IHCDA 2020 POINT-IN-TIME SURVEY (01/22/20)

ihcda Indiana Housing & Community Development Authority

Interviewer's Full Name:	Date:	Time: AM/PM	Region:
Location:	Sheltered: or Unsheltered	County:	

DK *= Client Doesn't Know;* ***RF*** *= Client Refused to Answer* ***Obs*** *.= Observation (Only when DK, RF, or client is unable to respond);* ***FN*** *= First Name;* ***LN*** *: Last Name;* ***DOB*** *=Date of Birth;* ***<*** *= Less Than;* ***>*** *= More Than;* ***HH*** *= Household*

I. Individual Survey (Head of Household)

1. Have you been interviewed about your experience of homelessness tonight/last night?

□ Yes → End survey here	□ No	□ DK	□ RF

2. Where are you sleeping tonight? *Or* **Where did you sleep on the night of Wed., January 22nd, 2020?** **(street, vehicle, park, abandoned building, bus, train station, airport, outdoor encampment, under bridge, overpass).*

□ *Place not meant for habitation	□ Motel paid for with ES voucher, or other type of aid
□ Emergency Shelter (ES) Name:	Name of provider:
□ Transitional Housing (TH) Name:	□ None of the above

!! Any other location for sleeping indicates the individual is NOT experiencing homelessness according to HUD's definition of homelessness. End survey here. Thank client for their time and help.

3. How long have you been sleeping in this place?

□ One night or less	□ One week or more, but < 1 month	□ 90 days or more, but < 1 year	□ DK
□ Two to six nights	□ One month or more, but < 90 days	□ One year or longer	□ RF

4. What is approximate date your homeless situation started within the last 3 years? (mm/yyyy)

5. Regardless of where you stayed last night, what is the number of times you have been on the streets, emergency shelters, or safe haven in the last three years including today? These periods/times should be at least 7 days apart.

□ Never	□ One time	□ Two times	□ Three times	□ Four times or more	□ DK	□ RF

6. What is the total number of months you have experienced homelessness on the streets, in emergency shelters, or safe haven in the past three years, that is since January 2017?

□ Never	□ One month (First Time)	□ 2 - 12 months	□ More than 12 months	□ DK	□ RF

7. On the night before did you stay on the streets, emergency shelter, or safe haven? □ Yes □ No □ DK □ RF

8. Including yourself, how many adults and children are there in your household who are sleeping/slept with you on 1/22/2020? _____ Children (Age 17 and younger) _____Adults (Age 18 and older)

9. Personal Information *(If client doesn't know or refused to answer their date of birth, write down an approximate age estimate under Age Obs.)*

FN:	LN:	Last 4 SNN: __ __ __ __	DOB:	□ DK □ RF	Age Obs.

10. How do you identify your gender? **(FTM = Trans Female to Male; ** MTF = Trans Male to Female; *** i.e. not exclusively male or female).*

□ Male	□ Female	□ *FTM	□ **MTF	□ ***Gender Non-Conforming	□ DK	□ RF	Obs.

11. Are you Hispanic or Latino? □ Yes □ No □ DK □ RF

12. How do you identify your race? You can select one or more races up to five.

□ American Indian or Alaska Native	□ Asian	□ Black or African American	□ DK	Obs.
□ Native Hawaiian or Other Pacific Islander	□ White	□ Other (Please Specify):	□ RF	

13. Have you served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard, or as a Reservist)? □ Yes □ No □ DK □ RF

14. Do you have any disabling condition that impacts your ability to live independently?

□ Yes	□ No	□ DK	□ RF

15. Have you ever experienced or received treatment for any of the following?

□ Alcohol Abuse	□ Drug Abuse	□ Mental Health	□ Chronic Health Condition
□ Developmental Disability	□ HIV/AIDS	□ Physical Disability	□ None of these

16. Have you ever been a victim of domestic violence?	□ Yes	□ No	□ DK	□ RF

[IF Q16 = "Yes", ASK Q17, OTHERWISE finish survey].

17. How long ago did the domestic violence experience occurred?

□ Less than 3 months	□ Between 6 months, but less than 1 year	□ DK
□ Between 3 months, but less than 6 months	□ One year or more	□ RF

[IF Q16= "YES", ASK Q18, OTHERWISE finish survey].

18. Are you currently fleeing domestic violence?

□ Yes	□ No	□ DK	□ RF

Thank you for your time and help!

Observation Form	
Why were you unable to complete a survey with them?	
Where did you see them?	
What makes you think that they are or may be experiencing homelessness?	

II. Any additional household members ages 18 and older

1. Personal Information *(If client doesn't know or refused to answer, write down an approximate age estimate under Age Obs.)*

Adult 2	FN:	LN:	Last 4SSN:	DOB:	Age Obs.
Adult 3	FN:	LN:	Last 4SSN:	DOB:	Age Obs.

2. Have you been interviewed about your experience of homelessness today?

Adult 2	□ Yes	→End survey	□ No
Adult 3	□ Yes	→End survey	□ No

3. Where are you sleeping tonight? *Or* **Where did you sleep on the night of Wed., January 22nd, 2020?** **(street, vehicle, park, abandoned building, bus, train station, airport, outdoor encampment, under bridge, overpass).*

Adult 2	□ *Place not for habitation	□ ES Name:	□ TH Name:	□ Motel paid w/ aid
Adult 3	□ *Place not for habitation	□ ES Name:	□ TH Name:	□ Motel paid w/ aid

!! Any other location for sleeping indicates the individual is NOT experiencing homelessness according to HUD's definition of homelessness. End survey here. Thank client for their time and help.

4. How long have you been sleeping in this place?

Adult 2	□ One night or less	□ 1 week < 1 month	□ 90 days < 1 year	□ DK
	□ 2-6 nights	□ 1 month < 90 days	□ 1 year or longer	□ RF
Adult 3	□ One night or less	□ 1 week < 1 month	□ 90 days < 1 year	□ DK
	□ 2-6 nights	□ 1 month < 90 days	□ 1 year or longer	□ RF

5. What is approximate date your homeless situation started within the last 3 years? (mm/yyyy)

Adult 2	Month:	Year:	**Adult 3**	Month:	Year:

6. Regardless of where you stayed last night, what is the number of times you have been on the streets, emergency shelters, or safe haven in the last three years including today? These periods/times should be at least 7 days apart. *Circle the right answer.*

Adult 2	1	2	3	4 or more	**Adult 3**	1	2	3	4 or more

7. What is the total number of months you have experienced homelessness on the streets, in ES, or safe haven in the past three years, that is since January 2017?									
Adult 2	□ 1 month(1st time)			□ 2-12 months [ ]			□ 13+ months	□ DK	□ RF
Adult 3	□ 1 month(1st time)			□ 2-12 months [ ]			□ 13+ months	□ DK	□ RF
8. On the night before did you stay on the streets, Emergency Shelter, or Safe Haven?									
Adult 2	□ Yes	□ No	□ DK	□ RF	**Adult 3**	□ Yes	□ No	□ DK	□ RF
9. Relationship to Head of Household									
Adult 2	□ Son	□ Spouse	□ Dependent Child		□Daughter	□Non-fam	□ Other Relative		□ Grand Child
Adult 3	□ Son	□ Spouse	□ Dependent Child		□Daughter	□Non-fam	□ Other Relative		□ Grand Child
10. How do you identify your gender? ** FTM = Trans Female to Male; ** MTF = Trans Male to Female; *** i.e. not exclusively male or female*									
Adult 2	□ Male	□ Female	□ FTM*	□ MTF**	□ Gender Non-Conforming***			□ Obs.:	
Adult 3	□ Male	□ Female	□ FTM*	□ MTF**	□ Gender Non-Conforming***			□ Obs.:	
11. Are you Hispanic or Latino?									
Adult 2	□ Yes	□ No	□ DK	□ RF	**Adult 3**	□ Yes	□ No	□ DK	□ RF
12. How do you identify your race? You can select one or more races.									
Adult 2	□ American Indian or Alaska Native				□ Asian		□ Native Hawaiian or Other Pacific Islander		
	□Black/African American				□ White		□ Other (Please specify)		
Adult 3	□ American Indian or Alaska Native				□ Asian		□ Native Hawaiian or Other Pacific Islander		
	□Black/African American				□ White		□ Other (Please specify)		
13. Have you served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard, or as a Reservist)?									
Adult 2	□ Yes	□ No	□ DK	□ RF	**Adult 3**	□ Yes	□ No	□ DK	□ RF
14. Do you have any disabling condition that impacts your ability to live independently?									
Adult 2	□ Yes	□ No	□ DK	□ RF	**Adult 3**	□ Yes	□ No	□ DK	□ RF
15. Have you ever experienced or received treatment for any of the following?									
Adult 2	□ Development Disability			□ Mental Health		□ Alcohol Abuse		□ Chronic Health Condition	
	□ HIV/AIDS			□ Physical Disability		□ Drug Abuse		□ None	
Adult 3	□ Development Disability			□ Mental Health		□ Alcohol Abuse		□ Chronic Health Condition	
	□ HIV/AIDS			□ Physical Disability		□ Drug Abuse		□ None	
16. Have you been a victim of domestic violence?									
Adult 2	□ Yes	□ No	□ DK	□ RF	**Adult 3**	□ Yes	□ No	□ DK	□ RF
17. How long ago did the domestic violence experience occurred? *[IF Q16 = "Yes", ASK Q17, OTHERWISE continue or finish survey as appropriate].*									
Adult 2	□ < 3 months		□ 3 -5 months		□ 6-11 months		□ 12+ months	□ DK	□ RF
Adult 3	□ < 3 months		□ 3 -5 months		□ 6-11 months		□ 12+ months	□ DK	□ RF
18. Are you currently fleeing domestic violence? *[IF Q16 = "YES", ASK Q18, OTHERWISE continue or finish survey as appropriate].*									
Adult 2	□ Yes	□ No	□ DK	□ RF	**Adult 3**	□ Yes	□ No	□ DK	□ RF

Observation Form	
Why were you unable to complete a survey with them?	
Where did you see them?	

What makes you think that they are or may be experiencing homelessness?	

III. Any additional household members ages 17 and younger

1. Personal Information *(Client can provide initials only. Use age observation only when there is no DOB).*

Minor 1	FN:	LN:	Last 4SSN:	DOB:	Age Obs.
Minor 2	FN:	LN:	Last 4SSN:	DOB:	Age Obs.
Minor 3	FN:	LN:	Last 4SSN:	DOB:	Age Obs.

2. Have you been interviewed about your experience of homelessness today?

Minor 1	□ Yes	□ No	**Minor 2**	□ Yes	□ No	**Minor 3**	□ Yes	□ No

3. Relationship to Head of Household

Minor 1	□ Son	□ Dependent Child	□ Grand Child	□ Other Non-Family
	□ Daughter	□ Spouse	□ Other Relative	
Minor 2	□ Son	□ Dependent Child	□ Grand Child	□ Other Non-Family
	□ Daughter	□ Spouse	□ Other Relative	
Minor 3	□ Son	□ Dependent Child	□ Grand Child	□ Other Non-Family
	□ Daughter	□ Spouse	□ Other Relative	

4. How do you identify your gender? ** FTM = Female to Male; ** MTF = Male to Female; *** i.e. not exclusively male or female*

Minor 1	□ Male	□ Female	□ FTM*	□ MTF**	□ *Gender Non-Conforming***	Obs. :
Minor 2	□ Male	□ Female	□ FTM*	□ MTF**	□ *Gender Non-Conforming***	Obs.:
Minor 3	□ Male	□ Female	□ FTM*	□ MTF**	□ *Gender Non-Conforming***	Obs.:

5. Are you Hispanic or Latino?

Minor 1	□ Yes	□ No	□ DK	□ RF	**Minor 3**	□ Yes	□ No	□ DK	□ RF
Minor 2	□ Yes	□ No	□ DK	□ RF					

6. How do you identify your race? You can select one or more races.

Minor 1	□ American Indian or Alaska Native	□ Asian	□ Native Hawaiian or Other Pacific Islander
	□Black/African American	□ White	□ Other (Please specify)
Minor 2	□ American Indian or Alaska Native	□ Asian	□ Native Hawaiian or Other Pacific Islander
	□Black/African American	□ White	□ Other (Please specify)
Minor 3	□ American Indian or Alaska Native	□ Asian	□ Native Hawaiian or Other Pacific Islander
	□Black/African American	□ White	□ Other (Please specify)

7. Do you have any disabling condition that impacts your ability to live independently?

Minor 1	□ Yes	□ No	□ DK	□ RF	**Minor 3**	□ Yes	□ No	□ DK	□ RF
Minor 2	□ Yes	□ No	□ DK	□ RF					

8. Have you ever experienced or received treatment for any of the following?

Minor 1	□ Development Disability	□ Mental Health	□ Alcohol Abuse	□ Chronic Health Condition
	□ HIV/AIDS	□ Physical Disability	□ Drug Abuse	□ None
Minor 2	□ Development Disability	□ Mental Health	□ Alcohol Abuse	□ Chronic Health Condition
	□ HIV/AIDS	□ Physical Disability	□ Drug Abuse	□ None
Minor 3	□ Development Disability	□ Mental Health	□ Alcohol Abuse	□ Chronic Health Condition
	□ HIV/AIDS	□ Physical Disability	□ Drug Abuse	□ None

Thank you for your time and help!