

Code \_\_\_\_\_ County \_\_\_\_\_ Agency \_\_\_\_\_ Program \_\_\_\_\_

**NJ STATEWIDE CONTINUUM OF CARE POINT IN TIME SURVEY – JANUARY 29, 2008**

**SAY:** Hello, I'm (Name). I'm gathering information on the status of NJ residents. I'd like to ask some questions about your housing and health status. I won't ask for your name or address and everything you tell me will be confidential.

**1. Where will you spend the night of Tuesday, January 29? (Check ONE)**

<input type="checkbox"/>	Permanent Housing If yes, when did you move into your housing? _____
<input type="checkbox"/>	I don't have a permanent dwelling and I don't know where I'll stay.
<input type="checkbox"/>	On the street, under a bridge, abandoned building, public building, car, traveling on a bus, or camping out
<input type="checkbox"/>	Emergency shelter
<input type="checkbox"/>	Transitional housing (time-limited)
<input type="checkbox"/>	Hotel/motel paid for by agency because you don't have housing
<input type="checkbox"/>	Temporarily with friends or family If yes, do you have an arrangement to stay there permanently? Yes No
<input type="checkbox"/>	Domestic violence shelter
<input type="checkbox"/>	Hotel/motel you paid for while looking for housing
<input type="checkbox"/>	Youth shelter
<input type="checkbox"/>	Psychiatric hospital
<input type="checkbox"/>	Jail/juvenile detention center
<input type="checkbox"/>	Farm labor housing
<input type="checkbox"/>	Medical hospital
<input type="checkbox"/>	Substance abuse treatment facility
<input type="checkbox"/>	Other. Where?

**2. What town will you be sleeping in tonight?**

Town: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

**3. Where was your last permanent address?**

Town: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

**4. Your family is comprised of (check one):**

<input type="checkbox"/>	Individual	<input type="checkbox"/>	Couple (married or living together)	<input type="checkbox"/>	Family
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**5. Do you have any children?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**6. How many children (under 18) will be with you tonight?**

<input type="checkbox"/>	Number of children 6 years or younger	<input type="checkbox"/>	Number of children 7 to 17
<input type="checkbox"/>	(check if yes) Children counted on another adult survey		

**7. How long have you been without a permanent address?**

<input type="checkbox"/>	1 day to 1 week	<input type="checkbox"/>	3 to 6 months
<input type="checkbox"/>	1 week to 1 month	<input type="checkbox"/>	7 to 12 months
<input type="checkbox"/>	1 month to 3 months	<input type="checkbox"/>	More than 1 year

**8. If you have been without a permanent address less than 1 year, has there been another time within the past 12 months that you were without a permanent address?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**9. Have you been without a permanent address at least 4 times within the last 3 years (since Jan. 29, 2005)?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**10. If yes and if you have children, were your children with you?**

<input type="checkbox"/>	Every time	<input type="checkbox"/>	Some of the time	<input type="checkbox"/>	Never
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**11. In the last 3 years, have you ever received, or would you like to receive, any of the following services? Have you been denied any of the following services?**

Service	Received	Need	Denied
Domestic violence svcs			
HIV/AIDS svcs			
Medical svcs (disability)			
Mental health svcs			
Substance use/abuse svcs			
Veterans svcs			
Medical svcs (routine healthcare)			
Dental care			
Legal svcs			
Immigration svcs			
Emergency shelter			
Housing			
Educational training			
Assistance obtaining ID			
Transportation svcs			
Child care			
Employment assistance			
Emergency food or meal assistance			
Other:			

**\*MORE QUESTIONS ON REVERSE SIDE ➡**

**12. Which of the following sources of income do you or anyone in your family (with you) receive?**

<input type="checkbox"/>	SSI
<input type="checkbox"/>	SSDI
<input type="checkbox"/>	TANF
<input type="checkbox"/>	General Assistance/Public Assistance/Welfare
<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare
<input type="checkbox"/>	Social Security
<input type="checkbox"/>	Unemployment
<input type="checkbox"/>	Wages
<input type="checkbox"/>	VA benefits
<input type="checkbox"/>	Day laborer/temporary work
<input type="checkbox"/>	Child support
<input type="checkbox"/>	Food stamps
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Receiving NO governmental benefits
<input type="checkbox"/>	No source of income

**13. Have you ever served in the US military?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**14. Which category best describes your racial background? (check all that apply)**

<input type="checkbox"/>	American Indian/Alaskan Native	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	Asian (India, Orient, Middle East)	<input type="checkbox"/>	White
<input type="checkbox"/>	Black	<input type="checkbox"/>	Other

**15. Ethnicity: (check only one)**

<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/>	Not Hispanic or Latino
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**16. What is your age? \_\_\_\_\_**

**Sex: (circle one)** Male Female Transgender

**Identifier:**

Last Name \_\_\_\_\_ (first 3 letters)

First Initial: \_\_\_\_ (first letter) Middle Initial: \_\_\_\_ (first letter)

**17. Are you concerned about being evicted or put out of the place where you're currently staying?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**18. As a child or youth, were you ever in foster care or other type of out-of-home placement?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**19. Do you have photo ID?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**20. Have your children ever been in foster care or other type of out-of-home placement?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**21. What happened in your life that caused or contributed to your current living situation? (check all that apply):**

<input type="checkbox"/>	Lost job/cannot find work
<input type="checkbox"/>	Have work but wages are too low
<input type="checkbox"/>	Relationship/family breakup/death
<input type="checkbox"/>	Utility costs too high
<input type="checkbox"/>	Housing costs too high
<input type="checkbox"/>	Alcohol or drug abuse problems
<input type="checkbox"/>	Mental illness/emotional problems
<input type="checkbox"/>	Loss of child support
<input type="checkbox"/>	Runaway/throwaway or discharged from foster care
<input type="checkbox"/>	Domestic violence
<input type="checkbox"/>	Eviction/foreclosure
<input type="checkbox"/>	Medical problems/physical or developmental disability
<input type="checkbox"/>	House condemned
<input type="checkbox"/>	Natural disaster
<input type="checkbox"/>	Lost job due to lack of transportation
<input type="checkbox"/>	Other. Describe:

**22. Do your children attend their home school district? (Do your children attend the same school district they attended when you last had a permanent address?)**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**23. Have you ever been:**

	Yes	No	→ (If yes)	Yes	No
Incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	→ Discharged into homelessness?	<input type="checkbox"/>	<input type="checkbox"/>
Hospitalized (emergency room, acute medical care)?	<input type="checkbox"/>	<input type="checkbox"/>	→ Discharged into homelessness?	<input type="checkbox"/>	<input type="checkbox"/>
Received in-patient services such as mental health or addictions treatment?	<input type="checkbox"/>	<input type="checkbox"/>	→ Discharged into homelessness?	<input type="checkbox"/>	<input type="checkbox"/>

**24. Do you have a car or other means of transportation?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**25. Has your spouse/partner ever served in the US military?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**SAY:** Thank you for your time and assistance.