

USE THIS FORM IF THE CLIENT IS ***SINGLE (Unaccompanied)***  
**2022 MAUI 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 unsheltered with others, including a child under 18, use **HOUSEHOLD** 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 SURVEY.

**"What area of the island did you sleep?"** \_\_\_\_\_

Enter a Region # (1-6)

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ OR if DOB refused, Age: \_\_\_\_\_

3. Client Phone Number: \_\_\_\_\_

4. Gender:  Female  Male  Transgender  Questioning  Unknown/Refused  
 A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)

5. Do you identify as Hispanic/Latin(a)(o)(x) (Ethnicity)?  Yes  No  Unknown  Refused

6. What Races do you identify with? (**CLIENT MAY SELECT MORE THAN ONE**)

- |  |   |   |                                     |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Japanese       | <input type="checkbox"/> Native Hawaiian        | <input type="checkbox"/> Tongan     |
| <input type="checkbox"/> Asian                         | <input type="checkbox"/> Korean         | <input type="checkbox"/> Other                  | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black                         | <input type="checkbox"/> Marshallese    | <input type="checkbox"/> Other Asian            | <input type="checkbox"/> White      |
| <input type="checkbox"/> Chinese                       | <input type="checkbox"/> Micronesian    | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Unknown    |
| <input type="checkbox"/> Filipino                      | <input type="checkbox"/> Multiple Races | <input type="checkbox"/> Samoan                 | <input type="checkbox"/> Refused    |

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:**