Metro Denver Homeless Initiative - Outreach Form
Homeless Point-in-Time Survey (01/27/2009)

Name of Agency: _____ **Name of Program:** _____

First Name: _____ **Middle Name**: _____ **Last Name**: _____ **Suffix**:_____

Date of Birth (mm/dd/yyyy): _____/_____/_____ ❑ Don't Know

Social Security #: _____ – _____ – _____ ❑ Don't Know/Don't Have ❑ Refused

Gender: ❑ Male ❑ Female

Are You Hispanic or Latino: ❑ No ❑ Yes

Race *(choose all that apply)*:

❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American
❑ Native Hawaiian or Other Pacific Islander ❑ White

For Adults (Age 18 +)

Military Background:

Served/Serving U.S. Military *(veteran):* ❑ Yes ❑ No ❑Don't Know ❑ Refused

❑ **WW II:** (Sep 1940 – Jul 1947)	❑ Yes	❑ No	❑ Don't Know	❑ Refused
❑ **Between WW II & Korean War:** (Aug 1947 – May 1950)	❑ Yes	❑ No	❑ Don't Know	❑ Refused
❑ **Korean War:** (Jun 1950 – Jan 1955)	❑ Yes	❑ No	❑ Don't Know	❑ Refused
❑ **Between Korean War & Vietnam**: (Feb 1955 – Jul 1964)	❑ Yes	❑ No	❑ Don't Know	❑ Refused
❑ **Vietnam Era**: (Aug 1964 – Apr 1975)	❑ Yes	❑ No	❑ Don't Know	❑ Refused
❑ **Post Vietnam Era**: (May 1975 – Jul 1991)	❑ Yes	❑ No	❑ Don't Know	❑ Refused
❑ **Persian Gulf Era to Present**: (Aug 1991 – Present)	❑ Yes	❑ No	❑ Don't Know	❑ Refused

What Branch Did You Serve, or Are Currently Serving?:

❑ Navy ❑ Army ❑ Marines ❑ Coast Guard ❑ National Reserves ❑ Air Force ❑ Other :_____

Served in a War Zone?: ❑ Yes ❑ No ❑ Don't Know ❑ Refused

For Adults (Age 18 +) and Unaccompanied Minors

Disabling Condition:

Do you have a disabling condition: ❑Yes ❑No ❑Don't Know ❑ Refused

(Examples: Alcohol/substance abuse problems, serious mental health problems, serious medical conditions, physical disabilities, developmental disabilities)

If you answered "Yes", (I have a disability) -Type of Disability				
Diagnosed HIV/AIDS:	❑ Yes	❑ No	❑ Don't Know	❑ Refused
Problems with Alcohol:	❑ Yes	❑ No	❑ Don't Know	❑ Refused
Problems with Drugs:	❑ Yes	❑ No	❑ Don't Know	❑ Refused
Psychiatric or Emotional Problems:	❑ Yes	❑ No	❑ Don't Know	❑ Refused
Physical Disability:	❑ Yes	❑ No	❑ Don't Know	❑ Refused
Developmental Disability:	❑ Yes	❑ No	❑ Don't Know	❑ Refused

AGENCY USE ONLY: PLEASE ENTER IN THE ADDRESS TAB
Data Entry – (Record City/Town under Temporary Address under City) (Record County under Temporary Address under Country)

In what city/town did you spend the night of Monday, January 26, 2009? _____
City or Town Name

In what county did you spend the night of Monday, January 26, 2009? _____
County Information

HOMELESS INTAKE

Are You Homeless: ❑ Yes ❑ No

Total Number of Times Homeless in the Past Three Years *(INCLUDING THIS TIME - choose one)*:

❑ 0 ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 to 7 ❑ 8 to 10 ❑ 11 or More

How Long Have You Been Homeless <u>This Time</u> - *<u>(choose one):</u>*

❑ Less than 1 month ❑ 1 to 3 months ❑ 4 to 6 months ❑ 7 to 11 months
❑ 12 months to 2 years ❑ 3 to 5 years ❑ 6 to 10 years ❑ More than 10 years
❑ Not Applicable

Where Did You Stay on Monday, January 26, 2009 *(choose one)*:

❑ Apartment or House that You ***<u>OWN</u>***	❑ Outside Anywhere
❑ Abandoned Building	❑ Permanent Housing for Formerly Homeless Persons
❑ Bus	❑ Prison
❑ Car or Other Vehicle	❑ Psychiatric Hospital or Other Psychiatric Facility
❑ Camping	❑ Room, Apartment, or House that you ***<u>RENT</u>***
❑ Emergency Shelter	❑ Staying or Living in a Family Member's Room, Apartment or House
❑ Foster Care Home or Foster Care Group Home	❑ Staying or Living in a Friend's Room, Apartment, or House
❑ Hospital (non-psychiatric)	❑ Subsidized Housing
❑ Hotel or Motel Paid for with a Voucher	❑ Substance Abuse Treatment Facility or Detox Center
❑ Hotel or Motel Paid for without a Voucher	❑ Transitional Housing for Homeless Persons
❑ Jail	❑ Transportation Site or Station
❑ Juvenile Detention Facility	❑ Domestic Violence Situation
❑ Living with Family or Friends	❑ Don't Know
❑ Migrant Shelter	❑ Other: _____(e.g., Foreclosure)
❑ On the Street / Under a Bridge, etc.	

OTHER FAMILY MEMBER INFORMATION: For the date: <u>Monday, January 26, 2009</u>, list family members who are/ were with you WITHOUT A PERMANENT PLACE TO LIVE. *<u>DO NOT</u>* include family members who *<u>HAVE</u>* a permanent place to live.

Person #2 (not you)	Person #3 (not you)	Person #4 (not you)	Person #5 (not you)	Person #6 (not you)
First Name:	**First Name:**	**First Name:**	**First Name:**	**First Name:**
Last Name:	**Last Name:**	**Last Name:**	**Last Name:**	**Last Name:**
Date of Birth (mm/dd/yyyy): __/__/__	**Date of Birth** (mm/dd/yyyy): __/__/__	**Date of Birth** (mm/dd/yyyy): __/__/__	**Date of Birth** (mm/dd/yyyy): __/__/__	**Date of Birth** (mm/dd/yyyy): __/__/__
Last four SSN: 000 – 00 – ❑Don't Know ❑ Refused	**Last four SSN:** 000 – 00 – ❑Don't Know ❑ Refused	**Last four SSN:** 000 – 00 – ❑Don't Know ❑ Refused	**Last four SSN:** 000 – 000 – ❑Don't Know ❑ Refused	**Last four SSN:** 000 – 00 – ❑Don't Know ❑ Refused
Gender: ❑ Male ❑ Female	**Gender:** ❑ Male ❑ Female	**Gender:** ❑ Male ❑ Female	**Gender:** ❑ Male ❑ Female	**Gender:** ❑ Male ❑ Female
Relationship to you: ❑ Husband ❑ Wife ❑ Domestic Partner ❑ Son ❑ Daughter ❑ Mother ❑ Father ❑ Other (specify)	**Relationship to you:** ❑ Husband ❑ Wife ❑ Domestic Partner ❑ Son ❑ Daughter ❑ Mother ❑ Father ❑ Other (specify)	**Relationship to you:** ❑ Husband ❑ Wife ❑ Domestic Partner ❑ Son ❑ Daughter ❑ Mother ❑ Father ❑ Other (specify)	**Relationship to you:** ❑ Husband ❑ Wife ❑ Domestic Partner ❑ Son ❑ Daughter ❑ Mother ❑ Father ❑ Other (specify)	**Relationship to you:** ❑ Husband ❑ Wife ❑ Domestic Partner ❑ Son ❑ Daughter ❑ Mother ❑ Father ❑ Other (specify)
Hispanic or Latino: ❑ No ❑ Yes	**Hispanic or Latino**: ❑ No ❑ Yes	**Hispanic or Latino**: ❑ No ❑ Yes	**Hispanic or Latino**: ❑ No ❑ Yes	**Hispanic or Latino**: ❑ No ❑ Yes
Race: ❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White	**Race:** ❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White	**Race:** ❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White	**Race:** ❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White	**Race:** ❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White

Metro Denver Homeless Initiative
Homeless Point-in-Time Survey (01/27/2009)

Name of Agency: _____ **Name of Program:** _____

GENERAL INFORMATION

First Name: _____ **Middle Name**: _____

Last Name: _____ **Suffix**:_____

Are You the Head of Household? ❑ Yes ❑ No
If No, Name of Head of Household _____ **Relationship** _____

Date of Birth (mm/dd/yyyy): _____/_____/_____ ❑ Don't Know

Social Security #: _____ – _____ – _____ ❑ Don't Know/Don't Have ❑ Refused

Gender: ❑ Male ❑ Female

Are You Hispanic or Latino: ❑ No ❑ Yes

Race *(choose all that apply)*:
❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American
❑ Native Hawaiian or Pacific Islander ❑ White

For Adults (Age 18 +) and Unaccompanied Minors

Current Marital Status *(choose one)*:
❑ Married ❑ Domestic Partner ❑Divorced ❑Separated ❑ Widowed ❑ Single ❑ Common Law

For Adults (Age 18 +)

Military Background:
Served/Serving U.S. Military *(veteran?):* ❑ Yes ❑ No ❑ Don't Know ❑ Refused

For Adults (Age 18 +) and Unaccompanied Minors

Disabling Condition:
Do you have a disabling condition?: ❑ Yes ❑ No ❑ Don't Know ❑ Refused
(Examples: Alcohol/substance abuse problems, serious mental health problems, serious medical conditions, physical disabilities, developmental disabilities)

AGENCY USE ONLY: PLEASE ENTER IN THE ADDRESS TAB SECTION
Data Entry – (Record City/Town under Temporary Address under City) (Record County under Temporary Address under Country)

In what city/town did you spend the night of Monday, January 26, 2009? _____
City or Town Name

In what county did you spend the night of Monday, January 26, 2009? _____
County Information

HOMELESS INTAKE

Are You Homeless?: ❑ Yes ❑ No

Where Did You Stay on Monday, January 26, 2009?*(choose one)*:

❑ Apartment or House that You ***OWN***	❑ Outside Anywhere
❑ Abandoned Building	❑ Permanent Housing for Formerly Homeless Persons
❑ Bus	❑ Prison
❑ Car or Other Vehicle	❑ Psychiatric Hospital or Other Psychiatric Facility
❑ Camping	❑ Room, Apartment, or House that you ***RENT***
❑ Emergency Shelter	❑ Staying or Living in a Family Member's Room, Apartment or House
❑ Foster Care Home or Foster Care Group Home	❑ Staying or Living in a Friend's Room, Apartment, or House
❑ Hospital (non-psychiatric)	❑ Subsidized Housing
❑ Hotel or Motel Paid for with a Voucher	❑ Substance Abuse Treatment Facility or Detox Center
❑ Hotel or Motel Paid for without a Voucher	❑ Transitional Housing for Homeless Persons
❑ Jail	❑ Transportation Site or Station
❑ Juvenile Detention Facility	❑ Domestic Violence Situation
❑ Living with Family or Friends	❑ Don't Know
❑ Migrant Shelter	❑ Other _____
❑ On the Street / Under a Bridge, etc.	

If You Are Currently Housed, Are You Being Evicted Within 7 Days? ❑ Yes ❑ No ❑ Don't Know

How Long Have You Stayed at the Place You Spent Last Night? *(choose one):*

❑ 1 week or less ❑ More than 1 week, less than 1 month ❑ 1 month to 3 months
❑ More than 3 months, less than 6 months ❑ More than 6 months, less than 1 year ❑ 1 year or longer
❑ Don't Know

Where Did You Stay Before Your Most Recent Location (where do you usually stay) *(choose one):*

❑ Apartment or House that You ***OWN***	❑ Outside Anywhere
❑ Abandoned Building	❑ Permanent Housing for Formerly Homeless Persons
❑ Bus	❑ Prison
❑ Car or Other Vehicle	❑ Psychiatric Hospital or Other Psychiatric Facility
❑ Camping	❑ Room, Apartment, or House that you ***RENT***
❑ Emergency Shelter	❑ Staying or Living in a Family Member's Room, Apartment or House
❑ Foster Care Home or Foster Care Group Home	❑ Staying or Living in a Friend's Room, Apartment, or House
❑ Hospital (non-psychiatric)	❑ Subsidized Housing
❑ Hotel or Motel Paid for with a Voucher	❑ Substance Abuse Treatment Facility or Detox Center
❑ Hotel or Motel Paid for without a Voucher	❑ Transitional Housing for Homeless Persons
❑ Jail	❑ Transportation Site or Station
❑ Juvenile Detention Facility	❑ Domestic Violence Situation
❑ Living with Family or Friends	❑ Don't Know
❑ Migrant Shelter	❑ Other _____
❑ On the Street / Under a Bridge, etc.	

Total Number of Times Homeless *(INCLUDING THIS TIME - choose one)*:

❑ 0 ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 to 7 ❑ 8 to 10 ❑ 11 or More

Number of Times Homeless Within the Past Three Years (*INCLUDING THIS TIME - choose one):*

❑ 0 ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 to 7 ❑ 8 to 10 ❑ 11 or More

How Long Have You Been Homeless This Time - *(choose one):*

❑ Less than 1 month ❑ 1 to 3 months ❑ 4 to 6 months ❑ 7 to 11 months
❑ 12 months to 2 years ❑ 3 to 5 years ❑ 6 to 10 years ❑ More than 10 years
❑ Not Applicable

Reasons or Contributing Factors to Homeless Situation (choose all that apply):

- ❑ Abuse or violence in my home
- ❑ Alcohol/substance abuse problems
- ❑ Asked to leave
- ❑ Bad credit
- ❑ Couldn't pay utilities
- ❑ Discharge from foster care
- ❑ Discharged from jail
- ❑ Discharged from prison
- ❑ Family member or personal illness
- ❑ Legal problems
- ❑ Lost a job/couldn't find work
- ❑ Medical expenses
- ❑ Mental illness
- ❑ Moved to find work
- ❑ Problems with public benefits
- ❑ Relationship problems or family break-up
- ❑ Reasons related to my sexual orientation
- ❑ Unable to pay rent/mortgage
- ❑ Other _____(e.g., foreclosure, runaway)
- ❑ Doesn't apply to me
- ❑ Don't Know

Tell Us about Your Last Permanent Address *(where you last lived for 90 days or more)*

Last Permanent City: _____ State/Province _____

Last Permanent Zip Code: _____ ❑ Don't Know ❑ Refused

Health Information - DISABLING CONDITION: If you answered "YES" (I have a disability):				
Type of Disability				
Diagnosed HIV/AIDS:	❑ Yes	❑ No	❑ Don't Know	❑ Refused
Problems with Alcohol:	❑ Yes	❑ No	❑ Don't Know	❑ Refused
Problems with Drugs:	❑ Yes	❑ No	❑ Don't Know	❑ Refused
Psychiatric or Emotional Problems:	❑ Yes	❑ No	❑ Don't Know	❑ Refused
Physical Disability:	❑ Yes	❑ No	❑ Don't Know	❑ Refused
Developmental Disability:	❑ Yes	❑ No	❑ Don't Know	❑ Refused

INCOME & BENEFITS - (*For Adults (Age 18 +) and Unaccompanied Minors*

Received Income From Work Last Month? (Did you earn income?): ❑ Yes ❑ No ❑ Don't Know ❑ Refused

MILITARY & VETERANS: If you answered "Yes" (I am a veteran):

Military Service (*Check all that apply*):

❑ **WW II:** (Sep 1940 – Jul 1947)	❑ Yes	❑ No	❑ Don't Know	❑ Refused
❑ **Between WW II & Korean War:** (Aug 1947 – May 1950)	❑ Yes	❑ No	❑ Don't Know	❑ Refused
❑ **Korean War:** (Jun 1950 – Jan 1955)	❑ Yes	❑ No	❑ Don't Know	❑ Refused
❑ **Between Korean War & Vietnam**: (Feb 1955 – Jul 1964)	❑ Yes	❑ No	❑ Don't Know	❑ Refused
❑ **Vietnam Era**: (Aug 1964 – Apr 1975)	❑ Yes	❑ No	❑ Don't Know	❑ Refused
❑ **Post Vietnam Era**: (May 1975 – Jul 1991)	❑ Yes	❑ No	❑ Don't Know	❑ Refused
❑ **Persian Gulf Era to Present**: (Aug 1991 – Present)	❑ Yes	❑ No	❑ Don't Know	❑ Refused

What Branch Did You Serve, or Are Currently Serving?:

❑ Navy ❑ Army ❑ Marines ❑ Coast Guard ❑ National Reserves ❑ Air Force

❑ Other (Explain):_____

Served in a War Zone?: ❑ Yes ❑ No ❑ Don't Know ❑ Refused

FOR AGENCY USE ONLY:

GO TO THE HOUSEHOLD TAB TO ADD FAMILY MEMBERS AND SERVICES FOR CLIENTS AND FAMILY MEMBERS

OTHER FAMILY MEMBER INFORMATION: For the date: Monday, January 26, 2009, list family members who are/ were with you WITHOUT A PERMANENT PLACE TO LIVE. ***DO NOT*** include family members who ***HAVE*** a permanent place to live.

Person #2 (not you)	Person #3 (not you)	Person #4 (not you)	Person #5 (not you)	Person #6 (not you)
First Name:	**First Name:**	**First Name:**	**First Name:**	**First Name:**
Last Name:	**Last Name:**	**Last Name:**	**Last Name:**	**Last Name:**
Date of Birth (mm/dd/yyyy): ______ /______/______	**Date of Birth** (mm/dd/yyyy): ______ /______/______	**Date of Birth** (mm/dd/yyyy): ______ /______/______	**Date of Birth** (mm/dd/yyyy): ______ /______/______	**Date of Birth** (mm/dd/yyyy): ______ /______/______
Last four SSN: 000 – 00 – ☐☐☐☐ ☐Don't Know ☐ Refused	**Last four SSN:** 000 – 00 – ☐☐☐☐ ☐Don't Know ☐ Refused	**Last four SSN:** 000 – 00 – ☐☐☐☐ ☐Don't Know ☐ Refused	**Last four SSN:** 000 – 000 – ☐☐☐☐ ☐Don't Know ☐ Refused	**Last four SSN:** 000 – 00 – ☐☐☐☐ ☐Don't Know ☐ Refused
Gender: ☐ Male ☐ Female	**Gender:** ☐ Male ☐ Female	**Gender:** ☐ Male ☐ Female	**Gender:** ☐ Male ☐ Female	**Gender:** ☐ Male ☐ Female
Relationship to you: ☐ Husband ☐ Wife ☐ Domestic Partner ☐ Son ☐ Daughter ☐ Mother ☐ Father ☐ Grandmother ☐ Grandfather ☐ Grandchild ☐ Brother ☐ Sister ☐ Aunt ☐ Uncle ☐ Niece/Nephew ☐ Other (specify) ____________	**Relationship to you:** ☐ Husband ☐ Wife ☐ Domestic Partner ☐ Son ☐ Daughter ☐ Mother ☐ Father ☐ Grandmother ☐ Grandfather ☐ Grandchild ☐ Brother ☐ Sister ☐ Aunt ☐ Uncle ☐ Niece/Nephew ☐ Other (specify) ____________	**Relationship to you:** ☐ Husband ☐ Wife ☐ Domestic Partner ☐ Son ☐ Daughter ☐ Mother ☐ Father ☐ Grandmother ☐ Grandfather ☐ Grandchild ☐ Brother ☐ Sister ☐ Aunt ☐ Uncle ☐ Niece/Nephew ☐ Other (specify) ____________	**Relationship to you:** ☐ Husband ☐ Wife ☐ Domestic Partner ☐ Son ☐ Daughter ☐ Mother ☐ Father ☐ Grandmother ☐ Grandfather ☐ Grandchild ☐ Brother ☐ Sister ☐ Aunt ☐ Uncle ☐ Niece/Nephew ☐ Other (specify) ____________	**Relationship to you:** ☐ Husband ☐ Wife ☐ Domestic Partner ☐ Son ☐ Daughter ☐ Mother ☐ Father ☐ Grandmother ☐ Grandfather ☐ Grandchild ☐ Brother ☐ Sister ☐ Aunt ☐ Uncle ☐ Niece/Nephew ☐ Other (specify) ____________
Hispanic or Latino: ☐ No ☐ Yes	**Hispanic or Latino**: ☐ No ☐ Yes	**Hispanic or Latino**: ☐ No ☐ Yes	**Hispanic or Latino**: ☐ No ☐ Yes	**Hispanic or Latino**: ☐ No ☐ Yes
Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White	**Race:** ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White	**Race:** ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White	**Race:** ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White	**Race:** ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White
For Adults (Age 18 +)				
Served/Serving U.S. Military ☐ Yes ☐ No ☐ Don't Know ☐ Refused	**Served/Serving U.S. Military** ☐ Yes ☐ No ☐ Don't Know ☐ Refused	**Served/Serving U.S. Military** ☐ Yes ☐ No ☐ Don't Know ☐ Refused	**Served/Serving U.S. Military** ☐ Yes ☐ No ☐ Don't Know ☐ Refused	**Served/Serving U.S. Military** ☐ Yes ☐ No ☐ Don't Know ☐ Refused
For Adults (Age 18 +) and Unaccompanied Minors				
Disabling Condition ☐ Yes ☐ No ☐ Don't Know ☐ Refused	**Disabling Condition** ☐ Yes ☐ No ☐ Don't Know ☐ Refused	**Disabling Condition** ☐ Yes ☐ No ☐ Don't Know ☐ Refused	**Disabling Condition** ☐ Yes ☐ No ☐ Don't Know ☐ Refused	**Disabling Condition** ☐ Yes ☐ No ☐ Don't Know ☐ Refused

SELECTED SERVICES - For Agency Use Only - Add Services or programs for all family member

If providing service(s):	**If enrolling in//exiting out of housing program**:
Service Name(s): ________________________	Program Name: ______________________________
Entry Date: _01_/_27_/_2009_ Exit Date: _01_/_27_/_2009_	Entry Date: _____/___/______ Exit Date: _____/___/______
Status: ☑ Provided (select "Provided")	Status: ☐ Enrolling into program (select "Enrolled")
#Units: ____________	☐ Exiting from program (select "Exited")