Survey ID:	Rev 1/6/22

## USE THIS FORM IF THE CLIENT IS IN A <u>HOUSEHOLD (Accompanied)</u> 2022 HAWAII COUNTY Homeless Point-in-Time Count Survey

Interviewer's Name:		Agency/Group	:	
Site of Interview (Actual Location):			Date:	
Site of Interview Geolocation:°	" N	<u> </u>		W
What are the best places and times to fi	nd you?			
"Are you living alone or with ot	hers?"		(If living alon	e, use SINGLE form)
"Where did you sleep this			(99	
SPECIFIC LOCATION - If answer	er is a sheltered locatior	n (e.g. house, shelte	er, hospital, jail),	END SURVEY.
"What area of the	island did you sleep?"			
		Enter a Re	egion # (1–9)	
HEAD OF HOUSEHOLD (HOH can be a Yo	outh Under 18):			
1. How many ADULTS are in your househo	old?	How many CHIL	DREN UNDER 18	3?
2. First Name:		Last Name:		
3. Date of Birth://	OR if DOB refu	used, Age:		
4. Client Phone Number:				
5. Gender:		<del></del>	•	<del></del>
6. Do you identify as Hispanic/Latin(a)(o)(	x) (Ethnicity)?  Yes	☐ No ☐ Unkno	own 🗌 Refuse	ed
<ul> <li>7. What Races do you identify with? (CLIE</li></ul>		☐ Native H ☐ Other ☐ Other As ☐ Other Pa	sian acific Islander	☐ Tongan ☐ Vietnamese ☐ White ☐ Unknown ☐ Refused
8. Have you served on active duty in the A  Yes No  IF NO, SKIP to Question #10	Armed Forces of the Uni			
9. Were you called up to active duty, as a ☐ Yes ☐ No	National Guard member Unknown Ref			
10. How long have you been continuously ☐ Less than 1 year	homeless this time?  1 year or longer	☐ Unk	nown	☐ Refused
<ul><li>11. How many times have you been home</li><li>☐ 1–3 times</li><li>If "4 or more times" is checked, have t</li><li>☐ Yes</li><li>☐ No</li></ul>	4 or more times	☐ Unk ed for one year or		☐ Refused ssness?
12. Were you on the street, beach, park, o $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	- ,	ter each time? fused		
13. Do you have a mental health disability  Yes  No		to work or perforn fused	n activities of da	ily living?
14. Do you have an alcohol or drug proble Yes No	•	y to work or perfo fused	rm activities of o	daily living?
15. Are you currently living with HIV/AIDS	? 🗌 Yes	□No	Unknown	☐ Refused
16. Do you have a physical, developmenta living? ☐ Yes ☐ No	•	it limits your abilit fused	y to work or perf	form activities of daily

17. Did you move to Hawaii within the past year?   Yes  No			
If no, skip to question #18. 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 no	t work out		
Other(specify)			
18. What led to your current living situation? (Select Primary Reason	n)		
☐ Unable to pay rent			
☐ Lost my job			
☐ Medical Emergency			
☐ Family/Relationship Conflict			
☐ Kilauea Eruption			
☐ COVID-19			
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.	1. First Name:	Last Name:		
2.	2. Date of Birth://	OR if DOB refused, Age:		
3.	3. Gender: Female Male  A gender other than singularly	☐ Transgender ☐ Questioning ☐ Unknown/Refused y female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)		
4.	4. Do you identify as Hispanic/Latin(a)(o)(x) (Ethn	nicity)? 🗌 Yes 🔲 No 🔲 Unknown 🔲 Refused		
5.	☐ Asian       ☐         ☐ Black       ☐         ☐ Chinese       ☐	Y SELECT MORE THAN ONE)  Japanese Native Hawaiian Tongan  Korean Other Vietnamese  Marshallese Other Asian White  Micronesian Other Pacific Islander Unknown  Multiple Races Samoan Refused		
6.	6. Have you served on active duty in the Armed F Yes No Unk IF NO, SKIP to Question #8			
7.	7. Were you called up to active duty, as a National Yes No Unk			
8.	8. How long have you been continuously homeles.  Less than 1 year 1 year or long			
9.	9. How many times have you been homeless in th	·		
	If "4 or more times" is checked, have these ep☐ Yes ☐ No ☐ Unk	pisodes combined for one year or more of homelessness? nown   Refused		
10	10. Were you on the street, beach, park, or in an o	- ,		
11	11. Do you have a mental health disability that limits your ability to work or perform activities of daily living? ☐ Yes ☐ No ☐ Unknown ☐ Refused			
12	12. Do you have an alcohol or drug problem that Yes No Unk	limits your ability to work or perform activities of daily living? nown   Refused		
13	13. Are you currently living with HIV/AIDS?	res		
14	14. Do you have a physical, developmental, or oth living? ☐ Yes ☐ No ☐ Ur	ner disability that limits your ability to work or perform activities of daily nknown   Refused		

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

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

Child #					
1. First Name:	1. First Name:Last Name:				
2. Date of Birth:////	2. Date of Birth:/OR if DOB refused, Age:				
3. Gender: Female Male  A gender other than sir		Questioning (e.g., non-binary, genderfluid, agend	Unknown/Refused er, culturally specific gender)		
4. Do you identify as Hispanic/Latin(a)(o)(	x) (Ethnicity)? 🗌 Yes	☐ No ☐ Unknown ☐ Ref	used		
5. What Races do you identify with? <b>(CLIE</b> American Indian/Alaska Native		<b>THAN ONE)</b> ☐ Native Hawaiian	☐ Tongan		
Asian	☐ Korean	Other	☐ Vietnamese		
☐ Black	☐ Marshallese	Other Asian	☐ White		
Chinese	Micronesian	Other Pacific Islander	Unknown		
☐ Filipino	☐ Multiple Races	Samoan	Refused		
Child #					
1. First Name:	Last N	lame:			
2. Date of Birth://///	OR if DOB refu	sed, Age:			
3. Gender: Female Male  A gender other than sir	3. Gender: Female Male Transgender Questioning Unknown/Refused  A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)				
4. Do you identify as Hispanic/Latin(a)(o)(	x) (Ethnicity)? 🗌 Yes	☐ No ☐ Unknown ☐ Ref	used		
5. What Races do you identify with? (CLIE	NT MAY SELECT MORE	THAN ONE			
American Indian/Alaska Native	Japanese	☐ Native Hawaiian	Tongan		
☐ Asian	<ul><li>☐ Korean</li><li>☐ Marshallese</li></ul>	☐ Other ☐ Other Asian	☐ Vietnamese ☐ White		
☐ Black ☐ Chinese	☐ Micronesian	Other Pacific Islander	Unknown		
☐ Filipino	☐ Multiple Races	Samoan	☐ Refused		
Child #					
1. First Name:Last Name:					
2. Date of Birth:/	OR if DOB refu	sed, Age:			
3. Gender: ☐ Female ☐ Male ☐ A gender other than sir	☐ Transgender ngularly female or male	Questioning (e.g., non-binary, genderfluid, agend	Unknown/Refused er, culturally specific gender)		
4. Do you identify as Hispanic/Latin(a)(o)(x) (Ethnicity)? ☐ Yes ☐ No ☐ Unknown ☐ Refused					
5. What Races do you identify with? (CLIENT MAY SELECT MORE THAN ONE)					
☐ American Indian/Alaska Native					
Asian	☐ Korean	Other	☐ Vietnamese		
☐ Black	☐ Marshallese	Other Asian	☐ White		
☐ Chinese ☐ Filipino	<ul><li>☐ Micronesian</li><li>☐ Multiple Races</li></ul>	<ul><li>☐ Other Pacific Islander</li><li>☐ Samoan</li></ul>	☐ Unknown ☐ Refused		