Survey ID:	Rev 1/20/20

## USE THIS FORM IF THE CLIENT IS IN A <u>HOUSEHOLD (Accompanied)</u> 2020 HAWAII COUNTY Homeless Point-in-Time Count Survey

Interviewer's Name:		_Agency/Group:			
Site of Interview (Actual Location):			Date:		
Site of Interview Geolocation:° _	"" N	· /	" W		
What are the best places and times to fin	d you?				
"Are you living alone or with oth	ers?"	(If livin	ng alone, use SINGLE form)		
"Where did you sleep this p	ast SUNDAY, JANUA	RY 26 <sup>th</sup> ?"			
SPECIFIC LOCATION - If answe	r is a sheltered location (	e.g. house, shelter, hospita	l, jail), END SURVEY.		
"What area of the is	sland did you sleep?" _	Enter a Region # (1–9)			
		Litter a Region # (1	<u> </u>		
HEAD OF HOUSEHOLD (HOH can be a Yo	-				
1. How many ADULTS are in your househol					
2. First Name:					
3. Date of Birth:/		ed, Age:			
4. Client Phone Number:					
<del></del>	<ul><li>☐ Transgender</li><li>☐ Gender Non-Conform</li></ul>	Unknown/Refing (i.e. not exclusively ma			
6. Do you identify as Hispanic/Latino (Ethn	icity)? 🗌 Yes 🔲 No	☐ Unknown ☐ Refuse	d		
<ul> <li>7. What Races do you identify with? (CLIEN</li></ul>	☐ Japanese ☐ Korean	<ul><li>Native Hawaiian</li><li>☐ Other</li><li>☐ Other Asian</li><li>☐ Other Pacific Islan</li></ul>	☐ Tongan ☐ Vietnamese ☐ White der ☐ Unknown ☐ Refused		
8. Have you served on active duty in the Ar  Yes  No    IF NO, SKIP to Question #10	med Forces of the Unite				
9. Were you called up to active duty, as a № ☐ Yes ☐ No ☐	lational Guard member ☐ Unknown   ☐ Refu				
10. How long have you been continuously ☐ Less than 1 year ☐	homeless this time? ☐ 1 year or longer	Unknown	☐ Refused		
<ul> <li>11. How many times have you been homel</li> <li>1–3 times</li> <li>If "4 or more times" is checked, have the</li> <li>Yes</li> <li>No</li> </ul>	4 or more times	-	☐ Refused omelessness?		
12. Were you on the street, beach, park, or ☐ Yes ☐ No ☐	in an emergency shelte  Unknown Refu				
13. Do you have a mental health disability t ☐ Yes ☐ No ☐	hat limits your ability to ] Unknown   Refu		s of daily living?		
14. Do you have an alcohol or drug problen ☐ Yes ☐ No [	n that limits your ability ☐ Unknown ☐ Refu		ies of daily living?		
15. Are you currently living with HIV/AIDS?	☐ Yes	☐ No ☐Unkno	own Refused		
16. Do you have a physical, developmental, living? ☐ Yes ☐ No ☐	or other disability that □Unknown □ Refu		or perform activities of daily		

17. Did you move to Hawaii within the past year? 🗌 Yes 👚 No				
If no, skip to question #17. If yes:				
a. What State/Country did you come from?				
b. Are you interested in returning home?   Yes   No				
c. Why did you come to Hawaii? (Select Primary Reason)				
☐ Came for a work trade living arrangement				
☐ Came for the sunthe beautiful weather				
☐ To move with family/friends and arrangement did not work out				
Other(specify)				
18. What led to your current living situation? (Select Primary Reason)				
☐ Unable to pay rent				
☐ Lost my job				
☐ Medical Emergency				
☐ Family/Relationship Conflict				
☐ Kilauea Eruption				
Other(specify)				

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

Survey ID:

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## OTHER ADULT OR UNACCOMPANIED YOUTH IN HOUSEHOLD:

1.	First	Name:			Last Name: _			
2.	Date	of Birth:	//	OR if D	OB refused, A	Age:		
3.	Geno	der:				Unknown/Re (i.e. not exclu	fused usively male or fem	ale)
4.	Do y	ou identify as His	spanic/Latino (Ethni	city)? 🗌 Yes	☐ No	Unknow	n 🗌 Refused	
5.	Wha	•	dentify with? <b>(CLIEN</b> dian/Alaska Native	T MAY SELECT  Japanese Korean  Marshall  Microne  Multiple	e lese sian	☐ Native H☐ Other☐ Other As		☐ Tongan ☐ Vietnamese ☐ White ☐ Unknown ☐ Refused
6.		you served on a Yes O, SKIP to Ques		med Forces of Unknown	the United St	tates?		
7.	Were	e you called up to	o active duty, as a N	lational Guard ☐ Unknown	member or R Refused	eservist?		
8.	How	long have you b Less than 1 y	een continuously ho rear		ne? Unknowi	n 🗌 Refu	used	
	a.	If less than 1 ye	ar, where did you c	ome from?			_ (zip code or State	)
	b.	Are you interest	ted in returning hor	ne? 🗌 Yes	□No			
	c.		me to Hawaii? vork trade living arr h family/friends and	-	_		e beautiful weatherer(specify)	
	d.	What led to you ☐ Unable to pa☐ Kiluaea Erup	•		☐ Health Is		☐ Family/Relation	nship Conflict
9.	How	many times hav	e you been homele 4 or m	•	years?	n 🗌 Refu	used	
	If "4	l or more times" ☐ Yes	is checked, have th	ese episodes c Unknown	combined for Refused	one year or I	more of homelessn	ess?
10	. Wer	e you on the stro	eet, beach, park, or No	in an emergen ] Unknown	cy shelter ead Refused	ch time?		
11	. Do y	ou have a menta	al health disability t	hat limits your ] Unknown	ability to wor	rk or perform	n activities of daily l	iving?
12	. Do y	ou have an alco ☐ Yes	hol or drug problem	that limits you Unknown	ur ability to w Refused	•	rm activities of dail	y living?
13	13. Are you currently living with HIV/AIDS? Yes No Unknown Refused							
14	14. 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 other adult/unaccompanied youth if they Refused to answer Survey:

## **CHILDREN'S DEMOGRAPHIC INFORMATION:** Only for children under the age of 18

Child #						
1. First Name:Last Name:						
2. Date of Birth:OR if DOB refused, Age:						
4. Do you identify as Hispanic/Latino (Ethn	nicity)? 🗌 Yes 🔲 No	o ☐ Unknown ☐ Refuse	d			
5. What Races do you identify with? <b>(CLIEF</b> American Indian/Alaska Native  Asian  Black  Chinese  Filipino	NT MAY SELECT MORE T    Japanese   Korean   Marshallese   Micronesian   Multiple Races	HAN ONE)  Native Hawaiian Other Other Asian Other Pacific Islander Samoan	☐ Tongan ☐ Vietnamese ☐ White ☐ Unknown ☐ Refused			
Child #						
1. First Name:	Last N	ame:				
2. Date of Birth://						
3. Gender: ☐ Male ☐ Transgender ☐ Unknown/Refused ☐ Female ☐ Gender Non-Conforming (i.e. not exclusively male or female)						
4. Do you identify as Hispanic/Latino (Ethn	nicity)? 🗌 Yes 📗 No	o 🗌 Unknown 🗌 Refuse	d			
5. What Races do you identify with? <b>(CLIEI</b> American Indian/Alaska Native  Asian  Black  Chinese  Filipino	NT MAY SELECT MORE T    Japanese   Korean   Marshallese   Micronesian   Multiple Races	HAN ONE Native Hawaiian Other Other Asian Other Pacific Islander Samoan	☐ Tongan ☐ Vietnamese ☐ White ☐ Unknown ☐ Refused			
Child #						
Child #         1. First Name:Last Name:						
2. Date of Birth:						
3. Gender:						
4. Do you identify as Hispanic/Latino (Ethnicity)? ☐ Yes ☐ No ☐ Unknown ☐ Refused						
5. What Races do you identify with? <b>(CLIEI</b> American Indian/Alaska Native  Asian  Black  Chinese  Filipino	NT MAY SELECT MORE T    Japanese   Korean   Marshallese   Micronesian   Multiple Races	HAN ONE)  Native Hawaiian Other Other Asian Other Pacific Islander Samoan	☐ Tongan ☐ Vietnamese ☐ White ☐ Unknown ☐ Refused			