

USE THIS FORM IF THE CLIENT IS **SINGLE (Unaccompanied)**  
**2020 KAUAI 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 26<sup>th</sup>?"** \_\_\_\_\_  
**SPECIFIC LOCATION - If answer is a sheltered location (e.g. house, shelter, hospital, jail), END SURVEY.**

**"What area of the island did you sleep?"** \_\_\_\_\_

Zone:  1     2     3     4     5

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

**Description of Person if they Refused to be Surveyed:**