Pre Fill Date:	_ or circle N/A	Survey ID:		Rev 1/12/18		
	USE THIS FORM IF THE CLIENT IS IN A <u>HOUSEHOLD (Accompanied)</u> 2018 KAUAI COUNTY Homeless Point-in-Time Count Survey  nterviewer's Name:Agency/Group:					
Site of Interview (Actua	Site of Interview (Actual Location): Date:					
What are the best place	es and times to find you? _					
_	"Are you living alone or with others?"  (If living alone use SINGLE form)  "Where did you sleep this past Monday, JANUARY 22 <sup>nd</sup> ?"					
	ATION - If answer is a sheltered	· -		RVEY.		
wnat	area of the island did you		Enter a Zone # (1–5)	-		
1. How many ADULTS are	OH can be a Youth Under 18 e in your household?	How many CHI				
	. First Name: Last Name:					
	B. Date of Birth:OR if DOB refused, Age:					
5. Gender:	☐ Transgende e ☐ Gender No	er	·	·)		
	6. Do you identify as Hispanic/Latino (Ethnicity)? ☐ Yes ☐ No ☐ Unknown ☐ Refused					
· · · · · · · · · · · · · · · · · · ·	<del>_</del> ·	allese   esian   le Races	Other Pacific Islander Samoan Tongan Unknown	☐ White		
Yes No  IF NO, SKIP to Question  9. Were you called up to	tive duty in the Armed Force  Unknown Refused #10 active duty, as a National Gu No Unknown		•			
	een continuously homeless t	<del></del>	☐ Refused			

11. How many times have you been homeless in the past 3 years? ☐ 1–3 times 4 or more times Unknown If "4 or more times" is checked, have these episodes combined for one year or more of homelessness? ☐ No ☐ Unknown ☐ Yes

Refused

☐ Refused

12. Were you on the street, beach, park, or in an emergency shelter each time?

☐ No Unknown ☐ Refused 13. Do you have a mental health disability that limits your ability to work or perform activities of daily living?

Unknown ☐ Refused ☐ Yes □ No 14. Do you have an alcohol or drug problem that limits your ability to work or perform activities of daily living?

☐ Yes ☐ No ☐ Unknown ☐ Refused

15. Are you currently living with HIV/AIDS? ☐ Yes ☐ No Unknown ☐ Refused

16. Do you have a physical, developmental, or other disability that limits your ability to work or perform activities of

daily living? ☐ Yes ☐ No ☐ Unknown ☐ Refused

Description of Head of Household if they Refused to answer Survey:

Last Name Initial: \_\_\_\_\_

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01	THER ADULT OR U	JNACCOMPANIED Y	OUTH IN HOUSEHOL	D:			
1.	First Name:		La	st Name:			
2.	Date of Birth:		/ OR if DOI	3 refused, Age:		-	
3.	<del></del>	Male Female	☐ Transgender ☐ Gender Non-Con	_	Unknown/R ot exclusively		
4.	Do you identify a	as Hispanic/Latino (E	thnicity)? 🗌 Yes	□ No □	Unknown [	Refused	
5.	•	ou identify with? <b>(C</b> dian/Alaska Native	LIENT MAY SELECT M  Marshallese  Micronesian  Multiple Race  Native Hawa	es	·=		☐ White
6.	•	No Unknow	e Armed Forces of th n	e United States	s?		
7.	•	7	s a National Guard mo	ember or Reser Refused			
8.		ou been continuous n 1 year □ 1 ye	ly homeless this time ar or longer	? ☐ Unknov	vn	☐ Refused	
9.	How many times  1–3 time	•	neless in the past 3 ye more times	ears? Unknov	vn	☐ Refused	
	If "4 or more tir ☐ Yes	mes" is checked, hav ☐ No	ve these episodes con ☐ Unknown	nbined for one Refused	-	e of homelessne	ss?
10	). Were you on the	e street, beach, parl ☐ No	x, or in an emergency ☐ Unknown	shelter each ti ☐ Refuse			
11	Do you have a n ☐ Yes	nental health disabil No	ity that limits your ab	oility to work or Refuse		ivities of daily liv	ring?
12	. Do you have an ☐ Yes	alcohol or drug prol	olem that limits your	ability to work ☐ Refuse	-	ctivities of daily	living?
13	. Are you current	ly living with HIV/AI	DS?	] No	Unknown	☐ Refu	ised
14	. Do you have a p daily living?	hysical, developmei	ntal, or other disabilit	y that limits yo ]Unknown	our ability to v		activities of

Description of other adult/unaccompanied youth if they Refused to answer Survey:

Pre Fill Date: or circle I	I/A Survey ID:	Rev 1/12/18

## CHILDREN'S DEMOGRAPHIC INFORMATION: Children must be under the age of 18

Child #					
1. First Name:Last Name:					
2. Date of Birth:/	/ OR if DOB refused,	Age:			
3. Gender:	☐ Transgender	☐ Unknown/Refused			
Female		.e. not exclusively male or female	e)		
4. Do you identify as Hispanic/Latino (	_		•		
	— —				
5. What Races do you identify with? (			□ \\/hi+o		
☐ American Indian/Alaska Native ☐ Asian	☐ Micronesian	Other Pacific Islander	☐ White		
☐ Black	☐ Multiple Races	Samoan			
Filipino	☐ Native Hawaiian	☐ Tongan ☐ Unknown			
Пъщыю	☐ Native Hawaiiaii				
0.11.11					
Child #					
1. First Name:	Last Nam	e:			
2. Date of Birth:/	/ OB if DOB refused	Ago:			
2. Date of Birtii//	/OK II DOB TeTuseu,	Age			
3. Gender: ☐ Male	☐ Transgender	☐ Unknown/Refused			
☐ Female		.e. not exclusively male or female	<u>e)</u>		
4. Do you identify as Hispanic/Latino (	_		,		
	·· — —				
5. What Races do you identify with? (					
☐ American Indian/Alaska Native		Other Pacific Islander	☐ White		
Asian	Micronesian	☐ Samoan			
□ Black	☐ Multiple Races	☐ Tongan			
☐ Filipino	☐ Native Hawaiian	Unknown			
			_		
Child #					
1. First Name:	Last Nam	e:			
2. Date of Birth:/	/ OR if DOB refused,	Age:			
3. Gender:   Male	☐ Transgender	☐ Unknown/Refused			
Female	_	<del></del>	۵)		
4. Do you identify as Hispanic/Latino (Ethnicity)?   Yes   No   Unknown   Refused					
5. What Races do you identify with? (CLIENT MAY SELECT MORE THAN ONE)					
☐ American Indian/Alaska Native	☐ Marshallese	☐ Other Pacific Islander	☐ White		
☐ Asian	☐ Micronesian	☐ Samoan			
☐ Black	☐ Multiple Races	☐ Tongan			
☐ Filipino	☐ Native Hawaiian	☐ Unknown			