Homeless One Stop Survey

October 24, 2015 - Purpose of survey is to gain a better understanding of the homeless population in Sutter and Yuba Counties.

Interviewer Name
[Blank]

Client Name (First Name Initial, Middle Name Initial, Last Name Initial)
[Blank]

Date of Birth
[Blank]

How do you define your gender?
- [ ] Male
- [ ] Female
- [ ] Transgender
- [ ] Other: ____________________________

Have you taken this survey today or recently?
- [ ] Yes
- [ ] No

Do you have a permanent place to stay?
- [ ] Yes
- [ ] No

Where did you sleep last night?
- [ ] Transitional Housing
- [ ] Emergency Shelter (REST)
- [ ] Hotel/Motel (Voucher Only)
- [ ] Domestic Violence Shelter
- [ ] Residential Mental Health
- [ ] Street, Underpass, etc
- [ ] Campground
- [ ] With a friend/relative
- [ ] Vehicle
- [ ] Non-residential Building
- [ ] Other: ____________________________

How long have you been homeless?
- [ ] Less than 1 year
- [ ] 1 year or more

Do you prefer to live outside?
- [ ] Yes
- [ ] No

What race/ethnicity do you identify with?
- [ ] White
- [ ] African American
- [ ] Hispanic/Latino
- [ ] Multi-racial
- [ ] Native American
- [ ] Asian/Pacific Islander
- [ ] Other: ____________________________

What are the reasons you became homeless?
- [ ] Unemployment
- [ ] Alcohol/Substance Abuse
- [ ] Aged out of Foster Care
- [ ] Bad Credit/Financial History
- [ ] Problems related to sexual orientation
- [ ] Welfare time limit
- [ ] Unable to pay rent/mortgage
- [ ] Mental or physical disabilities
- [ ] Personal or family member illness
Have you ever received treatments for the following conditions? (Check all that apply)
- Mental illness
- Alcohol Abuse
- Drug Abuse
- HIV/AIDS related illness
- Other physical conditions
- Other:

What best describes your household?
- Single Individual
- Single parent with children
- Two parent family with children
- Couple without children
- Currently pregnant
- Other:

How many children under 18 are living with you?

Have you ever been in the U.S. Military?
- Yes
- No

Do you have any source of income?
- Yes
- No

Do you have medical insurance?
- Yes
- No

Do you have access to toilet and shower facilities?
- Yes
- No

What services could have prevented your homelessness?