

USE THIS FORM IF THE CLIENT IS IN A **HOUSEHOLD (Accompanied)**  
**2024 KAUAI COUNTY Homeless Point-in-Time Count Survey**

Interviewer's Name: \_\_\_\_\_ Agency/Group: \_\_\_\_\_

Site of Interview (Actual Location): \_\_\_\_\_ Date: \_\_\_\_\_

Site of Interview Coordinates (in decimal format to at least five decimal points, e.g., 22.12526 N, -159.43161 W):

Latitude: \_\_\_\_\_ N Longitude: \_\_\_\_\_ 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 MONDAY, January 22<sup>nd</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 Zone # (1-5)

**HEAD OF HOUSEHOLD (HOH can be a Youth Under 18):**

1. How many ADULTS are in your household? \_\_\_\_\_ How many CHILDREN UNDER 18? \_\_\_\_\_

2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

4. Client Phone Number: \_\_\_\_\_

**5. Gender: (CLIENT MAY SELECT MORE THAN ONE)**

- Woman (Girl, if child)     Man (Boy, if child)     Culturally Specific Identify     Transgender  
 Non-Binary     Questioning     Different Identify     Unknown/Refused

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

- American Indian or Alaska Native     Japanese     Native Hawaiian     Vietnamese  
 Asian or Asian American     Korean     Other     White  
 Black, African American or African     Marshallese     Other Asian     Unknown  
 Chinese     Micronesian     Other Pacific Islander     Refused  
 Filipino     Middle Eastern or North African     Samoan  
 Hispanic/Latina/e/o     Multi-Racial     Tongan

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

**OTHER ADULT OR UNACCOMPANIED YOUTH IN HOUSEHOLD:**

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

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

3. Gender: **(CLIENT MAY SELECT MORE THAN ONE)**

- Woman (Girl, if child)     Man (Boy, if child)     Culturally Specific Identify     Transgender  
 Non-Binary     Questioning     Different Identify     Unknown/Refused

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 Chinese     Micronesian     Other Pacific Islander     Refused  
 Filipino     Middle Eastern or North African     Samoan  
 Hispanic/Latina/e/o     Multi-Racial     Tongan

## 5. Have you served on active duty in the Armed Forces of the United States?

- Yes     No     Unknown     Refused

**IF NO, SKIP to Question #7**

## 6. Were you called up to active duty, as a National Guard member or Reservist?

- Yes     No     Unknown     Refused

## 7. How long have you been continuously homeless this time?

- Less than 1 year     1 year or longer     Unknown     Refused

## 8. 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

## 9. Were you on the street, beach, park, or in an emergency shelter each time?

- Yes     No     Unknown     Refused

## 10. Do you have a mental health disability that limits your ability to work or perform activities of daily living?

- Yes     No     Unknown     Refused

## 11. Do you have an alcohol or drug problem that limits your ability to work or perform activities of daily living?

- Yes     No     Unknown     Refused

12. Are you currently living with HIV/AIDS?  Yes     No     Unknown     Refused13. 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: \_\_\_\_\_

3. Gender: **(CLIENT MAY SELECT MORE THAN ONE)**

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