

Claiborne County 2018 Point-in-Time Count Survey

This family has more than 6 members. See reverse side.

Head of Household Name

Interviewer Name

Location of Interview
(please be specific)

You must complete LEFT-hand column for entire household FIRST in order to continue the survey.

Where are you sleeping right now?

If none of the options below are applicable, please STOP now.

Emergency Shelter
 CEASE (DV)

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

Name of provider:

Transitional Housing

Name of provider:

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

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

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.

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

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.

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.

4 Child 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

5 Child 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

6 Child 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

NOTES:

Survey data entered by:

Date entered:

HOUSEHOLD INFORMATION # ADULTS # CHILDREN

Survey PIN:

Claiborne County 2018 Point-in-Time Count Survey (back)

ADDITIONAL NOTES:

| 7 | Head of Household |
|-------------------|---|
| <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 |
| <i>Age:</i> | <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+ years of age |
| <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 <input type="checkbox"/> Islander |
| <i>Ethnicity:</i> | <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino |
| <i>Pop:</i> | <input type="checkbox"/> Fleeing Domestic Violence <input type="checkbox"/> Has a child living in the household |

| All Adults Must Answer the Following: | |
|---------------------------------------|--|
| <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 |
| <input type="checkbox"/> | 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 | Child Member |
|-------------------|---|
| <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 |
| <i>Age:</i> | <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+ years of age |
| <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 <input type="checkbox"/> Islander |
| <i>Ethnicity:</i> | <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino |
| <i>Pop:</i> | <input type="checkbox"/> Fleeing Domestic Violence |

| 8 | Other Adult Member |
|-------------------|---|
| <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 |
| <i>Age:</i> | <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+ years of age |
| <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 <input type="checkbox"/> Islander |
| <i>Ethnicity:</i> | <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino |
| <i>Pop:</i> | <input type="checkbox"/> Fleeing Domestic Violence <input type="checkbox"/> Has a child living in the household |

| All Adults Must Answer the Following: | |
|---------------------------------------|--|
| <input type="checkbox"/> | Current or former active duty military |
| <input type="checkbox"/> | Serious mental illness HIV/AIDS |
| <input type="checkbox"/> | Chronic A/D abuse Physical disability |
| <input type="checkbox"/> | Developmental disability |
| <i>History:</i> | |
| <input type="checkbox"/> | First time homeless |
| <input type="checkbox"/> | 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. |

| 11 | Child Member |
|-------------------|---|
| <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 |
| <i>Age:</i> | <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+ years of age |
| <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 <input type="checkbox"/> Islander |
| <i>Ethnicity:</i> | <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino |
| <i>Pop:</i> | <input type="checkbox"/> Fleeing Domestic Violence |

| 9 | Other Adult Member |
|-------------------|---|
| <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 |
| <i>Age:</i> | <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+ years of age |
| <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 <input type="checkbox"/> Islander |
| <i>Ethnicity:</i> | <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino |
| <i>Pop:</i> | <input type="checkbox"/> Fleeing Domestic Violence <input type="checkbox"/> Has a child living in the household |

| All Adults Must Answer the Following: | |
|---------------------------------------|--|
| <input type="checkbox"/> | Current or former active duty military |
| <input type="checkbox"/> | Serious mental illness HIV/AIDS |
| <input type="checkbox"/> | Chronic A/D abuse Physical disability |
| <input type="checkbox"/> | Developmental disability |
| <i>History:</i> | |
| <input type="checkbox"/> | First time homeless |
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| 12 | Child Member |
|-------------------|---|
| <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 |
| <i>Age:</i> | <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25+ years of age |
| <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 <input type="checkbox"/> Islander |
| <i>Ethnicity:</i> | <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino |
| <i>Pop:</i> | <input type="checkbox"/> Fleeing Domestic Violence |

NOTES:

Survey data entered by: _____

Date entered: _____

HOUSEHOLD INFORMATION # ADULTS # CHILDREN

Survey PIN: