

Point-in-Time Survey (BoS)

Person Conducting Survey: _____ City: _____ Facility/Street Address: _____

Individual does not wish to take the survey or the situation is too dangerous.

1. Date of Birth (or Age)		Initials ___ M: ___ D: ___ Yr: _____	1a. <input type="checkbox"/> 17 & under <input type="checkbox"/> 18 - 24 <input type="checkbox"/> 25 - 64 <input type="checkbox"/> 65 & older		
2. Where are you sleeping tonight? (DO NOT READ CATEGORIES, SELECT ONLY ONE CATEGORY)	a. <input type="checkbox"/> Emergency shelter		n. <input type="checkbox"/> Hotel or motel paid with own funds		
	b. <input type="checkbox"/> Transitional housing		o. <input type="checkbox"/> Sharing housing of other person(s) due to loss of housing, economic hardship, or similar reason		
c. <input type="checkbox"/> Domestic violence shelter/Safe haven		p. <input type="checkbox"/> Staying informally with friends			
d. <input type="checkbox"/> Veterans Administration domiciliary		q. <input type="checkbox"/> Mental health facility			
e. <input type="checkbox"/> Street/Sidewalk		r. <input type="checkbox"/> Substance abuse treatment center			
f. <input type="checkbox"/> Under bridge/overpass		s. <input type="checkbox"/> Corrections facility (including juvenile)			
g. <input type="checkbox"/> Bus, train station, airport		t. <input type="checkbox"/> Hospital			
h. <input type="checkbox"/> Woods or outdoor encampment		u. <input type="checkbox"/> Foster home or group home			
i. <input type="checkbox"/> Abandoned building		v. <input type="checkbox"/> Permanent supportive housing			
j. <input type="checkbox"/> Vehicle (car, van, RV, truck)		w. <input type="checkbox"/> Subsidized housing (Sec 8, VASH, etc.)			
k. <input type="checkbox"/> Substandard housing		x. <input type="checkbox"/> Own home or apartment (that is not substandard)			
l. <input type="checkbox"/> In a place that you are being evicted from within two weeks					
m. <input type="checkbox"/> Hotel or motel paid for with voucher from a church or social services agency					
3A. Will you be staying there tomorrow?		a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No	3B. If not, Where _____		
4. Are you currently homeless?	a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No (answer #8)	4A. How long has this current episode of homelessness lasted?	Years: _____	Months: _____	Days: _____
5. Which of the following best describes your current situation of homelessness or unstable housing?		<input type="checkbox"/> 1st time in the past 3 years <input type="checkbox"/> 2-3 different times in the past 3 years <input type="checkbox"/> At least 4 different times in the past 3 years (total time is 12 months or more) <input type="checkbox"/> Homeless/unstable housing for one year or more			
5A. Have you been homeless another time in the past 12 months?		a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No			
6. What city were you living in when you become homeless <i>this time</i>?		City Name: _____			
7A. At what age did you first face homelessness or not having a permanent home?	_____	7B. Was your first experience being homeless or without a permanent home with your family or on your own?	a. <input type="checkbox"/> With family b. <input type="checkbox"/> On your own		
8. Please share the reasons that contributed to why you became homeless or do not have a permanent home: (Check all that apply)					
a. <input type="checkbox"/> Financial reasons	j. <input type="checkbox"/> Family illness	r. <input type="checkbox"/> Ran away from home	w. <input type="checkbox"/> Too crowded (doubled up)		
b. <input type="checkbox"/> Unable to pay rent or mortgage	k. <input type="checkbox"/> Divorce or separation	s. <input type="checkbox"/> Lifestyle choice	x. <input type="checkbox"/> Aged out of or ran from foster care		
c. <input type="checkbox"/> Loss of public aid	l. <input type="checkbox"/> Hospital discharge	t. <input type="checkbox"/> Sexual orientation or gender identity	y. <input type="checkbox"/> Kicked out of the house by family		
d. <input type="checkbox"/> Natural disaster	m. <input type="checkbox"/> Pregnant or parenting	u. <input type="checkbox"/> To protect yourself or family members	z. <input type="checkbox"/> Kicked out of the house by friends		
e. <input type="checkbox"/> Unemployment	n. <input type="checkbox"/> Mental illness	v. <input type="checkbox"/> Abandonment by parent/guardian (passed away, deported, prison)			
f. <input type="checkbox"/> Moved to seek work	o. <input type="checkbox"/> Substance abuse				
g. <input type="checkbox"/> Evicted	p. <input type="checkbox"/> Left jail, prison, or detention				
h. <input type="checkbox"/> Physical disability, injury, or physical health reasons	q. <input type="checkbox"/> Criminal record				
i. <input type="checkbox"/> Domestic violence			<input type="checkbox"/> Other: _____		
9. Gender Identity		a. <input type="checkbox"/> Male	b. <input type="checkbox"/> Female	c. <input type="checkbox"/> Transgender	
10. Sexual Orientation		a. <input type="checkbox"/> Gay/lesbian/bisexual	b. <input type="checkbox"/> Straight	c. <input type="checkbox"/> Questioning	d. <input type="checkbox"/> Prefer not to answer
11: Race		a. <input type="checkbox"/> White	c. <input type="checkbox"/> American Indian or Alaska Native	e. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
		b. <input type="checkbox"/> Asian	d. <input type="checkbox"/> Black or African American	f. <input type="checkbox"/> Two or more	
12. Do you consider yourself Hispanic or Latino?		a. <input type="checkbox"/> Yes		c. <input type="checkbox"/> No	
13A. Are you enrolled in school right now?		a. <input type="checkbox"/> Yes		c. <input type="checkbox"/> N/A	
		b. <input type="checkbox"/> No (Answer #13B)		b. <input type="checkbox"/> No	
14. Highest level of education: (Check one)		a. <input type="checkbox"/> Less than 9 th grade	d. <input type="checkbox"/> HS diploma	g. <input type="checkbox"/> Technical school/Training program	
		b. <input type="checkbox"/> Some high school	e. <input type="checkbox"/> Some college	h. <input type="checkbox"/> Master's degree or higher	
		c. <input type="checkbox"/> GED	f. <input type="checkbox"/> College graduate		

