

We need your help! Please fill out this survey so we can plan what types of housing and services we should be working on to better meet your needs. Your answers are confidential, and results will be reported in group form only.

Agency collecting the survey: _____

1. First three letters of your last name: _____

First letter of first name: _____ First letter of middle name: _____

2. Your date of birth: _____ / _____ / _____
(month) (day) (year)

3. Last four digits of Social Security Number: _____

4. Are you homeless?

- 1 No
2 Yes

5. Where are you staying now? Please check the one place that best describes where you are staying.

- 1-1 transitional housing
1-4 family or friends
1-7 hotel/motel
1-2 domestic violence shelter
1-5 emergency shelter
1-8 rented house or apartment
1-3 on the street, under a bridge, etc.
1-6 camping or in the car
1-9 in a home I/we own
2-1 subsidized permanent housing for previously homeless persons
2-2 subsidized permanent housing (not for previously homeless persons)

6. What was the last county and city you lived in before you became homeless?

- 1 Adams County
 Aurora Eastlake Strasburg
 Bennett Federal Heights Thornton
 Brighton Henderson Watkins
 Commerce City Lochbuie Westminster
 Dupont Northglenn
- 2 Arapahoe County
 Aurora Columbine Valley Glendale
 Bow Mar Deer Trail Greenwood Village
 Byers Englewood Littleton
 Cherry Hills Village Foxfield Sheridan
- 3 Boulder County
 Allenspark Jamestown Nederland
 Boulder Lafayette Niwot
 Eldorado Springs Longmont Pinecliffe
 Erie Louisville Superior
 Hygiene Lyons Ward
- 4 Douglas County
 Aurora Highlands Ranch Louviers
 Castle Rock Larkspur Parker
 Deckers Littleton Sedalia
 Franktown Lone Tree
- 5 Jefferson County
 Arvada Evergreen Lakewood
 Bow Mar Foxton Littleton
 Buffalo Creek Golden Morrison
 Columbine Hills Idledale Mountain View
 Columbine Valley Indian Hills Pine
 Conifer Kittredge Wheat Ridge
 Edgewater Lakeside
- 6 Denver
7 Broomfield
8 Other place in Colorado _____
9 Other state _____
10 Other country _____

7. In what type of place did you spend the night of _____?

- 1 emergency shelter
2 on the street, under a bridge, etc.
3 bus
4 prison/jail
5 psychiatric hospital
6 in a home I/we own (became homeless today)
7 migrant shelter
8 domestic violence shelter
9 in transitional housing
10 with a friend or relative
11 hotel/motel
12 detox facility
13 medical hospital
14 in a car
15 camping
16 don't know
17 other _____

8. In which county and did you spend the night of _____?

- 1 Adams County
 Aurora Eastlake Strasburg
 Bennett Federal Heights Thornton
 Brighton Henderson Watkins
 Commerce City Lochbuie Westminster
 Dupont Northglenn
- 2 Arapahoe County
 Aurora Columbine Valley Glendale
 Bow Mar Deer Trail Greenwood Village
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- 6 Denver
7 Broomfield
8 Other place in Colorado _____
9 Other state _____
10 Other country _____

9. How long have you been homeless this time?

- 1 less than 30 days
2 30 - 90 days
3 3 to six months
4 six months to one year
5 one to two years
6 two to five years
7 five to ten years
8 ten or more years

10. How many times have you been homeless before this time?

- 3 0
3 1
3 2
3 3-5
3 6 or more

11. How do you define your gender?

- 1 Male
- 2 Female
- 3 Transgender

12. What is your racial background?

- 1 Asian
- 2 Native American/Alaskan Native
- 3 Black/African American
- 4 White
- 5 Other _____

13. Do you consider yourself to be Hispanic (Mexican, Mexican-American, Chicano)?

- 1 Yes, Hispanic
- 2 No, Non-Hispanic

14. Please check the reasons why you became homeless (check all that apply):

- unemployment
- unable to pay rent/mortgage
- moved to seek work
- family member or personal illness
- alcohol/substance abuse
- mental disabilities
- physical disabilities
- domestic violence
- child abuse (youth on their own)
- discharge from prison/jail
- welfare assistance sanctions
- welfare payments not adequate
- welfare time limits
- bad credit history
- reasons related to sexual orientation
- other: _____

15. Have you ever received, or are you currently receiving treatment or services for any of the conditions below? (Please check all that apply.)

- severe mental illness
- chronic alcohol abuse
- chronic drug abuse
- tuberculosis
- HIV/AIDS related illnesses
- other physical condition
- not applicable, haven't received or receiving any services

16. Have you ever been in the U.S. military?

- 1 No
- 2 Yes

17. Do you have a job?

- 1 No
- 2 Yes --> How many hours a week do you work? _____

18. From which of the following sources do you get income/resources? (Check all that apply)

- 1 job
- 2 family or friends
- 3 food stamps
- 4 social security
- 5 pension
- 6 unemployment
- 7 child support
- 8 asking for money on streets
- 9 TANF/Colorado Works
- 10 SSI (Social Security)
- 11 Veteran's Benefits
- 12 selling blood/plasma
- 13 prostitution
- 14 Aid to Needy Disabled (AND)
- 15 Old Age Pension (OAP)t
- 16 Medicaid
- 17 other: _____

19. What was your annual household income in the year 2002? (Check the closest estimate)

- 1 \$0.00
- 2 up to \$1,000
- 3 \$1,000 - \$2,499
- 4 \$2,500 - \$4,999
- 5 \$5,000 - \$7,888
- 6 \$8,000 - \$9,999
- 7 \$10,000 - \$12,499
- 8 \$12,500 - \$14,999
- 9 \$15,000 - \$19,999
- 10 \$20,000 - \$29,999
- 11 \$30,000 - \$39,999
- 12 \$40,000 - \$49,999
- 13 \$50,000 or more
- 14 Don't Know

20. Which of the following best describes your family/household? (Please check only one.)

- 1 I am a single individual (do not answer any more questions)
- 2 two parent family with children
- 3 one parent family with children
- 4 couple without children
- 5 other type of family

21. How many total people are in your family/household (including yourself)?

22. How many children aged 18 or under are in your family/household?

23. How many adults are in your family?.....

24. For each family member (NOT including yourself), please tell us his or her age, gender, and relationship to yourself.

Person #2 (not you)	Person #3 (not you)	Person #4 (not you)	Person #5 (not you)	Person #6 (not you)
Name or Initials _____				
Age (in years) _____				
Gender: 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Transgender	Gender: 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Transgender	Gender: 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Transgender	Gender: 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Transgender	Gender: 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Transgender
Relationship to you: 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Partner 4 <input type="checkbox"/> Other family member	Relationship to you: 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Partner 4 <input type="checkbox"/> Other family member	Relationship to you: 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Partner 4 <input type="checkbox"/> Other family member	Relationship to you: 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Partner 4 <input type="checkbox"/> Other family member	Relationship to you: 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Partner 4 <input type="checkbox"/> Other family member