

Lee County Homeless Coalition 2010 Annual Survey

Your answers to the following survey questions will help us understand how we can better meet the needs of people who are homeless or at risk of becoming homeless in Lee County. You may choose not to answer some questions. You may also stop answering at any time. Your answers will not affect the services available to you or your family.

First Name _____ Middle _____ Last Name _____

DOB ____/____/____ Male Female Marital Status Single Married Divorced

Are you a US citizen? Yes No Are you a Veteran? Yes No

What is your race? (You may select more than one race) American Indian/Alaskan Native Asian
 Black/African American Native Hawaiian/Other Pacific Islander White Other

Are you Hispanic or Latino? Yes No Primary Language _____

Employment Full Time Part Time Unemployed Retired Education (Highest level) _____

Do you have a regular place to stay right now? Yes No

Where did you stay Sunday night, January, 24th 2010?

Non-housing (street, park, car, etc.) Home owned by client Staying with family
 Emergency shelter, including hotel Home owned by client w/ subsidy Staying with friends
 Transitional housing for homeless persons Rental by client Foster care
 Permanent housing for homeless persons Rental by client w/ VASH subsidy Hospital (non-psychiatric)
 Psychiatric facility Rental by client, w/ subsidy Jail/Prison
 Substance abuse treatment facility Safe Haven Other (please specify) _____

If staying with family or friends is it due to losing housing or employment? Yes No

Within the past 3 years, how many times have you been without a regular place to stay?

1 time 2 – 3 times 4 or more times None

If homeless how long? 1 week or less More than 1 week, but less than 1 month 1 to 3 months
 More than 3 months, but less than 1 year 1 year or longer

Do you have a disabling condition? Yes No

Do you have any of the following?

Physical Disability Developmental Disability Mental Health Drug use Alcohol use HIV/AIDS

Were you ever a foster care child? Yes No Have you ever been a Victim of Domestic Violence? Yes No

Do you have any family members who are living with you now? Yes No (If NO, continue to next pg)

If YES, including yourself, other adults and children, how many family members are there? _____

Have these family members already filled out a survey Yes No

Children under 18 years How Many Total Children: _____ Adults How Many Total Adults: _____

Gender(s): Age(s): Gender(s): Age(s): Veteran?:

How long have you been staying in Lee County? 1 week or less More than 1 week, less than 1 month

1 to 3 months More than 3 months, less than 1 year 1 year or longer

What city were you living in when you became homeless? _____ Zip Code? _____

What caused you to become homeless?

- employment/financial reasons family problems housing issues natural/other disasters recent immigration
 medical/disability problems forced to relocate from home

Do you receive any of the following forms of income?

- | | | |
|---|---|--|
| <input type="checkbox"/> Employment income | <input type="checkbox"/> Workers' Comp | <input type="checkbox"/> Job pension |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> TANF | <input type="checkbox"/> Child support |
| <input type="checkbox"/> SSI | <input type="checkbox"/> General assistance | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> SSDI | <input type="checkbox"/> SSA retirement | <input type="checkbox"/> Other source |
| <input type="checkbox"/> Veterans disability | <input type="checkbox"/> Veteran's pension | <input type="checkbox"/> No financial resource |
| <input type="checkbox"/> Private disability insurance | <input type="checkbox"/> Food stamps | |

Primary Insurance Coverage

- Medicare Medicaid Commercial (Employer Sponsored) Commercial (Individual Policy) None

Services Requested

- | | | |
|---|---|--|
| <input type="checkbox"/> Food (Stamps / Pantry / Kitchen) | <input type="checkbox"/> Education (GED / Job Training) | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Temporary housing (Emergency) | <input type="checkbox"/> Health care | <input type="checkbox"/> Case management |
| <input type="checkbox"/> Housing placement (Permanent) | <input type="checkbox"/> Eyeglasses / Vision screening | <input type="checkbox"/> Literacy assistance |
| <input type="checkbox"/> Material goods (Clothing) | <input type="checkbox"/> Substance abuse service | <input type="checkbox"/> Spiritual / Church services |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Mental health care | <input type="checkbox"/> Other: (Specify) _____ |
| <input type="checkbox"/> Employment | <input type="checkbox"/> HIV/AIDS services | _____ |
| <input type="checkbox"/> Daycare / Child care | <input type="checkbox"/> Criminal justice / Legal aid | _____ |

What is the status of your Driver's License? Current Suspended Out of State Never had one

Do you have a Florida State ID? Yes No Other (Specify) _____

For official use only:

Person Completing Survey: _____ Date: _____	
Location Where Survey Completed: (Agency Name or Street Address)	
Street: _____	Zip: _____
Type of Location: <input type="checkbox"/> Street <input type="checkbox"/> Agency <input type="checkbox"/> Camp <input type="checkbox"/> Housing Facility <input type="checkbox"/> Public Building	
Notes: _____	
Were there any other individuals at the location that you were unable to survey? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes How Many? _____ Males _____ Females _____	Ages _____ Ages _____