Pre Fill Date: or o	circle N/A Su	ırvey ID:		Rev 1/12/18	
	HIS FORM IF THE CLIENT IS 18 MAUI COUNTY Homele	ess Point-in-Time Cou	nt Survey		
Site of Interview (Actual Loca					
What are the best places and	times to jina you!				
	,	one or with others?" use SINGLE form)			
	eep this past Monday, JAN I - If answer is a sheltered loca		nospital, iail), END SUR	VEY.	
	of the island did you slee	· -	,,		
	·		r a Region # (1-6)		
HEAD OF HOUSEHOLD (HOH ca 1. How many ADULTS are in you		How many CHILDF	REN UNDER 18?		
2. First Name:					
3. Date of Birth:/					
4. Client Phone Number:					
5. Gender:	☐ Transgender ☐ Gender Non-Co	☐ Unknov	wn/Refused sively male or female)	
6. Do you identify as Hispanic/			•	•	
7. What Races do you identify					
☐ American Indian/Alaska ☐ Asian	Native		ner Pacific Islander	☐ White	
Black	☐ Multiple Ra	-			
 ☐ Filipino			known		
8. Have you served on active duty in the Armed Forces of the United States? ☐ Yes ☐ No ☐ Unknown ☐ Refused					
IF NO, SKIP to Question #109. Were you called up to active	duty, as a National Guard n	nember or Reservist?			
☐ Yes ☐ No	Unknown	Refused			
10. How long have you been co ☐ Less than 1 year	ontinuously homeless this tir	me?	☐ Refused		
11. How many times have you ☐ 1–3 times	been homeless in the past 3	3 years? ☐ Unknown	☐ Refused		

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

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

☐ Yes ☐ No ☐ Unknown ☐ Refused
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

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

☐ Refused

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

Unknown

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:

☐ Yes

□ No

Pr	e Fill Date:	or circle N/A	. :	Survey ID:		Rev 1/12/18
ОТ	THER ADULT OR UNA	CCOMPANIED Y	OUTH IN HOUSE	HOLD:		
1.	First Name:		Last Nam	ne:		
2.	Date of Birth:		OR if	DOB refused, Age:		
3.	Gender:		☐ Transgender ☐ Gender Non-(Conforming (i.e. no	Unknown/Refuse ot exclusively male	
4.	Do you identify as Hi	ispanic/Latino (E [.]	thnicity)? 🗌 Yes	□ No □	Unknown 🗌 Ref	used
5.	What Races do you i American Indian Asian Black Filipino	•	IENT MAY SELEC Marshalle Micrones Multiple I Native Ha	ese ian Races	E) Other Pacific Samoan Tongan Unknown	Islander □ White
	Have you served on a Yes No IF NO, SKIP to Ques	Unknowr	Refused			
7.	Were you called up t ☐ Yes	to active duty, as	a National Guard ☐ Unknown	member or Reser Refused 🗌		
8.	How long have you b		y homeless this t ar or longer	ime? □ Unknow	vn 🔲 F	Refused
9.	How many times have 1–3 times	•	eless in the past more times	3 years? ☐ Unknow	vn 🔲 F	Refused
	If "4 or more times' ☐ Yes	" is checked, hav	e these episodes Unknown	combined for one		omelessness?
10	. Were you on the str	reet, beach, park	, or in an emerge □ Unknown	ncy shelter each ti		
11	. Do you have a ment	tal health disabili	ty that limits you ☐ Unknown	r ability to work or		s of daily living?
12	. Do you have an alco	ohol or drug prob	lem that limits yo ☐ Unknown	our ability to work		es of daily living?
13	. Are you currently liv	ving with HIV/AI	OS? Yes	□ No [Unknown	☐ Refused
14	. Do you have a physi daily living?	ical, developmen ☐ Yes	tal, or other disa □ No	bility that limits yo □Unknown	ur ability to work (or perform activities of

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

Pre Fill Date:	or circle N/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:	<u> </u>			
2. Date of Birth:/OR if DOB refused, Age:					
3. Gender:	☐ Transgender ☐ Gender Non-Conforming (i.e	Unknown/Refused e. not exclusively male or female))		
4. Do you identify as Hispanic/Latino (Et	thnicity)? 🗌 Yes 🔲 No	☐ Unknown ☐ Refused			
		ONE) Other Pacific Islander Samoan Tongan Unknown	☐ White		
Child #					
1. First Name:	First Name:Last Name:				
2. Date of Birth:/OR if DOB refused, Age:					
3. Gender:	☐ Transgender ☐ Gender Non-Conforming (i.e	☐ Unknown/Refused e. not exclusively male or female))		
4. Do you identify as Hispanic/Latino (Et	thnicity)? 🗌 Yes 📗 No	☐ Unknown ☐ Refused			
		ONE) Other Pacific Islander Samoan Tongan Unknown	☐ White		
Child #					
1. First Name:	Last Name:	:			
2. Date of Birth:/OR if DOB refused, Age:					
3. Gender: ☐ Male ☐ Transgender ☐ Unknown/Refused ☐ Female ☐ Gender Non-Conforming (i.e. not exclusively male or female)					
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					