

USE THIS FORM IF THE CLIENT IS IN A **HOUSEHOLD (Accompanied)****2018 MAUI COUNTY Homeless Point-in-Time Count Survey**

Interviewer's Name: _____ Agency/Group: _____

Site of Interview (Actual Location): _____ Date: _____

What are the best places and times to find you? _____

"Are you living alone or with others?"*(If living alone use SINGLE form)***"Where did you sleep this past Monday, JANUARY 22nd?"** _____

SPECIFIC LOCATION - If answer is a sheltered location (e.g. house, shelter, hospital, jail), END SURVEY.

"What area of the island did you sleep?" _____

Enter a Region # (1-6)

HEAD OF HOUSEHOLD (HOH can be a Youth Under 18):

1. How many ADULTS are in your household? _____ How many CHILDREN UNDER 18? _____

2. First Name: _____ Last Name: _____

3. Date of Birth: ____/____/____ OR if DOB refused, Age: _____

4. Client Phone Number: _____

5. Gender: Male Transgender Unknown/Refused
 Female Gender Non-Conforming (i.e. not exclusively male or female)6. Do you identify as Hispanic/Latino (Ethnicity)? Yes No Unknown Refused7. What Races do you identify with? **(CLIENT MAY SELECT MORE THAN ONE)** American Indian/Alaska Native Marshallese Other Pacific Islander White
 Asian Micronesian Samoan
 Black Multiple Races Tongan
 Filipino Native Hawaiian Unknown

8. Have you served on active duty in the Armed Forces of the United States?

 Yes No Unknown Refused**IF NO, SKIP to Question #10**

9. Were you called up to active duty, as a National Guard member or Reservist?

 Yes No Unknown Refused

10. How long have you been continuously homeless this time?

 Less than 1 year 1 year or longer Unknown Refused

11. How many times have you been homeless in the past 3 years?

 1-3 times 4 or more times Unknown Refused

If "4 or more times" is checked, have these episodes combined for one year or more of homelessness?

 Yes No Unknown Refused

12. Were you on the street, beach, park, or in an emergency shelter each time?

 Yes No Unknown Refused

13. Do you have a mental health disability that limits your ability to work or perform activities of daily living?

 Yes No Unknown Refused

14. Do you have an alcohol or drug problem that limits your ability to work or perform activities of daily living?

 Yes No Unknown Refused15. Are you currently living with HIV/AIDS? Yes No Unknown Refused16. Do you have a physical, developmental, or other disability that limits your ability to work or perform activities of daily living? Yes No Unknown Refused**Description of Head of Household if they Refused to answer Survey:**

OTHER ADULT OR UNACCOMPANIED YOUTH IN HOUSEHOLD:

1. First Name: _____ Last Name: _____

2. Date of Birth: ____/____/____ OR if DOB refused, Age: _____

3. Gender: Male Transgender Unknown/Refused
 Female Gender Non-Conforming (i.e. not exclusively male or female)4. Do you identify as Hispanic/Latino (Ethnicity)? Yes No Unknown Refused5. What Races do you identify with? **(CLIENT MAY SELECT MORE THAN ONE)** American Indian/Alaska Native Marshallese Other Pacific Islander White
 Asian Micronesian Samoan
 Black Multiple Races Tongan
 Filipino Native Hawaiian Unknown

6. Have you served on active duty in the Armed Forces of the United States?

 Yes No Unknown Refused**IF NO, SKIP to Question #9**

7. Were you called up to active duty, as a National Guard member or Reservist?

 Yes No Unknown Refused

8. How long have you been continuously homeless this time?

 Less than 1 year 1 year or longer Unknown Refused

9. How many times have you been homeless in the past 3 years?

 1–3 times 4 or more times Unknown Refused

If "4 or more times" is checked, have these episodes combined for one year or more of homelessness?

 Yes No Unknown Refused

10. Were you on the street, beach, park, or in an emergency shelter each time?

 Yes No Unknown Refused

11. Do you have a mental health disability that limits your ability to work or perform activities of daily living?

 Yes No Unknown Refused

12. Do you have an alcohol or drug problem that limits your ability to work or perform activities of daily living?

 Yes No Unknown Refused13. Are you currently living with HIV/AIDS? Yes No Unknown Refused14. Do you have a physical, developmental, or other disability that limits your ability to work or perform activities of daily living? Yes No Unknown Refused**Description of other adult/unaccompanied youth if they Refused to answer Survey:**

CHILDREN'S DEMOGRAPHIC INFORMATION: Children must be under the age of 18**Child #** _____

1. First Name: _____ Last Name: _____

2. Date of Birth: ____/____/____ OR if DOB refused, Age: _____

3. Gender: Male Transgender Unknown/Refused
 Female Gender Non-Conforming (i.e. not exclusively male or female)4. Do you identify as Hispanic/Latino (Ethnicity)? Yes No Unknown Refused5. What Races do you identify with? **(CLIENT MAY SELECT MORE THAN ONE)**

- | | | | |
|--|--|---|--------------------------------|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Samoan | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Multiple Races | <input type="checkbox"/> Tongan | |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Unknown | |

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|--|--|---|--------------------------------|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Samoan | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Multiple Races | <input type="checkbox"/> Tongan | |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Unknown | |

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| <input type="checkbox"/> Black | <input type="checkbox"/> Multiple Races | <input type="checkbox"/> Tongan | |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Unknown | |