

Hi, my name is... We're conducting a survey to better understand how we can meet the needs of people who are presently without a stable home in Los Angeles County. We will be providing a \$5 dollar McDonald's card for your time.

## 2015 GREATER LOS ANGELES HOMELESS COUNT

***They Count. Will You?***

Fill in completely  → ●  
 Cross out mistakes → ✕

The results of this survey will be used to improve the quality and variety of housing and services available. Your answers are completely confidential and any question refused will not result in any denial of services.

### HAVE YOU TAKEN THIS SURVEY?

No →  **Would you like to take the survey?**  Yes  No  
 Yes  **Thank you for your time!**

**If No, Go To Staff Use Only**

#### 1 What are your initials?

First	Middle	Last

#### 2 What is your date of birth?

		/			/				
M	M		D	D		Y	Y	Y	Y

#### 3 IN THE LAST MONTH, which of the following best describes where you have been spending most of your nights? Choose **ONLY one**

- |  |   |   |
|--|---|---|
| <input type="radio"/> Street, sidewalk or alley                            | <input type="radio"/> Apartment or home   | <input type="radio"/> Abandoned building or parking lot                         |
| <input type="radio"/> Bus or train stop/station, transit center or airport | <input type="radio"/> Emergency shelter   | <input type="radio"/> Car or truck  |
| <input type="radio"/> Campgrounds or woods                                 | <input type="radio"/> Foster care or group home                                   | <input type="radio"/> Van, RV or camper   |
| <input type="radio"/> Park, beach or riverbed                              | <input type="radio"/> Hospital, substance abuse or psychiatric treatment facility | <input type="radio"/> Outdoor encampment or tent                                |
| <input type="radio"/> Place not meant for human habitation                 | <input type="radio"/> Hotel or motel  | <input type="radio"/> On a couch or extra space at a home of a friend or family |
| <input type="radio"/> Under bridge or overpass                             | <input type="radio"/> Jail or Prison  | <input type="radio"/> Unconverted garage, attic or basement                     |
| <input type="radio"/> Declined/ Don't know                                 | <input type="radio"/> Safe Haven  | <input type="radio"/> With someone unknown because you needed a place to stay   |
| <input type="radio"/> Other (specify):                                     | <input type="radio"/> Transitional housing  |   |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div>    | <input type="radio"/> Youth shelter   |   |

#### 2a ASK Birth Year or Age; Only if date of birth not provided

#### 4 What race do you identify with? You can select one or more races.

Read categories and choose ALL that apply

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other (Specify):
- Declined/ Don't know

#### 5 Do you identify yourself as Hispanic or Latino?

- Yes
- No
- Declined/ Don't know

#### 6 What is your gender identity?

- Male
- Female
- Transgender, Male to Female
- Transgender, Female to Male
- Other
- Declined/ Don't know

#### 7 Which of the following best represents your sexual orientation?

- Straight
- Gay or Lesbian
- Bisexual
- Unsure or questioning
- Decline/ Don't know

## HOUSEHOLD COMPOSITION

**8** **IN THE PAST 6 MONTHS, have you lived with anyone else in any of the following situations?**

Read each category AND list the number of people; If answer is NO in any category, mark ZERO

If four (4) or more please write the number

Tent	0	1	2	3	
Car	0	1	2	3	
Van	0	1	2	3	
RV/ camper	0	1	2	3	
Make-shift shelter	0	1	2	3	
None of the Above	<input type="radio"/>				
Declined/ Don't know	<input type="radio"/>				

**9** **Are you currently pregnant or have you recently gotten someone pregnant?**

- Yes
- No
- Declined/ Don't know

**10** **How many children have you had?**

If six (6) or more please write the number

0
  1
  2
  3
  4
  5

- Declined/ Don't know

**11** **What is your current household type?**

- Living alone → (If Alone, Skip to Q12)
- Adults with no children
- Single Parent
- Two Parents

In Q11, If NOT living alone fill in Chart 11a

**11a** **In this table INCLUDE yourself**

	Total	Children Under 18	Adults 18 to 24	Adults Over 24
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If four (4) or more please write the number

How many are in your family?		0	1	2	3		0	1	2	3		0	1	2	3	
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**PLEASE VERIFY THE TOTAL – IT MUST ADD UP**

			0	1	2	3		0	1	2	3		0	1	2	3	
<b>GENDER</b>	Males		0	1	2	3		0	1	2	3		0	1	2	3	
	Females		0	1	2	3		0	1	2	3		0	1	2	3	
	Transgender, Male to Female		0	1	2	3		0	1	2	3		0	1	2	3	
	Transgender, Female to Male		0	1	2	3		0	1	2	3		0	1	2	3	
	Other		0	1	2	3		0	1	2	3		0	1	2	3	
	Hispanic / Latino		0	1	2	3		0	1	2	3		0	1	2	3	
<b>RACE</b>	American Indian or Alaska Native		0	1	2	3		0	1	2	3		0	1	2	3	
	Asian		0	1	2	3		0	1	2	3		0	1	2	3	
	Black or African American		0	1	2	3		0	1	2	3		0	1	2	3	
	White		0	1	2	3		0	1	2	3		0	1	2	3	
	Native Hawaiian or Other Pacific Islander		0	1	2	3		0	1	2	3		0	1	2	3	
	Multiple/Other Race		0	1	2	3		0	1	2	3		0	1	2	3	

## LENGTH OF HOMELESSNESS

**12** Is this your **FIRST TIME** living on the streets or in shelters without a home or a regular place to stay?

- Yes
- No
- Decline/ Don't know

**13** **DURING THIS TIME**, how long have you been continuously living on the streets or in shelters without a home or a place to stay?

- 1 week or less
- 1 month or less
- 1 – 3 months
- 4 – 6 months
- 7 – 11 months
- 1 year or longer
- Decline/ Don't know

**14** **IN THE PAST 12 MONTHS**, on how many separate occasions have you lived on the streets or in shelters without a home or a regular place to stay?

*Indicate the number of episodes*

- 1 time
- 2 – 3 times
- 4 or more times
- Decline/ Don't know

**15** **IN THE PAST 3 YEARS**, how many times have you (and your family) been housed and then homeless again?

*Indicate the number of episodes*

- 1 time
- 2 – 3 times
- 4 or more times
- Decline/ Don't know

**16** **IN THE PAST 7 DAYS**, have you spent one or more nights outside of LA County?

- Yes
- No
- Declined/ Don't know

## VETERAN STATUS

**17** Have you served on **ACTIVE DUTY** in the **U.S. Armed Forces**? (Army, Air Force, Navy, Marines Corps, or Coast Guard)

- Yes → (If Yes, Skip to 19)
- No → (If No, Ask Q18)
- Declined/ Don't know → (Ask Q18)

**18** Were you ever called into **ACTIVE DUTY** as a member of the **National Guard** or as a **Reservist**?

- Yes
- No → (If No, Skip to Q20)
- Declined/ Don't know → (Skip to Q20)

**19** Which years did you serve?

*Choose ALL that apply*

- Between WWI and WWII 1918 – 1940
- World War II 1940 – 1947
- Between WWII and Korean War: 1947 – 1950
- Korean War: 1950 – 1955
- Between Korean War and Vietnam Era: 1955 – 1964
- Vietnam Era: 1964 – 1975
- Post – Vietnam: 1975 – 1991
- Persian Gulf Era: 1991 – 2001
- Post – 9/11: 2001 – Present
- Declined/ Don't know

**19a** What is your discharge status?

- Honorable
- General
- Medical
- Bad Conduct
- Dishonorable
- Other than Honorable
- Still on Active Duty
- Other (specify):
- Declined/ Don't know

## HEALTH

**20** Do you have, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions?

Read each category AND choose ALL that apply

- AIDS / HIV-related illness
- Long continuing alcohol abuse
- Long continuing drug abuse
- Serious and long continuing mental illness (including bipolar disorder and schizophrenia)
- Physical disability
- Chronic or ongoing physical illness
- Chronic or ongoing depression
- Post-traumatic stress disorder (PTSD)
- Traumatic brain injury
- Developmental disability
- None of the above
- Declined/ Don't know

**21** Do you have any ongoing health problems or medical conditions?

(Such as diabetes, cancer or heart disease)

- No
- Yes → specify:
- Declined/ Don't know

**22** Did you indicate a disability or medical condition in Q20 or Q21 above?

- Yes
- No → (If No, Skip to Q23)

**22a** Is your disability or medical condition permanent or long-term?

- Yes
- No

**22b** Does your disability or medical condition require you to seek help or assistance in order to live independently?

- Yes
- No

**22c** Would your disability or medical condition be improved if stable housing was provided?

- Yes
- No

## SAFETY & RESIDENCY

**23** Have you been a victim of domestic or intimate partner violence, dating violence, sexual assault, or stalking?

- Yes
- No
- Declined/ Don't know

**24** IN THE PAST 6 MONTHS, how many times have you or a member of your family been admitted to the emergency room or hospital?

If four (4) or more please write the number

- 0   
  1   
  2   
  3

**25** How long have you been living in Los Angeles County?

- Born in Los Angeles County
- 1 week or less
- 1 month or less
- 1 – 3 months
- 4 – 6 months
- 7 – 11 months
- 1 – 2 years
- 3 – 5 years
- 6 – 9 years
- 10 years or more
- Declined/ Don't know

**26** Before you lost your housing, where were you living?

- Los Angeles County → (Answer Below)  
Indicate City or Community

- Southern California (Orange, Riverside, San Bernardino, San Diego or Ventura)
- Other County in California
- Out of State
- Foreign Country
- Declined/ Don't know

## SYSTEMS INVOLVEMENT

**27** Have you ever been in any of the following?

Read each category AND choose ALL that apply

- Foster Care
- Juvenile Detention or Probation Camp
- Jail or Prison
- Adult Probation
- None of the above
- Declined/ Don't know

**28** IN THE LAST 12 MONTHS, have you been released from a correctional institution such as a jail or prison?

- Yes
- No → (If No, Skip to Q29)

**28a** Did the correctional institution provide you with information for any of the following resources?

Read each category AND choose ALL that apply

- Job training or Transportation
- Mental health services
- Shelter or housing
- Social services
- Substance abuse programs
- None of the above

**28b** Were you released as an AB109 probationer?

AB 109 shifts the responsibility for incarceration from the state to the county, also known as prison realignment

- Yes
- No
- Decline/ Don't know

**29** Have you ever been ticketed for any of the following actions?

Read each item AND choose ALL that apply

- Camping
- Jaywalking
- Loitering
- Not having a valid pass on public transit
- Pet Citations
- Sleeping in public places or outside
- Urination
- Declined/ Don't know
- None of the above

## ACCESS TO SERVICES

**30** Have you ever been denied access or turned away from a shelter in Los Angeles County?

- Yes
- No → (If No, Skip to Q31)

**30a** Why were you denied access or turned away? Choose ALL that apply

- Bad credit
- Children not allowed
- Criminal record
- Did not meet age requirement
- Drug or alcohol issues
- Immigration issues
- Lack of housing
- Mental health issues
- No ID/ Identification
- No beds available or timed out
- Not a former foster youth
- Partner or friend not allowed
- Pets not allowed
- Physical health issues
- Pregnant
- Other (Specify):
- Declined/ Don't know

**31** Which of the following services or programs are you currently using?

Read each category AND choose ALL that apply

- Alcohol or drug abuse services or counseling
- Case management services
- Drop-in centers or day shelter
- Emergency shelter
- Emergency food
- Education services
- Health Care
- HIV Testing
- Housing location or placement assistance
- Job training or placement
- Legal assistance
- Mental health support, services, or counseling
- None of the above

## EDUCATION AND EMPLOYMENT

**32) What is the highest level of school you have completed?**

- No schooling completed
- 8<sup>th</sup> grade or below completed
- Some high school completed
- 12<sup>th</sup> grade, no diploma
- High School Diploma
- GED
- Some college completed
- Associate's Degree
- Vocational Degree or Certificate
- College Degree
- Graduate Degree
- Declined/ Don't know

**33) Are you currently enrolled in any educational program?**

- High School
- GED prep
- Trade, technical, or vocation program
- Community college
- 4-year college or university
- None of the above
- Declined/ Don't know

**34) How would you describe your employment situation?**

*Choose ALL that apply*

- Employed and looking for additional work or increased hours
- Day labor
- Disabled and unable to work
- Full-time (more than 25 hours)
- Part-time (25 hours or less)
- Panhandling
- Recycling
- Seasonal
- Temporary
- Unemployed; actively looking for work
- Unemployed; not actively looking for work
- None of the above

## LOSS OF HOUSING

**35) What do you think are some of the main reasons or conditions that led to your loss of housing?**

*Choose ALL that apply*

- Break-up, divorce or separation
- Child support issues
- Conflicts with family or household members
- Death, illness of family member or child
- Domestic violence
- Family Homelessness
- Eviction or Foreclosure
- Kicked out from home due to sexual orientation or gender identity
- Left or aged out of foster care
- Medical, physical disability or illness
- Mental health issues
- No friends or family available
- Release from hospital, treatment facility or other institution
- Recent immigration
- Release from jail or prison
- Substance abuse (drugs or alcohol)
- Timed out or left previous housing program
- Unemployment or financial reasons
- Other (specify):
- Declined/ Don't know

**36) Which of the following would have helped you keep a home or a regular place to stay?**

*Read each category AND choose ALL that apply*

- Alcohol or drug counseling
- Disability benefits
- Employment assistance
- Family counseling
- Legal Assistance
- Mental health services
- Medical health services
- Rent or mortgage assistance
- Other (specify):
- Declined/ Don't know

**BARRIERS TO HOUSING**

**37 What keeps you from stable housing?**

Choose ALL that apply

- Agency hassle/ hoops/ runarounds
- Agency too busy or full
- Alcohol use
- Can't afford rent
- Can't find a roommate
- Don't like rules of housing programs
- Don't have transportation
- Don't know where to go
- Don't meet eligibility requirements
- Don't want to return to DCFS
- Drug or substance use
- Immigration status
- Mental health (e.g. depression, anxiety, etc.)
- My choice
- No income
- Other (specify):
- Declined/ Don't know

**ASSISTANCE**

**38 Are you currently receiving any of the following forms of government assistance?**

Read each category AND choose ALL that apply

- CalWORKs / TANF
- CAPI - Cash Assistance Program for Immigrants
- Child support or survivor benefits
- State children's health insurance
- Food Stamps / EBT Card / CalFresh
- GR / GA – General Relief or Assistance
- Health Way L.A.
- Medicaid
- Medi-Cal / Medicare
- Section 8 or rental assistance
- SSI / SSDI / Disability
- SSA – Social Security Retirement
- Unemployment
- Veteran's Disability
- Veteran's Medical Center / Veteran benefits
- Veteran's Pension
- WIC - Women, Infants and Children
- None at this time

**STAFF USE ONLY – DO NOT DUPLICATE OR COPY THIS SURVEY**

- Thank the interviewee for participating and sharing information about their homeless experience.
- Give the interviewee the incentive/ food card ONLY if the survey was completed.
- Check to see if they want the enclosed referral guide.
- Make sure that you have filled out the food card tracking form.
- Fill out the information about the interview.

**Surveyor, did you observe/ detect signs or symptoms of the following:**

- Serious physical health conditions
- Severe, persistent mental illness
- Alcohol or drug abuse
- No observations

**Surveyor, what is the status of the survey:**

- Complete
- Partial
- Incoherent
- Refusal

**Census Tract**

**Location/ Intersection**

**Time**

		:			AM PM
--	--	---	--	--	----------

**Date**

		/			/				
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**Interviewer ID**

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- SPA 1
- SPA 2
- SPA 3
- SPA 4
- SPA 5
- SPA 6
- SPA 7
- SPA 8



