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Interview Date: _____

Interviewer's (Your) Name: _____

- Place SPA 1 SPA 4 SPA 7
 SPA 2 SPA 5 SPA 8
 SPA 3 SPA 6 Downtown LA skidrow

- Interview Type Street
 Emergency Shelter
 Transitional Shelter

Respondent's Initials: First _____ Middle _____ Last _____

(Interviewer: Read question & answers to the respondent)

Shade Circles Like This--> ●

Not Like This--> ⊗ ⊙

1. What is your birth date?

Month _____ Day _____ Year _____

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2. Which racial / ethnic group do you identify with the most? (Shade only 1)

- White/Caucasian American Indian/Alaskan Native
 Black/African American Asian/ Pacific Islander
 Hispanic/Latino Other/Multi-ethnic

3. How do you identify yourself?

- Male Female Transgender

4. What is your marital status?

- Single Married Separated Divorced Widowed

5. Are you a veteran of the United States Armed Forces?

- Yes (Continue with question 5a)
 No (Skip to question 6)

5a. Did you serve in the regular military or in a National Guard or military reserve unit? (Shade all that apply)

- Regular Military National Guard Reserve

5b. Did you witness combat? Yes No

5c. What is your discharge status?

- Honorable Other than Honorable Other
 General Dishonorable Don't know

6. Do you live alone without family, partner, or friends?

- Yes (Skip to question 7)
 No (Ask question 6a)

6a. Do you live with: (Shade all that apply)

- Spouse or partner Other family member(s)
 Child/children Friend(s)
 Parent or legal guardian Other _____

7. Where do you usually stay at night? (Shade only 1)

- Outdoors/streets/parks A place in a house not normally used for sleeping (kitchen, living room, etc.)
 Unconverted Garage/attic/basement Emergency shelter
 Backyard or storage structure Public facilities (train station, bus depot, transit center, etc.)
 Abandoned building Transitional housing
 Motel/hotel Other shelter
 Automobile Other _____
 Van Encampment
 Camper

How many people, including yourself, usually stay there?

How many people live there?

8. In the last 30 days, have you tried to access a shelter or transitional housing facility in Los Angeles County?

- Yes, a shelter (Ask question 8a)
 Yes, a transitional housing program (Ask question 8a)
 Yes, both (Ask question 8a)
 No (Skip to question 9)

8a. In the last 30 days, have you ever tried to stay at a shelter or transitional housing facility in Los Angeles County and been turned away?

- Yes, a shelter (Ask question 8b)
 Yes, a transitional housing program (Ask question 8b)
 Yes, both (Ask question 8b)
 No (Skip to question 9)

8b. Why were you turned away? (Shade all that apply)

- There were no beds available Couldn't follow shelter rules
 Didn't accept teenager/children I was pregnant
 They didn't accept friend/family Because of my disability
 They didn't accept pets Had no identification
 Alcohol/drug problems Other _____
 Have a criminal record Don't Know

9. How long have you been homeless since you last lived in a permanent housing situation? (Shade only 1)

- 7 days or less 5 months 10 months 3-5 years
 8-30 days 6 months 11 months 6-10 years
 2 months 7 months 12 months More than 10 years
 3 months 8 months 1-2 years
 4 months 9 months 2-3 years

10. Is this the first time you have been homeless?

- Yes (Skip to question 11)
 No (Continue with question 10a)

10a. In the last 12 months how many times have you been homeless, including this present time? (Shade only 1)

- One time 3 times 5 times
 2 times 4 times 6 times More than 6 times

10b. In the last 3 years how many times have you been homeless, including this present time? (Shade only 1)

- One time 3 times 5 times
 2 times 4 times 6 times More than 6 times

11. Where were you living at the time you most recently became homeless? (Shade only 1)

- Los Angeles County (Ask question 11a)
 Other area in Southern California, but outside Los Angeles County (Skip to question 11b)
 Other area in the state of California, but outside Southern California (Skip to question 11b)
 Out of the state (Skip to question 11b)

11a. How long had you lived in Los Angeles County before becoming homeless? (Shade only 1)

- 7 days or less 4 - 6 months 3 - 5 years
 8- 30 days 7 - 11 months 6 - 10 years
 1 - 3 months 1 - 2 years More than 10 years

(Please Skip to question 12)

11b. What was the primary reason you came to Los Angeles County? (Shade only 1)

- For a job / seeking work To access homeless services
 I was born or grew up here To access VA services and/or VA hospital
 My family and/or friends are here I was forced out of my previous community
 I was traveling and got stranded I visited and decided to stay I am just passing through
 Weather / climate Other: _____

12. Immediately before you became homeless this last time, were you: (Shade only 1)

- Living in a home owned by you or your partner In jail or prison
 Staying with friends In a hospital
 Living with relatives In a treatment program
 Living in subsidized housing In foster care
 Other: _____

(Please Skip to question 13)

- Renting a home or apartment (Ask question 12a)

12a. If you rented a home or apartment prior to becoming homeless this last time, was it?

- Subsidized housing (a low income unit)
 A Section 8 certificate
 None of the above

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13. How much do you think each of the following has contributed to your homelessness. Please rate each option on a scale of 0 to 5, with 0 being "Not At All" and 5 being "Extremely Significant"

- A) My landlord raised the rent
B) I was evicted
C) Natural disaster / fire / flood
D) I lost my job
E) I divorced or separated
F) My spouse or partner was deported
G) Domestic violence or partner abuse
H) I had a conflict with family or friend/s
I) I ran away
J) I got too old for foster care
K) I have problems with alcohol, drugs, or gambling
L) I have or had an illness or medical problem
M) I have or had mental health issues
N) I was released from a hospital, clinic, or treatment program
O) I was incarcerated

14. Are you currently using any of the following services/ assistance? (Shade all that apply)

- Emergency shelter, Shelter day services, Transitional housing, Legal assistance, Free meals, Health services, Bus passes, Mental health services, Job training, Child care support, Alcohol counseling, Other, Drug counseling, Not using any services

15. Are you currently receiving any of the following forms of government assistance? (Shade all that apply)

- General Relief, SSI (Supplemental Security Income)/SSDI, Food Stamps, Cash Aid /CalWORKS, Medi-Cal /Medi-Care, VA Disability Compensation, Veteran's Benefits, Other governmental assistance, WIC, (State disability benefits, workers compensation, unemployment, etc.), Social Security

(If yes to any of these, go to 16)

I am not currently receiving any of these (Ask 15a)

15a. What is preventing you from receiving government assistance? (Shade all that apply)

- Don't think I'm eligible, I have applied for one or more of these services, and I am currently waiting for approval, Have no ID, Turned down, No permanent address, Will apply soon, No transportation, Don't need government assistance, Never applied, Benefits were cut off, Paper work too difficult, Immigration issues, Don't know where to go, I am afraid my children will be taken away from me, Other

16. What is your total (gross) monthly income from all Government sources? (County, State, Federal monies)

\$ per month

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17. Are you currently employed? (Shade only 1)

- No, unemployed, Yes, part time, Yes, full time

18. What is your total (gross) monthly income from all non-Government sources? (Job, panhandling, recycling, etc.)

\$ per month

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19. Do you have any children, living with you or not?

- Yes (Ask question 19a), No (Skip to question 20)

19a. Do you have any children: (Shade all that apply)

- 18 or over living with you, In foster care, Under 18 years and in jail, juvenile hall or CYA, 0 - 5 years living with you, 6 - 12 years living with you, 13 - 17 years living with you, Are your children age 6-17 living with you in school?

20. Since you became homeless this last time, have you needed medical care and been unable to receive it?

- Yes, No

21. Where do you usually get medical care? (Shade only 1)

- Hospital emergency room, Urgent care clinic, Public health clinic, Veterans Affairs Hospital/Clinic, Free clinic/community clinic, Private doctor, Friends / family, Don't ever go, Other

21a. How many times in the last 12 months have you used the emergency room for any treatment?

times

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22. How many nights, if any, have you spent in jail or prison during the last 12 months?

nights

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23. Are you currently experiencing any of the following in the last 12 months:

- 23a. Physical disability, 23b. Mental illness, 23c. Depression, 23d. Alcohol abuse, 23e. Drug abuse, 23f. Domestic/partner violence or abuse, 23g. Chronic health problems, 23h. AIDS/HIV related illness, 23i. Post-traumatic stress disorder (PTSD), 23j. Developmental disability

24. Were you ever in foster care?

- Yes, No

25. Since becoming homeless, have you been a victim of:

- 25a. Assault, 25b. Kidnapping, 25c. Police harassment, 25d. Sexual assault, 25e. Rape, 25f. Robbery, 25g. Arson, 25h. Domestic violence or partner abuse

26. What is the highest level of education you have completed?

- Less than 6th Grade, Less than high school diploma, High school diploma/GED, Some college, no degree, AA degree, BA degree or above, Technical Certificate