

USE THIS FORM IF THE CLIENT IS **SINGLE (Unaccompanied)**
2020 HAWAII COUNTY Homeless Point-in-Time Count Survey

Interviewer's Name: _____ Agency/Group: _____

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

Site of Interview Geolocation: _____° _____' _____" N _____° _____' _____" W

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

"Are you living alone or with others?" _____

(If living unsheltered with others, including a child under 18, use **HOUSEHOLD** form)

"Where did you sleep this past SUNDAY, JANUARY 26th?" _____

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 # (1-9)

1. First Name: _____ Last Name: _____

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

3. Client Phone Number: _____

4. Gender: Male Transgender Unknown/Refused
 Female Gender Non-Conforming (i.e. not exclusively male or female)

5. Do you identify as Hispanic/Latino (Ethnicity)? Yes No Unknown Refused

6. What Races do you identify with? (**CLIENT MAY SELECT MORE THAN ONE**)

<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Tongan
<input type="checkbox"/> Asian	<input type="checkbox"/> Korean	<input type="checkbox"/> Other	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Black	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Other Asian	<input type="checkbox"/> White
<input type="checkbox"/> Chinese	<input type="checkbox"/> Micronesian	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Unknown
<input type="checkbox"/> Filipino	<input type="checkbox"/> Multiple Races	<input type="checkbox"/> Samoan	<input type="checkbox"/> Refused

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

Yes No Unknown Refused

IF NO, SKIP to Question #9

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

Yes No Unknown Refused

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

Less than 1 year 1 year or longer Unknown Refused

10. 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

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

Yes No Unknown Refused

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

Yes No Unknown Refused

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

Yes No Unknown Refused

14. Are you currently living with HIV/AIDS? Yes No Unknown Refused

15. 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

16. Did you move to Hawaii within the past year? Yes No

If no, skip to question #17. If yes:

a. What State/Country did you come from? _____

b. Are you interested in returning home? Yes No

c. Why did you come to Hawaii? (Select Primary Reason)

Came for a work trade living arrangement

Came for the sun...the beautiful weather

To move with family/friends and arrangement did not work out

Other(specify) _____

17. What led to your current living situation? (Select Primary Reason)

Unable to pay rent

Lost my job

Medical Emergency

Family/Relationship Conflict

Kilauea Eruption

Other(specify) _____

Description of Person if they Refused to be Surveyed: