## USE THIS FORM IF THE CLIENT IS IN A <u>HOUSEHOLD (Accompanied)</u> 2022 KAUAI 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 find you?	_				
"Are you living alone or with others?"(If living alone, use :	SINGLE form)				
"Where did you sleep this past SUNDAY, January 23 <sup>rd</sup> ?" SPECIFIC LOCATION - If answer is a sheltered location (e.g. house, shelter, hospital, jail), END	D SURVEY.				
"What area of the island did you sleep?" Zone: 🗌 1 🔤 2 🔤 3 🔤 4 🔤 5	—				
HEAD OF HOUSEHOLD (HOH can be a Youth Under 18):         1. How many ADULTS are in your household?         2. First Name:    Last Name:					
3. Date of Birth:// OR if DOB refused, Age:					
A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, cul	Unknown/Refused				
6. Do you identify as Hispanic/Latin(a)(o)(x) (Ethnicity)? 🗌 Yes 🗌 No 🗌 Unknown 🗌 Refused					
<ul> <li>7. What Races do you identify with? (CLIENT MAY SELECT MORE THAN ONE) <ul> <li>American Indian/Alaska Native</li> <li>Japanese</li> <li>Native Hawaiian</li> <li>Asian</li> <li>Korean</li> <li>Other</li> <li>Black</li> <li>Marshallese</li> <li>Other Asian</li> <li>Chinese</li> <li>Micronesian</li> <li>Other Pacific Islander</li> <li>Filipino</li> <li>Multiple Races</li> <li>Samoan</li> </ul></li></ul>	<ul> <li>☐ Tongan</li> <li>☐ Vietnamese</li> <li>☐ White</li> <li>☐ Unknown</li> <li>☐ Refused</li> </ul>				
<ul> <li>8. Have you served on active duty in the Armed Forces of the United States?</li> <li>Yes No Unknown Refused</li> <li>IF NO, SKIP to Question #10</li> <li>9. Were you called up to active duty, as a National Guard member or Reservist?</li> </ul>					
Yes No Unknown Refused					
10. How long have you been continuously homeless this time?            Less than 1 year             Less than 1 year	Refused				
11. How many times have you been homeless in the past 3 years?         1-3 times       4 or more times         If "4 or more times" is checked, have these episodes combined for one year or more of homelessne         Yes       No	Refused ess?				
12. Were you on the street, beach, park, or in an emergency shelter each time?					
13. Do you have a mental health disability that limits your ability to work or perform activities of daily li	living?				
14. Do you have an alcohol or drug problem that limits your ability to work or perform activities of daily Yes No Unknown Refused	y living?				
15. Are you currently living with HIV/AIDS?	Refused				
16. Do you have a physical, developmental, or other disability that limits your ability to work or perform living?  Yes No Unknown Refused	n activities of daily				
Description of Head of Household if they Refused to answer Survey:					

Survey	ID:	

## OTHER ADULT OR UNACCOMPANIED YOUTH IN HOUSEHOLD:

1. First Name:	Last Name:				
2. Date of Birth://	/OR if DOB refused, Age:				
3. Gender: A gender other that	Aale Transgender Questioning an singularly female or male (e.g., non-binary, genderfluid, agen	Unknown/Refused [] Unknown/Refused [] der, culturally specific gender)			
4. Do you identify as Hispanic/Latin(a)	)(o)(x) (Ethnicity)? 🗌 Yes 🗌 No 📄 Unknown 🗌 Refu	sed			
<ul> <li>5. What Races do you identify with?</li> <li>American Indian/Alaska Nation</li> <li>Asian</li> <li>Black</li> <li>Chinese</li> <li>Filipino</li> </ul>	CLIENT MAY SELECT MORE THAN ONE)         ative       Japanese       Native Hawaiian         Korean       Other         Marshallese       Other Asian         Micronesian       Other Pacific Islander         Multiple Races       Samoan	<ul> <li>Tongan</li> <li>Vietnamese</li> <li>White</li> <li>Unknown</li> <li>Refused</li> </ul>			
<ul> <li>6. Have you served on active duty in</li> <li>Yes INO</li> <li>IF NO, SKIP to Question #8</li> </ul>	n the Armed Forces of the United States?				
7. Were you called up to active duty, as a National Guard member or Reservist?					
<ul> <li>Yes</li> <li>No</li> <li>8. How long have you been continuo</li> <li>Less than 1 year</li> <li>1</li> </ul>	Unknown 🗌 Refused Dusly homeless this time? Year or longer 📄 Unknown 📄 Refused				
<ul> <li>9. How many times have you been homeless in the past 3 years?</li> <li>☐ 1-3 times</li> <li>☐ 4 or more times</li> <li>☐ Unknown</li> <li>☐ Refused</li> </ul>					
If "4 or more times" is checked, h	have these episodes combined for one year or more of h	omelessness?			
10. Were you on the street, beach, pa	oark, or in an emergency shelter each time?				
11. Do you have a mental health disa	ability that limits your ability to work or perform activitie	s of daily living?			
12. Do you have an alcohol or drug p Yes INO	problem that limits your ability to work or perform activit	ies of daily living?			
13. Are you currently living with HIV/	/AIDS? 🗌 Yes 🗌 No 🗍 Unknown 🗌 F	Refused			
<ul> <li>14. Do you have a physical, developmental, or other disability that limits your ability to work or perform activities of daily living?</li> <li>Yes</li> <li>No</li> <li>Unknown</li> <li>Refused</li> </ul>					

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:						
	_	Questioning (e.g., non-binary, genderfluid, agend				
4. Do you identify as Hispanic/Latin(a)(o)(	k) (Ethnicity)? 🔲 Yes	🗌 No 📋 Unknown 🗌 Ref	used			
<ul> <li>5. What Races do you identify with? (CLIE)</li> <li>American Indian/Alaska Native</li> <li>Asian</li> <li>Black</li> <li>Chinese</li> <li>Filipino</li> </ul>	<ul> <li>☐ Japanese</li> <li>☐ Korean</li> <li>☐ Marshallese</li> <li>☐ Micronesian</li> </ul>		<ul> <li>Tongan</li> <li>Vietnamese</li> <li>White</li> <li>Unknown</li> <li>Refused</li> </ul>			
Child #						
1. First Name:	1. First Name:Last Name:					
2. Date of Birth:///////	OR if DOB refu	ised, Age:				
		Questioning (e.g., non-binary, genderfluid, agend				
4. Do you identify as Hispanic/Latin(a)(o)(x	k) (Ethnicity)? 🗌 Yes	🗌 No 🔲 Unknown 🗌 Ref	used			
<ul> <li>5. What Races do you identify with? (CLIE) <ul> <li>American Indian/Alaska Native</li> <li>Asian</li> <li>Black</li> <li>Chinese</li> <li>Filipino</li> </ul> </li> </ul>		THAN ONE) Native Hawaiian Other Other Asian Other Pacific Islander Samoan	<ul> <li>Tongan</li> <li>Vietnamese</li> <li>White</li> <li>Unknown</li> <li>Refused</li> </ul>			
Child #						
1. First Name:	Last I	Name:				
2. Date of Birth: / OR if DOB refused, Age:						
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 🔲 Refused						
<ul> <li>5. What Races do you identify with? (CLIE)</li> <li>American Indian/Alaska Native</li> <li>Asian</li> <li>Black</li> <li>Chinese</li> <li>Filipino</li> </ul>	NT MAY SELECT MORE Japanese Korean Marshallese Micronesian Multiple Races	THAN ONE) Native Hawaiian Other Other Asian Other Pacific Islander Samoan	<ul> <li>Tongan</li> <li>Vietnamese</li> <li>White</li> <li>Unknown</li> <li>Refused</li> </ul>			