2013 Maricopa County Homeless Point-In-Time Street Count
WE COUNT!

Hello, my name is__. I am a volunteer for the annual homeless street count. I am conducting a brief survey to better understand homelessness in Maricopa County. Will you take a few minutes to answer some interview questions? (If NO (refused), thank them and fill out attached household information sheet.) To protect your privacy, we will not use your name in any reports. Your participation in this interview is voluntary and you may refuse to answer any question. You may also stop the interview at any time. Thank you for participating, we will begin now.

1. Did you/are you sleep(ing) on the street, sidewalk, a camp, park, car, bus, or in any other outdoor location tonight?
   - O Yes
   - O No -- IF NO Where? _____

   If Shelter or housed location, STOP survey.

2. Have you answered a survey given by a volunteer already tonight?
   - O Yes – **IF Yes, STOP survey.**
   - O No --proceed with survey

3. What is your name?

(First Name) (Last Name)

4. How old are you?

   - O Refused

5. How do you identify your gender?
   - O Male
   - O Female
   - O Transgender
   - O Refused

6. Do you have any children that live with you?
   - O Yes
   - O No (Skip to Question 8)
   - O Refused

7. (If Yes) What are the ages of the children that live with you?
   - O Child one- age:_____
   - O Child two- age:_____
   - O Child three- age:_____
   - O Child four- age:_____
   - O Other children- ages:_____

8. Are there any adults over the age of 18 that live with you?
   - O Yes
   - O No (Skip to Question 10)
   - O Refused

9. (If Yes) What are the ages of the adults that live with you?
   - O Adult one- age:_____
   - O Adult two- age:_____
   - O Adult three- age:_____
   - O Adult four- age:_____
   - O Other adults- ages:_____

10. Have you ever served in the U.S. Armed Forces (e.g. served in full-time capacity in the Army, Navy, Air Force, Marines Corps, or Coast Guard)?
   - O Yes
   - O No
   - O Refused

11. Were you ever called into active duty as a member of the National Guard or as a Reservist?
   - O Yes
   - O No
   - O Refused

12. (If unsure to above questions) Have you ever received health care benefits from a VA center?
   - O Yes
   - O No
   - O Refused

13. Have you ever been a victim of domestic violence by a person you have lived with, such as a spouse or intimate partner?
   - O Yes
   - O No
   - O Refused

14. Have you been living on the streets (including bus stations, underpasses, camps, abandoned buildings, etc.) and/or in emergency shelter for the past year or more?
   - O Yes
   - O No
   - O Refused

15. (IF NO) How many different times have you

19. Many situations can cause people to become

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lived on the street or have had to stay in a shelter in the past three years?

- O 1 time
- O 2 or 3 times
- O 4 or more times
- O Refused

16. In addition to right now, how long would you say that you've stayed in these kinds of places over the past three years?

- O _____# of months
- O _____# of years
- O _____Other
- O Refused

17. I am going to ask some questions regarding potential health factors. Are you dealing with:

-daily alcohol or drug use?

- O Yes
- O No
- O Refused

-a serious mental health problem?

- O Yes
- O No
- O Refused

-a developmental disability (includes learning disability)?

- O Yes
- O No
- O Refused

-a chronic physical illness?

- O Yes
- O No
- O Refused

-do you have HIV/AIDS?

- O Yes
- O No
- O Refused

-any other disability?

- O Yes—What?_____
- O No
- O Refused

18. If yes (to any of the above), does this limit your ability to get or keep a job or take care of personal matters? (Such as taking care of yourself, your children, or taking medications.)

- O Yes
- O No
- O Refused

homeless. What is the main reason for you?

- O Having been a victim of domestic violence
- O Having disputes with family or household members
- O drug use
- O alcohol use
- O Having mental health issues
- O Having medical problems or illness
- O Having lost your job
- O Having been evicted
- O Insufficient or no income

Other – What?_____

- O Refused

20. Which of the following best describes your employment situation <u>most of the time</u>?

- O Part-time paid job
- O Full-time paid job
- O Day labor or pick-up work
- O Student/vocational training
- O Recycling or selling things
- O Panhandling
- O Disabled and cannot work
- O Unemployed
- O Volunteer work
- O Refused

21. Are you currently receiving any of the following forms of government assistance?

- O Unemployment benefits
- O SSI/SSDI (Social Security Income or Social Security Disability Income)
- O Food stamps
- O Temporary Assistance for Needy Families
- O AHCCCS (Arizona Healthcare)
- O Veteran's disability benefits
- O Other veterans benefits
- O Child support
- O Other –_____
- O None
- O Refused

<END of questions>

That concludes our survey. Thank you for participating and sharing personal information with me. Your answers will help the community to better understand homelessness. ***(Surveyor: Please complete Household Summary information on attached sheet.)***

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Household Type

- O **Yes, Completed Attached Survey** (Summarize household data from attached survey.)
- O **Refused Survey**
  (If refused survey, use best judgment to complete the household information below.)
  Location of household (if refused) _____

Summary of Household Data: **Family**

Household with at least one adult and one child (Family)	
Number of persons (under age 18)	
Number of persons (age 18-24)	
Number of persons (over age 24)	
Total number of persons in household (add column totals)	

Summary of Household Data: **Single Adult or Adult Couple**

Household without children (Adults)	
Number of persons (age 18-24)	
Number of persons (over age 24)	
Total number of persons in household (add column totals)	

Summary of Household Data: **Unaccompanied Children** (Youth under 18 without an adult)

Household with only children (Unaccompanied Youth)	
Number of persons (under age 18)	
Total number of persons in household (add column totals)	

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