

**Sheltered Count Form (2021)-KY Balance of State CoC
(Emergency Shelters and Transitional Housing Projects Not Using HMIS)**

Interviewer MUST complete this information before submitting form to person entering the data online:

1. Interviewer Name: _____ **2. Interviewer's Phone:** _____

3. Survey being conducted in (circle one): Emergency Shelter / Transitional Hsg / Hotel/Motel Voucher

4. Name of ES, TH, or Hotel/Motel Voucher Project: _____

5. Street Address where survey conducted: _____

6. City/Town where survey conducted: _____

7. County where survey conducted: _____

"Hello, my name is _____ and I work/volunteer with _____. We are in the community tonight to survey people experiencing housing challenges and homelessness in hopes of bettering our programs, services and crisis response systems. Your participation is completely voluntary and is much appreciated. Your individual responses to questions will not be shared with anyone outside of our team without your permission. I will need to read each question all the way through during the survey. **Can I have about 5 minutes of your time?**"

Yes → [GO TO Q8] No → [THANK RESPONDENT AND COMPLETE FORM USING OBSERVATION/CASE NOTES]

8. Before we get started, can you tell me if there are any other children or adults you consider to be part of your household that are sleeping in the same location as you tonight?

Yes (Household—more than one person) → [GO TO Q8a] No (Individual Only) → [SKIP TO Q9]

8a. Including yourself, how many adults and children are there in your household who are sleeping in the same location as you tonight? _____

9. Has someone else already asked you to take this housing survey today?

Yes → ["Thank you, that is all the questions I have."] No → [Continue]

10. Can you please tell me your First Name (Don't ask/report if Domestic Violence Shelter)? _____

11. Can you please share your initials? First: _____ Middle: _____ Last: _____ Don't Know/Refused

12. What is your gender? [Interviewer, if "Don't Know/Refuse", make best guess]:

Male Female Transgender Male (Female to Male) Transgender Female (Male to Female)

Gender Non-Conforming/Non-Binary

13. What is your date of birth: Month _____ Day _____ Year _____ Don't Know/Refused

14. How old are you? _____ Don't Know/Refused

15. What age range do you fall into? [Interviewer, if "Don't Know/Refuse", make best guess]:

Under 5 _____ 6-12 _____ 13-17 _____ 18-24 _____ 25-34 _____ 35-44 _____ 45-54 _____ 55-61 _____
62+ _____

16. What is your race? Select all that apply. [Interviewer, if "Don't Know/Refuse/or Other", make best guess based on choices. If respondent answers Bi-racial or Multi-Race, ask if they can specific which ones then select all that apply.]

- White Black or African American American Indian or Alaska Native Asian
 Native Hawaiian/Pacific Islander

17. Are you Hispanic or Latino? [Interviewer, if "Don't Know/Refuse", make best guess]:

- Yes (Hispanic/Latino) No (Non-Hispanic/Latino)

18. Is this the first time you have been homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't Know/Refused
19. How many months have you been homeless this time? Only include time spent staying in shelters and/or on the streets. <i>[Interviewer: If this is the first time homeless, skip to Q22 after this question is answered.]</i>	Enter number of months (round up to nearest month) _____	<input type="checkbox"/> Don't Know/Refused
<i>[Interviewer: Ask only if this is NOT the first time homeless.]</i> 20. Including this time, how many times have you been housed and then homeless again where you had to live on the streets or in a shelter in the past three years, so since January 2018? Has it been 4 or more times or less than 4 times?	<input type="checkbox"/> Less than 4 times <input type="checkbox"/> 4 or more times	<input type="checkbox"/> Don't Know/Refused
<i>[Interviewer: Ask only if this is NOT the first time homeless.]</i> 21. So, thinking back on all the times you have been homeless in the last 3 years, how many months in total have you had to sleep outside or in an emergency shelter?	Enter number of months (round up to nearest month) _____	<input type="checkbox"/> Don't Know/Refused

22. In which KY County or Other State were you living in when you became homeless this time?

KY county name: _____ Other state name: _____ DK/Refused

23. [INTERVIEWER: SKIP TO Q25 IF THERE IS ONLY ONE PERSON IN THE HOUSEHOLD]

I need to ask you some specific questions regarding the other members of your household.

Persons HOH = Head of House- hold	Ask and List Relationship to HOH. (spouse, partner, child, other family, other non- family.	Interviewer: Please answer Age, Gender, Race and Ethnicity for each additional household member in order for them to be included in the count. DO NOT SKIP*										
		AGE	*GENDER*				*RACE*					*ETHNICITY*
		Age	Male	Female	Transgender	Not Exclusively male or female	White	Black/African-American	Native Hawaiian/Pacific Islander	American Indian or Alaska Native	Multiple	Hispanic/Latino Circle "Y" for "Yes" "N" for "No"
1: HOH	Self	You have already collected this information for Person 1 (Respondent). Skip to Person 2.										
2											Y N	
3											Y N	
4											Y N	
5											Y N	
6											Y N	

I have just a few more questions for you (and any other Adults (18+) in the household if applicable)

<u>ADULTS ONLY (or unaccompanied minor youth)</u>	Person 1 (Self)	Adult 2	Adult 3
24. Do you/this person have any substance abuse issues? [Interviewer: If yes, ask if alcohol, drug, or both]	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> Both Alc/Drug <input type="checkbox"/> No <input type="checkbox"/> DK/R	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> Both Alc/Drug <input type="checkbox"/> No <input type="checkbox"/> DK/R	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> Both Alc/Drug <input type="checkbox"/> No <input type="checkbox"/> DK/R
➤ 24a. (If yes), is this substance abuse condition a long-term disability that impairs your/their ability to hold a job or live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R
25. Do you/this person have a chronic health condition such as Lupus, Multiple Sclerosis, Hepatitis, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R
➤ 25a. (If yes), is this chronic health condition a long-term disability that impairs your/their ability to hold a job or live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R
26. Do you/this person have a Mental Health Condition such as PTSD, schizophrenia, or Bipolar Disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R
➤ 26a. (If yes), is this Mental Health Condition a long-term disability that impairs your/their ability to hold a job or live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R

ADULTS ONLY (unless it is an unaccompanied minor without an adult 18+ in the household)	Person 1 (Self)	Adult 2	Adult 3
27. Do you/this person you have a physical disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R
➤ 27a. (If yes), is this Physical Disability a long-term disability that impairs your/their ability to hold a job or live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R
28. Do you/this person have a Developmental Disability such as Cerebral Palsy, Autism, ADHD, or a Traumatic Brain Injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R
29. Do you/this person receive disability benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R
30. Do you/this person have AIDS or an HIV related illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R
31. Have you/Has this adult ever served in the U.S. Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) or have you/they ever been called into Active Duty as part of the National Guard or as a Reservist?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R
32. Are you/this person currently employed at a job for which you receive a paycheck?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/R
➤ 32a. (If yes), is the employment part-time or full-time?	<input type="checkbox"/> Part <input type="checkbox"/> Full <input type="checkbox"/> DK/R	<input type="checkbox"/> Part <input type="checkbox"/> Full <input type="checkbox"/> DK/R	<input type="checkbox"/> Part <input type="checkbox"/> Full <input type="checkbox"/> DK/R

Okay, just a few more questions:

33. Are you a survivor of domestic violence? Yes No Don't Know Refused

34. Are you currently experiencing homelessness because you are fleeing domestic violence, dating violence, sexual assault, or stalking? Yes No Don't Know Refused
[END SURVEY IF YES] [Go to Q35]

<p>35. In your own words, can you tell me what caused you to become homeless this time? [Interviewer: Select all that apply]</p>	<input type="checkbox"/> Unemployment/No Job <input type="checkbox"/> Eviction <input type="checkbox"/> Not enough money to afford housing <input type="checkbox"/> Released from jail with nowhere to go <input type="checkbox"/> Released from hospital with nowhere to go <input type="checkbox"/> Family/Personal Reasons <input type="checkbox"/> Aged out of foster care with nowhere to go	<input type="checkbox"/> Runaway/Child Abuse <input type="checkbox"/> Mental Illness <input type="checkbox"/> Chronic Health or Physical Illness/Developmental Disability <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Other (specify below) <hr style="width: 100%;"/>
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Thank you for taking your time to help us. It is very much appreciated