

Unsheltered K-Count Form (2022)-KY Balance of State CoC

Version 1, Published 2/7/22

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

1. Interviewer Name: _____ 2. Interviewer's Phone: _____
3. Street Address where survey conducted (List nearest address—try to include number (e.g. 213) in addition to street name): _____
4. City/Town where survey conducted: _____
5. 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 Q6] No → [THANK RESPONDENT AND GO TO UNSHELTERED OBSERVATION TOOL]

6. 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 Q6a] No (Individual Only) → [SKIP TO Q7]

6a. Including yourself, how many adults and children are there in your household who are sleeping in the same location as you tonight? _____ [Interviewer: Make sure this # includes person being interviewed plus others].

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

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

<p>8. Where are you sleeping tonight?</p> <p>Interviewer: "tonight" means Wed., 2/23/22. If this survey is given during day on 2/24/22, ask "where did you sleep last night?" If given on 2/25/22, "ask, where did you sleep on Wednesday night of this week?...the night before last?"</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Street or sidewalk <input type="checkbox"/> Vehicle (car, van, RV, truck) <input type="checkbox"/> Park <input type="checkbox"/> Abandoned building <input type="checkbox"/> Bus, train station, airport </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Under bridge/overpass <input type="checkbox"/> Outdoor encampment/woods <input type="checkbox"/> Other unsheltered location (specify below) _____ </td> <td style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td style="vertical-align: middle; padding-left: 10px;">[GO ON TO Q9]</td> </tr> </table>	<input type="checkbox"/> Street or sidewalk <input type="checkbox"/> Vehicle (car, van, RV, truck) <input type="checkbox"/> Park <input type="checkbox"/> Abandoned building <input type="checkbox"/> Bus, train station, airport	<input type="checkbox"/> Under bridge/overpass <input type="checkbox"/> Outdoor encampment/woods <input type="checkbox"/> Other unsheltered location (specify below) _____	}	[GO ON TO Q9]
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9. Can you please tell me your First Name? _____

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

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

- Male Female A gender other than singularly female or male (Gender Non-Conforming/Non-Binary)
 Transgender Questioning

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

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

14. 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+ _____

15. 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, African American, or African American Indian, Alaska Native, or Indigenous
 Asian or Asian American Native Hawaiian/Pacific Islander

16. Are you Hispanic or Latin(a)(o)(x)? [Interviewer, if "Don't Know/Refuse", make best guess]:

- Yes, Hispanic/Latin(a)(o)(x) No, person is Non-Hispanic/Latin(a)(o)(x)

17. Is this the first time you have been homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't Know/Refused
18. 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 Q21 after this question is answered.]</i>	MONTHS if less than 12 months (round up to nearest month) _____ YEAR(S) if 12+ months _____	<input type="checkbox"/> Don't Know/Refused
<i>[Interviewer: Ask only if this is NOT the first time homeless.]</i> 19. Including this time, how many months in total have you had to sleep outside or in an emergency shelter in the past 3 years?	MONTHS if less than 12 months (round up to nearest month) _____ YEAR(S) if 12+ months _____	<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 3 years? 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

21. 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

22. [INTERVIEWER: SKIP TO Q23 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	Gender Non- Conforming/ Binary	Transgender	Questioning	White	Black/African- American or African	American Indian, Alaska Native or Indigenous	Asian or Asian American	Native Hawaiian/ Pacific Islander	Hispanic/ Latin(a)(o)(x) Circle "Y" for "Yes" "N" for "No"	
1: HOH	Self	You have already collected this info 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)

ADULTS ONLY (or unaccompanied minor youth)	Person 1 (Self)	Adult 2	Adult 3
23. 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
➤ 23a. (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
24. 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
➤ 24a. (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
25. 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
➤ 25a. (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
26. 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
➤ 26a. (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
27. 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
28. 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
29. 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
30. 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
31. 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
➤ 31a. (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

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

33. Are you currently experiencing homelessness because you are fleeing domestic violence, dating violence, sexual assault, or stalking? Yes [END SURVEY IF YES] No Don't Know Refused
} [Go to Q34]

34. In your own words, can you tell me what caused you to become homeless this time? [Interviewer: Select all that apply]	<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"/> Natural Disaster (e.g., tornado, flooding): Type: _____ KY County: _____ Month/Year: _____ <input type="checkbox"/> Chronic Health or Physical Illness/Developmental Disability <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Other (specify): _____
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Thank you for taking your time to help us. It is very much appreciated