

HOMELESS COUNT 2009 SURVEY



EveryOneHome
Ending Homelessness
in Alameda County

SITE COORDINATOR PAGE

SELECTION TICKET NUMBER:

SITE COORDINATOR READ TO RESPONDENT:

We're conducting a short survey of about 1,000 people using meal, food pantry, drop-in, and outreach services in the County. We do this survey every two years. The survey gathers information that the cities and County need to get funding for homes for low-income and homeless people. May we have ten minutes of your time today?

FILL OUT THIS FORM FOR EVERYONE:

SURVEY DATE: 01/ 27/ 2009

SITE COORDINATOR INITIALS ____ ____ ____

SITE ID # _____

PROGRAM/PROVIDER: _____

COMPLETE BY OBSERVATION:

GENDER:

- () MALE
- () FEMALE
- () OTHER/UNKNOWN

RACE/ETHNICITY:

- () HISPANIC
- () WHITE
- () BLACK
- () ASIAN
- () OTHER/MIXED

INTERVIEW NOT STARTED:

- () MINOR
- () REFUSED
- () LANGUAGE BARRIER
- () RESPONDENT TOO DISABLED
- () NOT ENOUGH TIME: [EXPLANATION OF WHY] _____

SITE COORDINATOR COMMENT (OPTIONAL):

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INTERVIEWER INITIALS: ___ ___ ___

INTERVIEWER READ TO RESPONDENT:

Hello, my name is _____, and I'm a volunteer with Alameda County EveryOne Home.

We won't ask your name or other identifying information, and all of your responses are strictly confidential. Your honest response is important to help us keep the housing funds we have for Alameda County. Your participation is voluntary. You may stop the interview at any time, or refuse to answer any questions that make you uncomfortable.

If it's OK, I'll start the questions now. I need to read each one all the way through.

I will start by asking about meals you ate at service sites in the last week.

- 1 In the last 7 days, how many days did you have breakfast at a soup kitchen or public dining room, but not at a shelter where you stayed? ___ **DAYS**

 - 2 How many of the last 7 days did you have lunch at a soup kitchen or public dining room, but not at a shelter where you stayed? ___ **DAYS**

 - 3 How many of the last 7 days did you have dinner at a soup kitchen or public dining room, but not at a shelter where you stayed? ___ **DAYS**

 - 4 In the last seven days, how many days did you go to a food pantry? That's a place where you get a bag or a box of food to take away and prepare later. ___ **DAYS**

 - 5 Over the last seven days how many days did you go to a drop-in center or a multi-service center? That is, a place where you can talk to someone, get a cup of coffee, pick up messages, and use a phone, but not stay overnight. ___ **DAYS**

 - 6 Over the last seven days how many days did an outreach worker offer to help you? Outreach workers are people who come to you at outdoor locations to hand out blankets or food, see if you are okay, or offer help. ___ **DAYS**
-

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7. Where did you stay last night [THE NIGHT OF JANUARY 26]?

<input type="checkbox"/> a. The streets, a vehicle, an abandoned building, bus/ train/ subway station/ airport, anywhere outside , or other place not meant for human habitation		
<input type="checkbox"/> b. Hotel, motel , or campground paid for by an agency, church, or other service provider		
<input type="checkbox"/> c. Hotel or motel paid for by you or a family member c1. How much longer can you stay there? <input type="checkbox"/> Less than a week <input type="checkbox"/> 7-29 days <input type="checkbox"/> 30 or more days <input type="checkbox"/> DON'T KNOW		
<input type="checkbox"/> d. Friend or family's garage, backyard, porch, shed, or driveway		
<input type="checkbox"/> e. In a friend or family member's room, apartment, or house		
e1. Is your name on the lease?	<input type="checkbox"/> No ... 0	<input type="checkbox"/> YES ... 1 <input type="checkbox"/> DON'T KNOW ... -8
e2. Do you have an agreement to pay a specific share or the rent each week/month?	<input type="checkbox"/> No ... 0	<input type="checkbox"/> YES ... 1 <input type="checkbox"/> DON'T KNOW ... -8
e3. IF YES, How much do you pay each month? \$ _____	How much is the total monthly rent? \$ _____	
e4. Instead of rent, do you regularly contribute to the household food or other goods, like child care or transportation?	<input type="checkbox"/> No ... 0	<input type="checkbox"/> YES ... 1 <input type="checkbox"/> DON'T KNOW ... -8
e5. Are you staying there because you can't afford your own place?	<input type="checkbox"/> No ... 0	<input type="checkbox"/> YES ... 1 <input type="checkbox"/> DON'T KNOW ... -8
e6. Have you moved around more than once in the last 30 days?	<input type="checkbox"/> No ... 0	<input type="checkbox"/> YES ... 1 <input type="checkbox"/> DON'T KNOW ... -8
e7. Have you moved around more than 2 times in the past year?	<input type="checkbox"/> No ... 0	<input type="checkbox"/> YES ... 1 <input type="checkbox"/> DON'T KNOW ... -8
e8. Have you been told you can stay only less than 30 days?	<input type="checkbox"/> No ... 0	<input type="checkbox"/> YES ... 1 <input type="checkbox"/> DON'T KNOW ... -8
<input type="checkbox"/> f. Shelter for single adults or youth or families f1. What is the name and location of that place? _____		
<input type="checkbox"/> g. Transitional housing for homeless adults, families or youth (where I pay rent and can live up to two years and receive services) g1. What is the name and location of that place? _____		
<input type="checkbox"/> h. Permanent housing for formerly homeless persons (such as Shelter + Care, the Harrison Hotel, or UA Homes) h1. Are you losing that housing within the next 7 days? <input type="checkbox"/> No ... 0 <input type="checkbox"/> YES ... 1 <input type="checkbox"/> DON'T KNOW ... -8		
<input type="checkbox"/> i. Room, apartment or house that you rent (subsidized or not) i1. Are you losing that housing within the next 7 days? <input type="checkbox"/> No ... 0 <input type="checkbox"/> YES ... 1 <input type="checkbox"/> DON'T KNOW ... -8		
<input type="checkbox"/> j. Hospital or nursing facility j1. Have you been there for less than 30 days? <input type="checkbox"/> No ... 0 <input type="checkbox"/> YES ... 1 <input type="checkbox"/> DON'T KNOW ... -8 j2. Were you on the streets or in a shelter before that? <input type="checkbox"/> No ... 0 <input type="checkbox"/> YES ... 1 <input type="checkbox"/> DON'T KNOW ... -8		
<input type="checkbox"/> k. Psychiatric hospital or other mental health facility k1. Have you been there for less than 30 days? <input type="checkbox"/> No ... 0 <input type="checkbox"/> YES ... 1 <input type="checkbox"/> DON'T KNOW ... -8 k2. Were you on the streets or in a shelter before that? <input type="checkbox"/> No ... 0 <input type="checkbox"/> YES ... 1 <input type="checkbox"/> DON'T KNOW ... -8		
<input type="checkbox"/> l. Jail, prison or juvenile detention facility l1. Have you been there for less than 30 days? <input type="checkbox"/> No ... 0 <input type="checkbox"/> YES ... 1 <input type="checkbox"/> DON'T KNOW ... -8 l2. Were you on the streets or in a shelter before that? <input type="checkbox"/> No ... 0 <input type="checkbox"/> YES ... 1 <input type="checkbox"/> DON'T KNOW ... -8		
<input type="checkbox"/> m. Substance abuse treatment facility or detox center m1. Have you been there for less than 30 days? <input type="checkbox"/> No ... 0 <input type="checkbox"/> YES ... 1 <input type="checkbox"/> DON'T KNOW ... -8 m2. Were you on the streets or in a shelter before that? <input type="checkbox"/> No ... 0 <input type="checkbox"/> YES ... 1 <input type="checkbox"/> DON'T KNOW ... -8		
<input type="checkbox"/> n. Apartment or house that you own n1. Are you losing that housing within the next 7 days? <input type="checkbox"/> No ... 0 <input type="checkbox"/> YES ... 1 <input type="checkbox"/> DON'T KNOW ... -8		
<input type="checkbox"/> o. Foster care home or foster care group home		
<input type="checkbox"/> p. Other, Specify NAME OF THE PLACE AND LOCATION: _____		
<input type="checkbox"/> q. MOVES AROUND A LOT <input type="checkbox"/> r. DON'T KNOW ... -8 <input type="checkbox"/> s. REFUSED... -7		

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These next questions are about your immediate family.		Number #	
8.	How many children do you have, including step-children and foster children? IF NO CHILDREN GO TO Q# 11.	_____ <input type="checkbox"/> NO CHILDREN	<input type="checkbox"/> DON'T KNOW ...-8 <input type="checkbox"/> REFUSED -7
9.	How many children do <u>you</u> have that are <u>under age 18</u> , including step-children and foster children?		<input type="checkbox"/> DON'T KNOW ..-8 <input type="checkbox"/> REFUSED -7
10.	How many of your children under age 18 <u>live with you now</u> , most of the time or all the time?		<input type="checkbox"/> NOT APPLIC. ...-6 <input type="checkbox"/> DON'T KNOW .. -8 <input type="checkbox"/> REFUSED -7
11.	Think about the people in your immediate family, who <u>live with you now</u> . How many (of them) are <u>adults 18 or older?</u> (Not including yourself.) IF NO OTHER ADULTS GO TO Q# 13.	_____ <input type="checkbox"/> Just me = 0	<input type="checkbox"/> DON'T KNOW... -8 <input type="checkbox"/> REFUSED..... -7
12.	Is one of them your husband, wife, or partner?	<input type="checkbox"/> YES 1 <input type="checkbox"/> No 0	<input type="checkbox"/> NOT APPLIC. ...-6 <input type="checkbox"/> DON'T KNOW .. -8 <input type="checkbox"/> REFUSED -7

13. How much of the last 12 months have you lived in a shelter, on the streets, in a car, or in other places not meant for habitation.

PROMPT: Your best estimate is fine.

MARK ONLY ONE

- DAYS _____
- WEEKS _____
- MONTHS _____
- ALL OF IT / ENTIRE TIME..... 12
- NONE OF THE LAST 12 MONTHS..... 0
- DON'T KNOW -8
- REFUSED -7

14. How many separate times in the past 3 years have you lived in a shelter, on the streets, in a car, or in other places not meant for habitation?

PROMPT: How many separate times?

MARK ONLY ONE

- This is my first time 1
- 2 to 3 times 2
- 4 times or more 4
- All of it / entire time 5
- None 0
- DON'T KNOW -8
- REFUSED -7

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15. Did you leave your last place because your spouse or partner or someone else in your family was hurting you or threatening to hurt you? That includes hurt or threatened by being kicked, hit, shoved, or beat up, or hurt or threatened with a knife or gun, or forced to have sex.

PROMPT: By someone in your family, inside the family.

YES 1
NO 0
DON'T KNOW -8
REFUSED -7

16. Were you ever, either as a child or as an adult, physically hurt or threatened by a spouse or partner or someone in your family? That includes hurt or threatened by being kicked, hit, shoved, or beat up, or hurt or threatened with a knife or gun, or forced to have sex.

PROMPT: By someone in your family, inside the family.

YES 1
NO 0
DON'T KNOW -8
REFUSED -7

17. Have you ever served in any branch of the Armed Forces of the United States?

YES 1
NO 0 GO TO Q#19
DON'T KNOW -8 GO TO Q#19
REFUSED -7 GO TO Q#19

18. Did you serve in any of these war zones?

MARK ALL THAT APPLY

NOT APPLICABLE/NO WAR ZONES 0	South China Sea 7
Persian Gulf 1	Laos and Cambodia 8
Iraq..... 2	Vietnam..... 9
Afghanistan 3	North Africa 10
South Pacific 4	Europe 11
Korea 5	Other..... 12
China, Burma, India..... 6	

We'd like to know a little about how people are making ends meet.

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19. What kinds of income or assistance are you currently receiving?

MARK ALL THAT APPLY:

- | | | | |
|--|----|---|----|
| <input type="checkbox"/> GA , General Assistance | 1 | <input type="checkbox"/> Private disability insurance | 12 |
| <input type="checkbox"/> CalWORKs , assistance for needy families | 2 | <input type="checkbox"/> Worker's Compensation | 13 |
| <input type="checkbox"/> SSI | 3 | <input type="checkbox"/> Alimony or other spousal support | 14 |
| <input type="checkbox"/> SSDI | 4 | <input type="checkbox"/> Child support | 15 |
| <input type="checkbox"/> Pay for Full-time work | 5 | <input type="checkbox"/> Panhandling, recycling | 16 |
| <input type="checkbox"/> Pay for Part-time work | 6 | <input type="checkbox"/> Other income | 17 |
| <input type="checkbox"/> Unemployment Insurance | 7 | SPECIFY (OPTIONAL) _____ | |
| <input type="checkbox"/> Veteran's Benefits | 8 | _____ | |
| <input type="checkbox"/> VA Disability Compensation | 9 | <input type="checkbox"/> NONE | 0 |
| <input type="checkbox"/> Social Security retirement income | 10 | <input type="checkbox"/> DON'T KNOW | -8 |
| <input type="checkbox"/> Pension from a former job | 11 | <input type="checkbox"/> REFUSED | -7 |

20. About how much income is that all together, per month?

PROMPT: Your best estimate is fine.

\$ _____

21. Are you getting Food Stamps, or money for food on a benefits card, for yourself or someone else living with you?

- YES 1
- NO 0
- DON' T KNOW -8
- REFUSED -7

22. Are you getting WIC food assistance for yourself or your children?

- YES 1
- NO 0
- DON' T KNOW -8
- REFUSED -7

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23. The next questions are about your health and any disabilities you may have. Which of these statements are true for you?

MARK ALL THAT APPLY

	YES 1	NO 0	D.K. -8	REF. -7
A. I am physically disabled				
B. I am disabled by HIV/AIDS				
C. I have another long-term and serious medical condition or health problem, like diabetes, heart disease, hepatitis or cancer.				
C1. I am disabled by my health problems				
D. I am developmentally disabled				
E. I have learning disabilities				
F. I am disabled by serious depression				
G. I am disabled by other mental illness				
H. I have Post-traumatic stress disorder (PTSD)				
I. I am disabled by something else				
J. RESPONDENT COMMENT, IF ANY _____				

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24. Next, I'm going to ask you a few questions about alcohol use.

Remember, your answers are confidential and anonymous.

PROMPT: I have to ask everyone the same questions.

	YES 1	NO 0	D.K. -8	REF. -7
A. During the last 12 months, did you ever feel bad or guilty about your drinking				
B. During the last 12 months, did you ever have a drink first thing in the morning to steady your nerves or get rid of a hangover				
C. During the last 12 months, did a friend or family member ever tell you about things you said or did while you were drinking that you could not remember				
D. During the last 12 months, did you fail to do what was normally expected of you because of drinking				
<input type="checkbox"/> NO ALCOHOL USE 12+ MONTHS				

25. The next few questions are about drug use. Remember, your answers are confidential and anonymous.

PROMPT: I have to ask everyone the same questions.

	YES 1	NO 0	D.K. -8	REF. -7
A. In the last 12 months, did you ever fail to do what was normally expected of you because of your use of drugs				
B. In the last 12 months, were you ever under the influence of drugs in a situation where you could get hurt, like driving, using knives or machinery, or anything else				
C. In the past 12 months, <u>because of drug use</u> , did you have any emotional or psychological problems, like feeling depressed, suspicious of people, paranoid, or having strange ideas				
D. In the past 12 months, was there a month or more when you spent a lot of time using drugs or getting over the effects				
E. In the past 12 months, were there <u>several times</u> when you used a lot more drugs than you intended or used drugs for a longer time than you meant to				
F. In the past 12 months, did you ever have to use more drugs than you used to, to get the same effect				
G. In the past 12 months, did you ever use drugs to keep from feeling sick when you stopped				
<input type="checkbox"/> NO DRUG USE 12+ MONTHS				

26. There are just a few more questions. First, what is the one thing you would say would help your situation the most?

And, to let us categorize respondents, would you tell me:

27. How do you describe your race or ethnicity?

MARK ALL THAT APPLY

- White/Caucasian..... 1
- Black/African American.....2
- Hispanic/Latino 3
- Asian.....4
- Pacific Islander5
- American Indian/Alaskan Native.....6
- Other.....8

SPECIFY (OPTIONAL) : _____

- DECLINED TO STATE -7
- DON'T KNOW -8

28. How do you identify your gender?

- Male.....1
- Female.....2
- Transgender3
- DECLINED TO STATE -7

29. How old are you?

___ ___ **YEARS** DON'T KNOW... -8 REFUSED... -7

IF HESITANT TO ANSWER AGE, ASK:

30. Are you 18 or older?

- No ... 0 Yes ... 1 DON'T KNOW ... -8 REFUSED... -7

READ TO RESPONDENT:

Thank you very much. We're done with our questions. We really appreciate your help.

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INTERVIEWER: PLEASE COMPLETE 31 A – E.

31. INTERVIEWER OBSERVATIONS

	YES 1	NO 0
A. WERE ALL QUESTIONS UNDERSTOOD AND ANSWERED?		
B. RESPONDENT WAS IMPAIRED BY DRUGS OR ALCOHOL		
C. RESPONDENT WAS UNABLE TO UNDERSTAND QUESTIONS, MENTALLY DISABLED		
D. RESPONDENT BROKE OFF INTERVIEW ANY REASON GIVEN? _____ _____		
E. INTERVIEWER STOPPED INTERVIEW WHY? _____ _____		