

Agency: \_\_\_\_\_ Program: \_\_\_\_\_  
 City/Town/Community: \_\_\_\_\_ County: \_\_\_\_\_

**Please complete the following information about yourself:**

First initial  Middle initial  First 3 letters of last name    Month you were born (Circle 1 response): Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec

- 1. What is your age? \_\_\_\_\_
- 2. Are you...  
1  Male 2  Female
- 3. Have you served in the U.S. Military?  
1  Yes 2  No
- 4. Are you a seasonal resort worker?  
1  Yes 2  No
- 5. Do you have a current Colorado ID or Colorado driver's license? 1  Yes 2  No
- 6. Do you consider yourself to be Hispanic, Latino or Spanish?  
1  Yes 2  No

- 7. Which one category best describes your racial background? (Check only ONE response)  
 1  Asian/Pacific Islander  
 2  Native American/Alaska Native  
 3  Black/African American  
 4  White  
 5  Mixed race  
 6  Other → Describe: \_\_\_\_\_
- 8. Are you: (Check only ONE response)  
 1  A single person (including separated or divorced)  
 2  A single parent with children under 18 (including separated or divorced)  
 3  Part of a couple with children under 18  
 4  Part of a couple without children under 18  
 5  Other → Describe: \_\_\_\_\_

9. DO YOU HAVE A PERMANENT PLACE TO LIVE? 1  Yes 2  No 3  Don't know

**10. Where will you/where did you spend the night of Monday, January 29th? (Check ONE response)**

1 <input type="checkbox"/> Emergency shelter	8 <input type="checkbox"/> Farm labor housing
2 <input type="checkbox"/> Domestic violence shelter	9 <input type="checkbox"/> Psychiatric hospital
3 <input type="checkbox"/> On the street, under a bridge, abandoned building, public building, car, traveling on a bus, camping out, etc.	10 <input type="checkbox"/> Medical hospital
4 <input type="checkbox"/> Hotel/motel paid for by yourself while looking for housing	11 <input type="checkbox"/> Substance abuse treatment program
5 <input type="checkbox"/> Hotel/motel paid for by others/vouchers	12 <input type="checkbox"/> Jail
6 <input type="checkbox"/> Youth shelter	13 <input type="checkbox"/> Prison
7 <input type="checkbox"/> Temporarily with family or friends ↓ If with family or friends, do you have an arrangement to stay there permanently? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	14 <input type="checkbox"/> Halfway house or juvenile detention
	15 <input type="checkbox"/> Transitional housing (time-limited)
	16 <input type="checkbox"/> Somewhere else → <i>Where?</i>

11. How many family members are/were with you on Monday night, January 29<sup>th</sup>, who ALSO are WITHOUT A PERMANENT PLACE TO LIVE? Do NOT include family members who you may have stayed with who HAVE a permanent place to live.

How many family members (NOT INCLUDING YOURSELF)?: \_\_\_\_\_

**Questions 12-13: Please complete the following table for FAMILY MEMBERS WHO WERE/ARE WITH YOU AND ALSO WITHOUT A PERMANENT PLACE TO LIVE.**

12. Age (Write in)	13. How is this person related to you? (Check one category per person)			
Person 1	1 <input type="checkbox"/> Spouse/partner	2 <input type="checkbox"/> Son/daughter	3 <input type="checkbox"/> Grandchild	4 <input type="checkbox"/> Other relative:
Person 2	1 <input type="checkbox"/> Spouse/partner	2 <input type="checkbox"/> Son/daughter	3 <input type="checkbox"/> Grandchild	4 <input type="checkbox"/> Other relative:
Person 3	1 <input type="checkbox"/> Spouse/partner	2 <input type="checkbox"/> Son/daughter	3 <input type="checkbox"/> Grandchild	4 <input type="checkbox"/> Other relative:
Person 4	1 <input type="checkbox"/> Spouse/partner	2 <input type="checkbox"/> Son/daughter	3 <input type="checkbox"/> Grandchild	4 <input type="checkbox"/> Other relative:
Person 5	1 <input type="checkbox"/> Spouse/partner	2 <input type="checkbox"/> Son/daughter	3 <input type="checkbox"/> Grandchild	4 <input type="checkbox"/> Other relative:
Person 6	1 <input type="checkbox"/> Spouse/partner	2 <input type="checkbox"/> Son/daughter	3 <input type="checkbox"/> Grandchild	4 <input type="checkbox"/> Other relative:

14. In the next week, are you being evicted or thrown out of the place you are staying?

- 1  Yes    2  No    3  Don't know

15. Including now, what is the total number of times you have been without a permanent place to live in the last three years? (Check only ONE response)

- 1  Never, I am NOT homeless  
2  One  
3  Two  
4  Three  
5  Four  
6  Five or more

16. How long have you been without a permanent place to live this time? (Check only ONE response)

- 1  I am NOT homeless  
2  Less than 1 month  
3  More than 1 month but less than 1 year  
4  1 to 3 years  
5  More than 3 years  
6  Don't know

17. In what city/town will you/did you spend the night of Monday, January 29, 2007?

\_\_\_\_\_  
(Fill in city/town name)

18. In what county will you/did you spend the night of Monday, January 29, 2007?

\_\_\_\_\_  
(Fill in county name)

19. What was the last County and State you considered your permanent place to live?

\_\_\_\_\_  
County

\_\_\_\_\_  
State

20. As a child or youth, were you ever in foster care or another type of out-of-home placement?

- 1  Yes    2  No

21. Do you think you have, or have you been told you have: (Read each line and CHECK ALL THAT APPLY.)

- 1  Serious mental illness  
2  Serious medical or physical condition  
3  Alcohol or drug abuse  
4  Developmental disability  
5  HIV/AIDS  
6  Other → Describe: \_\_\_\_\_

7  NONE of these

22. In the past month, have you or anyone else in your family received any money from working?

- 1  Yes    2  No

23. Are you or anyone else in your family receiving ANY of the following government benefits? (Read each line and CHECK ALL THAT APPLY)

- 1  SSI/SSDI  
2  TANF  
3  Food Stamps  
4  VA Pension/Benefits  
5  Medicaid/Medicare  
6  Any other government benefit  
7  Receiving NO government benefits

24. Why did you become homeless this time? (Read each line and CHECK ALL THAT APPLY)

- 1  I am NOT homeless → Go to Question 25  
2  Lost job/can't find work  
3  Have work but wages are too low  
4  Relationship or family break-up/death in family  
5  Abuse or violence in your home  
6  Runaway/throwaway/discharged from foster care  
7  Discharged from jail, prison or halfway house  
8  Medical problems including physical or developmental disability  
9  Eviction/foreclosure  
10  Housing costs too high  
11  Utility costs too high  
12  Alcohol or drug abuse problems  
13  Mental illness/emotional problems  
14  Other reason → Describe: \_\_\_\_\_

25. In the past month, what services did you or anyone in your family need but could NOT get? (Read each line and CHECK ALL THAT APPLY)

- 1  Help finding work/employment assistance  
2  Help finding Section 8 or other permanent housing  
3  Emergency shelter  
4  Food  
5  Rent or utility assistance  
6  Transportation/bus passes  
7  Medical care  
8  Dental care  
9  Mental health care  
10  Alcohol or drug abuse treatment  
11  Help getting a Colorado ID or driver's license  
12  Help getting government benefits  
13  Child care  
14  Other service → Describe: \_\_\_\_\_

15  Needed NO services we couldn't get

**END OF SURVEY  
THANK YOU!**