

USE THIS FORM IF THE CLIENT IS ***SINGLE (Unaccompanied)***
2018 KAUAI COUNTY Homeless Point-in-Time Count Survey

Interviewer's Name: _____ Agency/Group: _____

Site of Interview (Actual Location): _____ Date: _____

What are the best places and times to find you? _____

"Are you living alone or with others?"

*(If living unsheltered with others, including a child under 18, use **HOUSEHOLD** form)*

"Where did you sleep this past Monday, JANUARY 22nd?" _____

SPECIFIC LOCATION - If answer is a sheltered location (e.g. house, shelter, hospital, jail), END SURVEY.

"What area of the island did you sleep?" _____

Enter a Zone # (1-5)

1. First Name: _____ Last Name: _____

2. Date of Birth: ____/____/____ OR if DOB refused, Age: _____

3. Client Phone Number: _____

4. Gender: Male Transgender Unknown/Refused
 Female Gender Non-Conforming (i.e. not exclusively male or female)

5. Do you identify as Hispanic/Latino (Ethnicity)? Yes No Unknown Refused

6. 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

7. Have you served on active duty in the Armed Forces of the United States?

Yes No Unknown Refused

IF NO, SKIP to Question #9

8. Were you called up to active duty, as a National Guard member or Reservist?

Yes No Unknown Refused

9. How long have you been continuously homeless this time?

Less than 1 year 1 year or longer Unknown Refused

10. How many times have you been homeless in the past 3 years?

1-3 times 4 or more times Unknown Refused

If "4 or more times" is checked, have these episodes combined for one year or more of homelessness?

Yes No Unknown Refused

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

Yes No Unknown Refused

12. Do you have a mental health disability that limits your ability to work or perform activities of daily living?

Yes No Unknown Refused

13. Do you have an alcohol or drug problem that limits your ability to work or perform activities of daily living?

Yes No Unknown Refused

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

15. 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 Person if they Refused to be Surveyed:

Last Name Initial: _____