



# Orange County 2022 Point-in-Time Count Survey

Answers for all questions are **voluntary**. Participants can answer **all** questions, **some** questions, or **no** questions as they are comfortable. Please mark unanswered questions: **Don't Know (DK)** or **Refused (Ref)**.

Interviewer: \_\_\_\_\_ Interview Location: \_\_\_\_\_

Interview Date: \_\_\_\_\_ Interview Time: \_\_\_\_\_ Interviewer Phone & Email: \_\_\_\_\_

- Person provided input for survey
- Person did not wish to complete survey or situation did not permit
- Person asked to use info from program files for survey

### 1. Where are you sleeping/did you sleep on Wednesday, January 26, 2022?

<p><b>Considered Homeless</b></p> <p>If you select any of these choices, go to Question 2.</p>	<input type="checkbox"/> Unsheltered ( <i>outdoors, tent, vehicle, bus/train station, abandoned building, or other place not meant for human habitation</i> ) <input type="checkbox"/> Emergency shelter (Name: _____) <input type="checkbox"/> Transitional housing (Name: _____) <input type="checkbox"/> Hotel/motel paid for by an agency (DSS, emergency assistance program, church, etc.)
<p><b>Not Considered Homeless</b></p> <p>If you select any of these choices, DO NOT CONTINUE WITH THE SURVEY</p>	<input type="checkbox"/> Hotel/motel <b>paid for with your own funds</b> <input type="checkbox"/> Jail/prison or youth detention center <input type="checkbox"/> Hospital or treatment facility (detox, substance abuse, mental health) Were you homeless immediately <b>before</b> entering this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> House/apartment that <b>you rent or own</b> <input type="checkbox"/> At the house/apartment of a friend or family member

2. Are you currently sleeping in this location because of an unhealthy or abusive relationship? Or are you currently experiencing or fleeing domestic violence, dating violence, sexual assault, or stalking?  Yes  No

3. If you feel comfortable, we'd like to ask some identifying information we will use later to make sure we are not counting the same person twice:

First two letters of **first name**: \_\_\_\_\_ First two letters of **last name**: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ **OR** Age: \_\_\_\_\_

### 4. How do you identify your gender?

- Female
- Male
- Transgender
- Gender other than singularly female or male
- Questioning

### 5. How do you identify your ethnicity?

- Hispanic/Latin(a)(o)(x)
- Non-Hispanic/Non-Latin(a)(o)(x)

### 6. How do you identify your race?

- Black, African American, or African
- American Indian, Alaska Native, or Indigenous
- Asian or Asian American
- Caucasian/White
- Native Hawaiian or Pacific Islander
- Multiple races

7. Have you ever served in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard, OR were you called to active duty as a member of the National Guard or as a Reservist? (=Veteran)

- Yes
- No

8. How long has your current episode of homelessness lasted? \_\_\_\_\_ year(s) \_\_\_\_\_ month(s) \_\_\_\_\_ day(s)

9. How many separate times have you lived on the street or in an emergency shelter in the past 3 years (if any)?

1 time  2-3 times  4+ times      If 4+, do these times total 12 months or more?  Yes  No

10. Have you been diagnosed with any of the following conditions? (=Disability)

- Serious mental illness     Substance use disorder     HIV/AIDS     Physical disability  
 Chronic physical illness     Developmental disability     PTSD     Traumatic brain injury

11. Which best describes your family/living situation tonight?

**Household without children**

- Single adult, without children  
 Adult couple, without children  
 Adult(s) with adult son/daughter(s)

**Household with adults & children**

- One parent with children  
 Two parents with children

**Household of only children**

- Unaccompanied child (17 or younger)  
 Household of only children  
 (all members are 17 or younger)

12. Please fill out this chart for each additional member of the household (if any):

If additional household members have a different length of time homeless, please note this here: \_\_\_\_\_

Relation to head of household (child, spouse, sibling, etc.)	First 2 letters of first name	First 2 letters of last name	Age	Gender					Race						Identify as Hispanic or Latin(a)(o)(x) Y/N	Veteran Y/N	Diagnosed with disability Y/N	Same length of time homeless as head of household Y/N
				Female	Male	Trans	Gender other than singularly female or male	Questioning	Black, African American, or African	American Indian, Alaska Native, or Indigenous	Asian or Asian American	Caucasian	Native Hawaiian or Pacific Islander	Multiple				

13. Do you have any pets?

- Cat(s), number: \_\_\_\_\_  Dog(s), number: \_\_\_\_\_  Other (type and number): \_\_\_\_\_

14. If you have income from any sources, what approximate amount per month? \$ \_\_\_\_\_

15. Would you like for someone to follow up with you about housing and/or services?

- No  
 Yes    Email: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Please return completed surveys to Rachel Waltz, [rwaltz@orangecountync.gov](mailto:rwaltz@orangecountync.gov) by Friday, February 4, 2022.