenile Hall  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Jail  ⃝ Prison  ⃝ Juvenile Hall  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Jail  ⃝ Prison  ⃝ Juvenile Hall  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Jail  ⃝ Prison  ⃝ Juvenile Hall  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Jail  ⃝ Prison  ⃝ Juvenile Hall  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |
| **Have you ever served on active duty in the US Armed forces?** | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused | ⃝ Yes  ⃝ No  ⃝ Doesn’t Know  ⃝ Refused |

**“I’m going to ask you some specific questions about your housing history and services you are accessing.   
Please try to give me your best estimates.”**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Head of Household** | | **Person 2** | | **Person 3** | | | **Person 4** | | | **Person 5** | |
| **When did you become homeless this time?**  *[Ask for a specific date or round to nearest month]* | | *Month*  *Day*  *Year*  ⃝ Doesn’t know  ⃝ Refused | | ⃝ Doesn’t know  ⃝ Refused | | ⃝ Doesn’t know  ⃝ Refused | | | *Month*  *Day*  *Year*  ⃝ Doesn’t know  ⃝ Refused | | | *Month*  *Day*  *Year*  *Month*  *Day*  *Year*  *Month*  *Day*  *Year*  ⃝ Doesn’t know  ⃝ Refused | | |
| **How many times have you been homeless in the past three years?**  *[This* ***only*** *includes streets, emergency shelters, or safe havens]* | | ⃝ 1 *[only time]*  ⃝ 2  ⃝ 3  ⃝ 4 or more  ⃝ Doesn’t know  ⃝ Refused | | ⃝ 1 *[only time]*  ⃝ 2  ⃝ 3  ⃝ 4 or more  ⃝ Doesn’t know  ⃝ Refused | | ⃝ 1 *[only time]*  ⃝ 2  ⃝ 3  ⃝ 4 or more  ⃝ Doesn’t know  ⃝ Refused | | | ⃝ 1 *[only time]*  ⃝ 2  ⃝ 3  ⃝ 4 or more  ⃝ Doesn’t know  ⃝ Refused | | | ⃝ 1 *[only time]*  ⃝ 2  ⃝ 3  ⃝ 4 or more  ⃝ Doesn’t know  ⃝ Refused | | |
| **How many months have you been homeless in the past three years?**  *[round up to the nearest total*  *ex. 1 day = 1 month; 35 days = 2 months]* | | ⃝ 1 ⃝ 2  ⃝ 3 ⃝ 4  ⃝ 5 ⃝ 6  ⃝ 7 ⃝ 8  ⃝ 9 ⃝ 10  ⃝ 11 ⃝ 12  ⃝ More than 12  ⃝ Doesn’t Know  ⃝ Refused | | ⃝ 1 ⃝ 2  ⃝ 3 ⃝ 4  ⃝ 5 ⃝ 6  ⃝ 7 ⃝ 8  ⃝ 9 ⃝ 10  ⃝ 11 ⃝ 12  ⃝ More than 12  ⃝ Doesn’t Know  ⃝ Refused | | ⃝ 1 ⃝ 2  ⃝ 3 ⃝ 4  ⃝ 5 ⃝ 6  ⃝ 7 ⃝ 8  ⃝ 9 ⃝ 10  ⃝ 11 ⃝ 12  ⃝ More than 12  ⃝ Doesn’t Know  ⃝ Refused | | | ⃝ 1 ⃝ 2  ⃝ 3 ⃝ 4  ⃝ 5 ⃝ 6  ⃝ 7 ⃝ 8  ⃝ 9 ⃝ 10  ⃝ 11 ⃝ 12  ⃝ More than 12  ⃝ Doesn’t Know  ⃝ Refused | | | ⃝ 1 ⃝ 2  ⃝ 3 ⃝ 4  ⃝ 5 ⃝ 6  ⃝ 7 ⃝ 8  ⃝ 9 ⃝ 10  ⃝ 11 ⃝ 12  ⃝ More than 12  ⃝ Doesn’t Know  ⃝ Refused | | |
| **What was the primary cause of your homelessness?**  *Please choose one, you may read these out loud* | | ⃝ Loss of Job  ⃝ Money Issues  ⃝ Loss of family member  ⃝ Disability  ⃝ Abuse/Violence  ⃝ Kicked Out/Ran Away  ⃝ Aged Out of Foster  Care  ⃝ Time in Jail/Prison  ⃝ Divorce  ⃝ Other:  ⃝ Doesn’t Know  ⃝ Refused | | ⃝ Loss of Job  ⃝ Money Issues  ⃝ Loss of family member  ⃝ Disability  ⃝ Abuse/Violence  ⃝ Kicked Out/Ran Away  ⃝ Aged Out of Foster  Care  ⃝ Time in Jail/Prison  ⃝ Divorce  ⃝ Other:  ⃝ Doesn’t Know  ⃝ Refused | | ⃝ Loss of Job  ⃝ Money Issues  ⃝ Loss of family member  ⃝ Disability  ⃝ Abuse/Violence  ⃝ Kicked Out/Ran Away  ⃝ Aged Out of Foster  Care  ⃝ Time in Jail/Prison  ⃝ Divorce  ⃝ Other:  ⃝ Doesn’t Know  ⃝ Refused | | | ⃝ Loss of Job  ⃝ Money Issues  ⃝ Loss of family member  ⃝ Disability  ⃝ Abuse/Violence  ⃝ Kicked Out/Ran Away  ⃝ Aged Out of Foster  Care  ⃝ Time in Jail/Prison  ⃝ Divorce  ⃝ Other:  ⃝ Doesn’t Know  ⃝ Refused | | | ⃝ Loss of Job  ⃝ Money Issues  ⃝ Loss of family member  ⃝ Disability  ⃝ Abuse/Violence  ⃝ Kicked Out/Ran Away  ⃝ Aged Out of Foster  Care  ⃝ Time in Jail/Prison  ⃝ Divorce  ⃝ Other:  ⃝ Doesn’t Know  ⃝ Refused | | |
| **Are you currently accessing any of the following services in the community?**  *[Mark all that apply]* | Emergency Shelter  Bus Passes  Transitional Housing  Mental Health  Alcohol/Drug  Counseling  Employment  Drop-in/Day Shelter  Free Meals  Legal Assistance  Immigration  Health Services  Other:  ⃝ Not Using Services  ⃝ Doesn’t Know  ⃝ Refused | | Emergency Shelter  Bus Passes  Transitional Housing  Mental Health  Alcohol/Drug  Counseling  Employment  Drop-in/Day Shelter  Free Meals  Legal Assistance  Immigration  Health Services  Other:  ⃝ Not Using Services  ⃝ Doesn’t Know  ⃝ Refused | | | | Emergency Shelter  Bus Passes  Transitional Housing  Mental Health  Alcohol/Drug  Counseling  Employment  Drop-in/Day Shelter  Free Meals  Legal Assistance  Immigration  Health Services  Other:  ⃝ Not Using Services  ⃝ Doesn’t Know  ⃝ Refused | | | Emergency Shelter  Bus Passes  Transitional Housing  Mental Health  Alcohol/Drug  Counseling  Employment  Drop-in/Day Shelter  Free Meals  Legal Assistance  Immigration  Health Services  Other:  ⃝ Not Using Services  ⃝ Doesn’t Know  ⃝ Refused | | Emergency Shelter  Bus Passes  Transitional Housing  Mental Health  Alcohol/Drug  Counseling  Employment  Drop-in/Day Shelter  Free Meals  Legal Assistance  Immigration  Health Services  Other:  ⃝ Not Using Services  ⃝ Doesn’t Know  ⃝ Refused | |
|  | **Head of Household** | | **Person 2** | | | | **Person 3** | | | **Person 4** | | **Person 5** | |
| **What services would assist you in securing stable housing?**  *[Mark all that apply]* | Rental Subsidy  Legal Assistance  Deposit Money  Utility Costs  Employment  services  Family Support Help  Other:  ⃝ Doesn’t Know  ⃝ Refused | | Rental Subsidy  Legal Assistance  Deposit Money  Utility Costs  Employment  services  Family Support Help  Other:  ⃝ Doesn’t Know  ⃝ Refused | | | | Rental Subsidy  Legal Assistance  Deposit Money  Utility Costs  Employment  services  Family Support Help  Other:  ⃝ Doesn’t Know  ⃝ Refused | | | Rental Subsidy  Legal Assistance  Deposit Money  Utility Costs  Employment  services  Family Support Help  Other:  ⃝ Doesn’t Know  ⃝ Refused | | Rental Subsidy  Legal Assistance  Deposit Money  Utility Costs  Employment  services  Family Support Help  Other:  ⃝ Doesn’t Know  ⃝ Refused | |

**Thank you for taking the survey!**

*[Subway cards should ONLY be given to those that are interviewed in person.]*