Orange County Partnership to End Homelessness

Orange County
2021 Point-in-Time Count Survey

Answers for all questions are **voluntary**. Participants can answer **all** questions, **some** questions, or **no** questions as they are comfortable. Please mark unanswered questions: **Don't Know (DK)** or **Refused (Ref).**

Interviewer: _____ **Interview Location:** _____

Interviewer Date: _____ **Interview Time:** _____

☐ Person provided input for survey ☐ Individual did not wish to complete survey or situation did not permit

1. Where are you sleeping/did you sleep on Wednesday, January 27, 2021?

Considered Homeless

If you select any of these choices, go to Question 2.

- ☐ Unsheltered *(outdoors, tent, vehicle, bus/train station, abandoned building, or other place not meant for human habitation)*
- ☐ Emergency shelter (Name: _____)
- ☐ Transitional housing (Name: _____)
- ☐ Hotel/motel paid for by an agency (DSS, emergency assistance program, church, etc.)

Not Considered Homeless

If you select any of these choices, DO NOT CONTINUE WITH THE SURVEY

- ☐ Hotel/motel **paid for with your own funds**
- ☐ Jail/prison or youth detention center
- ☐ Hospital or treatment facility (detox, substance abuse, mental health)
  Were you homeless immediately **before** entering this facility? ☐ Yes ☐ No
- ☐ House/apartment that **you rent or own**
- ☐ At the house/apartment of a friend or family member

2. Are you currently sleeping in this location because of an unhealthy or abusive relationship? Or are you currently experiencing or fleeing domestic violence, dating violence, sexual assault, or stalking? ☐ Yes ☐ No

3. If you feel comfortable, we'd like to ask some identifying information we will use later to make sure we are not counting the same person twice:

First two letters of **first name**: _____ First two letters of **last name**: _____

Date of Birth: _____/_____/_____ **OR** Age: _____

4. How do you identify your gender?

☐ Female ☐ Male ☐ Transgender ☐ Gender Non-Conforming

5. How do you identify your ethnicity?

☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

6. How do you identify your race?

☐ African-American/Black ☐ American Indian/Alaska Native ☐ Asian
☐ Caucasian/White ☐ Native Hawaiian/Pacific Islander ☐ Multiple races

7. Have you ever served in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard, OR were you called to active duty as a member of the National Guard or as a Reservist? (=Veteran)

☐ Yes ☐ No

8. How long has your current episode of homelessness lasted? _____year(s) _____month(s) _____day(s)

9. How many separate times have you lived on the street or in an emergency shelter in the past 3 years (if any)?

☐ 1 time ☐ 2-3 times ☐ 4+ times **If 4+, do these times total 12 months or more?** ☐ Yes ☐ No

10. Where was the last place you had a stable place to sleep for 90 days or more?

☐ Orange County ☐ Another state: _____

☐ Another town/county in NC: _____ ☐ Another country: _____

11. Have you been diagnosed with any of the following conditions? (=Disability)

☐ Serious mental illness ☐ Substance use disorder ☐ HIV/AIDS ☐ Physical disability

☐ Chronic physical illness ☐ Developmental disability ☐ PTSD ☐ Traumatic brain injury

12. Which best describes your family/living situation tonight?

Household without children

☐ Single adult, without children

☐ Adult couple, without children

☐ Adult(s) with adult son/daughter(s)

Household with adults & children

☐ One parent with children

☐ Two parents with children

Household of only children

☐ Unaccompanied child (17 or younger)

☐ Household of only children (all members are 17 or younger)

13. Please fill out this chart for each *additional* member of the household (if any):

If additional household members have a different length of time homeless, please note this here: _____

Relation to head of household (child, spouse, sibling, etc.)	First 2 letters of first name	First 2 letters of last name	Age	Gender				Race						Identify as Hispanic or Latino Y/N	Veteran Y/N	Diagnosed with disability Y/N	Same length of time homeless as head of household Y/N
				Female	Male	Trans	Gender Non-conforming	African-American	American Indian/ Alaska Native	Asian	Caucasian	Native Hawaian/ Pacific Islander	Multiple				

14. Do you have any pets?

☐ Cat(s), number: _____ ☐ Dog(s), number: _____ ☐ Other (type and number): _____

15. If you have income from any sources, what approximate amount per month? $_____

16. Would you like for someone to follow up with you about housing and/or services?

☐ No

☐ Yes Email:_____ Phone: (_____)_____