

USE THIS FORM IF THE CLIENT IS IN A **HOUSEHOLD (Accompanied)**  
**2020 MAUI 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 alone, use SINGLE 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?" \_\_\_\_\_**

**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  Refused

7. 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

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  Refused

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

16. 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**)

<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

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:** Only for children 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"/> 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    |

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| <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    |

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| <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    |