Survey	v ID:			Rev 1/4/23
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USE THIS FORM IF THE CLIENT IS IN A <u>HOUSEHOLD (Accompanied)</u> 2023 HAWAII COUNTY Homeless Point-in-Time Count Survey

Interviewer's Name:	Age	Agency/Group:					
Site of Interview (Actual Location	n):	Date:					
Site of Interview Coordinates (in	decimal format to at least five decim	nal points, e.g., 22.12526	N, -159.43161 W):				
Latitude:	N Longitude: _		W				
What are the best places and tin	nes to find you?						
"Are you living alone or	with others?"	(If living alo	ne, use SINGLE form)				
"Where did you sle	eep this past SUNDAY, JANUARY 2	2 nd ?"					
	- If answer is a sheltered location (e.g. h		, END SURVEY.				
"What area	a of the island did you sleep?"	Enter a Region # (1–9)					
HEAD OF HOUSEHOLD (HOH car	n be a Youth Under 18):						
1. How many ADULTS are in your	household? How	/ many CHILDREN UNDER 1	.8?				
2. First Name:	Last	Name:					
3. Date of Birth:/	/OR if DOB refused, A	ige:					
4. Client Phone Number:							
5. Gender:	☐ Male ☐ Transgender er than singularly female or male (e.g., r		Unknown/Refused er, culturally specific gender)				
6. Do you identify as Hispanic/Lat	tin(a)(o)(x) (Ethnicity)? 🔲 Yes 🔲 No	□ Unknown □ Refus	ed				
/. What Races do you identify wif American Indian/Alask Asian Black Chinese Filipino	th? (CLIENT MAY SELECT MORE THAN ka Native	ONE) ☐ Native Hawaiian ☐ Other ☐ Other Asian ☐ Other Pacific Islander ☐ Samoan	☐ Tongan ☐ Vietnamese ☐ White ☐ Unknown ☐ Refused				
8. Have you served on active duty Yes No IF NO, SKIP to Question #10	y in the Armed Forces of the United Sta Unknown Refused	ates?					
9. Were you called up to active d	uty, as a National Guard member or Re Unknown Refused	eservist?					
10. How long have you been cont ☐ Less than 1 year	inuously homeless this time? 1 year or longer	Unknown	Refused				
11. How many times have you be ☐ 1–3 times If "4 or more times" is checke ☐ Yes ☐ No	en homeless in the past 3 years? 4 or more times d, have these episodes combined for c	Unknown one year or more of homel	☐ Refused essness?				
12. Were you on the street, beach	n, park, or in an emergency shelter eac	h time?					
13. Do you have a mental health o	disability that limits your ability to worl Unknown Refused	k or perform activities of d	aily living?				
14. Do you have an alcohol or dru Yes No	g problem that limits your ability to wo	ork or perform activities of	daily living?				
15. Are you currently living with H16. Do you have a physical, develor living? ☐ Yes ☐ No	IIV/AIDS? ☐ Yes ☐ Nopmental, or other disability that limits☐ ☐ Unknown ☐ Refused	No □Unknown s your ability to work or pe	☐ Refused rform activities of daily				

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17. Did you	u move to Hawaii within the past year? Yes No Unknown Refused
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 l	ed to your current living situation? (Select Primary Reason)
	COVID-19
	Disability (mental health/addiction/physical)
	Evicted from my home
	Family/Relationship Conflict
	Fleeing from Domestic Violence
	Kilauea Eruption
	Lost home due to fire
	Lost my job, unable to secure work
	Mauna Loa eruption
	Medical Emergency
	Recently released from incarceration
	Unable to afford rent
	Unable to secure affordable housing
	Other(specify)
	ou been arrested in the last year? Yes No Unknown Refused
If Yes:	
	How many times?
b.	How many days in the past year have you been in jail? 30 days or less More than 30 days
20. How n	nany times have you been to the emergency room in the past year?
	None \square 1 or 2 times \square 3 – 5 times \square More than 5 times
21. What o	an we do to help you end your homelessness? (Choose all that apply)
	Childcare
	Documents (Replace lost/stolen documents)
	Employment
	Legal Aid
	Medical Insurance
	Money/Rent Assistance
	Need Medical Care
	Reconnect with my family so I can go home
	Securing Housing
	Treatment Program
	Other(specify)

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

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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	d, Age:		
3.	Gender: Fen		☐ Male r than singu		sgender or male (e.		stioning enderfluid, agender	Unknown/Refused, culturally specific gender)
4.	Do you identify as Hi	spanic/Lati	n(a)(o)(x) (E	Ethnicity)?] Yes 🔲	No Unkno	own 🗌 Refuse	d
5.	What Races do you in American In Asian Black Chinese Filipino	•	•	MAY SELECT Japanese Korean Marshall Micronese Multiple	ese sian	☐ Native H☐ Other☐ Other As	sian acific Islander	☐ Tongan ☐ Vietnamese ☐ White ☐ Unknown ☐ Refused
6.	Have you served on a Yes IF NO, SKIP to Ques	☐ No		ed Forces of Unknown	the United Refuse			
7.	Were you called up t	to active du	•	ional Guard Unknown	member o			
8.	How long have you b		uously hom		ne? Unkno	wn 🔲 Ref	used	
9.	How many times have 1–3 times	•	n homeless 4 or mor		years?	wn 🗌 Ref	used	
	If "4 or more times' ☐ Yes	is checked No		e episodes c Unknown	ombined fo		more of homeles	ssness?
10). Were you on the str Yes	reet, beach,		an emergen Unknown	cy shelter e			
11	Do you have a ment Yes	tal health di		t limits your Unknown	ability to w □ Refuse		n activities of dai	ly living?
12	l. Do you have an alco ☐ Yes	hol or drug		nat limits you Unknown	r ability to ☐ Refuse		rm activities of c	aily living?
13	B. Are you currently liv	ing with HI	IV/AIDS?	☐ Yes	☐ No	Unknown	☐ Refused	
14	I. Do you have a physi living?	ical, develo		other disabi]Unknown	•	•	y to work or perf	orm activities of daily

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

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$\textbf{CHILDREN'S DEMOGRAPHIC INFORMATION:} \ \ \textbf{Only for children under the age of 18}$

Child #					
1. First Name:Last 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					
5. What Races do you identify with? (CLIENT MAY SELECT MORE THAN ONE) American Indian/Alaska Native					
Child #					
1. First Name:Last Name:					
2. Date of Birth:/OR if DOB refused, Age:					
3. 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 Japanese Native Hawaiian Tongan Asian Storean Other Vietnamese Black Marshallese Other Asian White Chinese Micronesian Other Pacific Islander Unknown Filipino Multiple Races Samoan Refused					
Child # 1. First Name: Last 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					
5. What Races do you identify with? (CLIENT MAY SELECT MORE THAN ONE) American Indian/Alaska Native					