

**Interviewer Name:**

**Location of Interview:**

**Where are you sleeping right if none of the options below are applicable, please STOP now.**

**Emergency Shelter**  
 Haven House (DV)  
 Family Promise  
 Helping Hands

**Hotel/Motel paid for by:**  
 Church  
 Charitable donor  
 Law enforcement  
 Social service provider

**Precariously Housed**  
 Staying with family or friends

**Transitional Housing**  
 Family Promise  
 Heaven Sent Homes  
 Drug Court

**Unsheltered**  
 Motor vehicle  
 Street  
 Tent/campsite  
 Abandoned building  
 Vacant apartment or house where rent/mortgage is not paid, and any of these:  
 No drinking water  
 No toilet and/or bath area  
 No food prep area  
 No heating and/or no cooling

**Blount County 2018 Point-in-Time Survey**  This family has more than 6 members. See reverse side.

**1 Head of Household**  
*Gender:*  Male  Trans-female  
 Female  Trans-male  
 Gender Non-conforming  
*Age:*  0-17  18-24  
 25+ years of age  
*Race:*  White  Native American  
 Black  Hawaiian/Pacific  
 Asian  Islander  
*Ethnicity:*  Hispanic/Latino  
 Non-Hispanic/Latino  
*Pop:*  Fleeing Domestic Violence  
 Has a child living in the household

**2 Other Adult Member**  
*Gender:*  Male  Trans-female  
 Female  Trans-male  
 Gender Non-conforming  
*Age:*  0-17  18-24  
 25+ years of age  
*Race:*  White  Native American  
 Black  Hawaiian/Pacific  
 Asian  Islander  
*Ethnicity:*  Hispanic/Latino  
 Non-Hispanic/Latino  
*Pop:*  Fleeing Domestic Violence  
 Has a child living in the household

**3 Other Adult Member**  
*Gender:*  Male  Trans-female  
 Female  Trans-male  
 Gender Non-conforming  
*Age:*  0-17  18-24  
 25+ years of age  
*Race:*  White  Native American  
 Black  Hawaiian/Pacific  
 Asian  Islander  
*Ethnicity:*  Hispanic/Latino  
 Non-Hispanic/Latino  
*Pop:*  Fleeing Domestic Violence  
 Has a child living in the household

**All Adults Must Answer the Following:**  
 Current or former active duty military  
 Serious mental illness  HIV/AIDS  
 Chronic A/D abuse  Physical disability  
 Developmental disability  
*History:*  
 First time homeless  
Has been in a shelter or safe haven or without shelter for EITHER:  
 12 consecutive months OR  
 4 times in the past 3 years totalling 12 mos.

**All Adults Must Answer the Following:**  
 Current or former active duty military  
 Serious mental illness  HIV/AIDS  
 Chronic A/D abuse  Physical disability  
 Developmental disability  
*History:*  
 First time homeless  
Has been in a shelter or safe haven or without shelter for EITHER:  
 12 consecutive months OR  
 4 times in the past 3 years totalling 12 mos.

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 Current or former active duty military  
 Serious mental illness  HIV/AIDS  
 Chronic A/D abuse  Physical disability  
 Developmental disability  
*History:*  
 First time homeless  
Has been in a shelter or safe haven or without shelter for EITHER:  
 12 consecutive months OR  
 4 times in the past 3 years totalling 12 mos.

**4 Child Member**  
*Gender:*  Male  Trans-female  
 Female  Trans-male  
 Gender Non-conforming  
*Race:*  White  Native American  
 Black  Hawaiian/Pacific  
 Asian  Islander  
*Ethnicity:*  Hispanic/Latino  
 Non-Hispanic/Latino  
*Pop:*  Fleeing Domestic Violence

**5 Child Member**  
*Gender:*  Male  Trans-female  
 Female  Trans-male  
 Gender Non-conforming  
*Race:*  White  Native American  
 Black  Hawaiian/Pacific  
 Asian  Islander  
*Ethnicity:*  Hispanic/Latino  
 Non-Hispanic/Latino  
*Pop:*  Fleeing Domestic Violence

**6 Child Member**  
*Gender:*  Male  Trans-female  
 Female  Trans-male  
 Gender Non-conforming  
*Race:*  White  Native American  
 Black  Hawaiian/Pacific  
 Asian  Islander  
*Ethnicity:*  Hispanic/Latino  
 Non-Hispanic/Latino  
*Pop:*  Fleeing Domestic Violence

**NOTES:**  
**Survey data entered by:**  
**Date entered:**

**HOUSEHOLD INFORMATION**  # ADULTS  # CHILDREN  
**Survey PIN:**

# Blount County 2018 Point-in-Time Survey (back)

## ADDITIONAL NOTES:

	7 <b>Head of Household</b>	8 <b>Other Adult Member</b>	9 <b>Other Adult Member</b>
	<p><i>Gender:</i> <input type="checkbox"/> Male <input type="checkbox"/> Trans-female  <input type="checkbox"/> Female <input type="checkbox"/> Trans-male  <input type="checkbox"/> Gender Non-conforming</p> <p><i>Age:</i> <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24  <input type="checkbox"/> 25+ years of age</p> <p><i>Race:</i> <input type="checkbox"/> White <input type="checkbox"/> Native American  <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific  <input type="checkbox"/> Asian Islander</p> <p><i>Ethnicity:</i> <input type="checkbox"/> Hispanic/Latino  <input type="checkbox"/> Non-Hispanic/Latino</p> <p><i>Pop:</i> <input type="checkbox"/> Fleeing Domestic Violence  <input type="checkbox"/> Has a child living in the household</p>	<p><i>Gender:</i> <input type="checkbox"/> Male <input type="checkbox"/> Trans-female  <input type="checkbox"/> Female <input type="checkbox"/> Trans-male  <input type="checkbox"/> Gender Non-conforming</p> <p><i>Age:</i> <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24  <input type="checkbox"/> 25+ years of age</p> <p><i>Race:</i> <input type="checkbox"/> White <input type="checkbox"/> Native American  <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific  <input type="checkbox"/> Asian Islander</p> <p><i>Ethnicity:</i> <input type="checkbox"/> Hispanic/Latino  <input type="checkbox"/> Non-Hispanic/Latino</p> <p><i>Pop:</i> <input type="checkbox"/> Fleeing Domestic Violence  <input type="checkbox"/> Has a child living in the household</p>	<p><i>Gender:</i> <input type="checkbox"/> Male <input type="checkbox"/> Trans-female  <input type="checkbox"/> Female <input type="checkbox"/> Trans-male  <input type="checkbox"/> Gender Non-conforming</p> <p><i>Age:</i> <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24  <input type="checkbox"/> 25+ years of age</p> <p><i>Race:</i> <input type="checkbox"/> White <input type="checkbox"/> Native American  <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific  <input type="checkbox"/> Asian Islander</p> <p><i>Ethnicity:</i> <input type="checkbox"/> Hispanic/Latino  <input type="checkbox"/> Non-Hispanic/Latino</p> <p><i>Pop:</i> <input type="checkbox"/> Fleeing Domestic Violence  <input type="checkbox"/> Has a child living in the household</p>
	<b>All Adults Must Answer the Following:</b>	<b>All Adults Must Answer the Following:</b>	<b>All Adults Must Answer the Following:</b>
	<input type="checkbox"/> Current or former active duty military <input type="checkbox"/> Serious mental illness <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic A/D abuse <input type="checkbox"/> Physical disability <input type="checkbox"/> Developmental disability <i>History:</i> <input type="checkbox"/> First time homeless Has been in a shelter or safe haven or without shelter for EITHER: <input type="checkbox"/> 12 consecutive months OR <input type="checkbox"/> 4 times in the past 3 years totalling 12 mos.	<input type="checkbox"/> Current or former active duty military <input type="checkbox"/> Serious mental illness <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic A/D abuse <input type="checkbox"/> Physical disability <input type="checkbox"/> Developmental disability <i>History:</i> <input type="checkbox"/> First time homeless Has been in a shelter or safe haven or without shelter for EITHER: <input type="checkbox"/> 12 consecutive months OR <input type="checkbox"/> 4 times in the past 3 years totalling 12 mos.	<input type="checkbox"/> Current or former active duty military <input type="checkbox"/> Serious mental illness <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic A/D abuse <input type="checkbox"/> Physical disability <input type="checkbox"/> Developmental disability <i>History:</i> <input type="checkbox"/> First time homeless Has been in a shelter or safe haven or without shelter for EITHER: <input type="checkbox"/> 12 consecutive months OR <input type="checkbox"/> 4 times in the past 3 years totalling 12 mos.
	10 <b>Child Member</b>	11 <b>Child Member</b>	12 <b>Child Member</b>
	<p><i>Gender:</i> <input type="checkbox"/> Male <input type="checkbox"/> Trans-female  <input type="checkbox"/> Female <input type="checkbox"/> Trans-male  <input type="checkbox"/> Gender Non-conforming</p> <p><i>Race:</i> <input type="checkbox"/> White <input type="checkbox"/> Native American  <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific  <input type="checkbox"/> Asian Islander</p> <p><i>Ethnicity:</i> <input type="checkbox"/> Hispanic/Latino  <input type="checkbox"/> Non-Hispanic/Latino</p> <p><i>Pop:</i> <input type="checkbox"/> Fleeing Domestic Violence</p>	<p><i>Gender:</i> <input type="checkbox"/> Male <input type="checkbox"/> Trans-female  <input type="checkbox"/> Female <input type="checkbox"/> Trans-male  <input type="checkbox"/> Gender Non-conforming</p> <p><i>Race:</i> <input type="checkbox"/> White <input type="checkbox"/> Native American  <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific  <input type="checkbox"/> Asian Islander</p> <p><i>Ethnicity:</i> <input type="checkbox"/> Hispanic/Latino  <input type="checkbox"/> Non-Hispanic/Latino</p> <p><i>Pop:</i> <input type="checkbox"/> Fleeing Domestic Violence</p>	<p><i>Gender:</i> <input type="checkbox"/> Male <input type="checkbox"/> Trans-female  <input type="checkbox"/> Female <input type="checkbox"/> Trans-male  <input type="checkbox"/> Gender Non-conforming</p> <p><i>Race:</i> <input type="checkbox"/> White <input type="checkbox"/> Native American  <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific  <input type="checkbox"/> Asian Islander</p> <p><i>Ethnicity:</i> <input type="checkbox"/> Hispanic/Latino  <input type="checkbox"/> Non-Hispanic/Latino</p> <p><i>Pop:</i> <input type="checkbox"/> Fleeing Domestic Violence</p>