

2024 San Luis Obispo PIT Count Survey

Household Survey ____ of ____

Interviewer Name: _____

Agency Name (if applicable): _____

City/Region of Survey: _____

“Hello, we are conducting a survey to interview people experiencing homelessness in our community. This will help us provide better services and programs in the future. Your participation is completely voluntary, and the survey can be stopped at any time. Can I have 10 minutes of your time?”

- Yes – Continue with the survey
- No –Use your best judgement to complete the survey. This will be used in an **observed count**.

“Have you already completed this survey?”

- Yes – Thank the person for completing the survey and stop the interview process.
- No – Continue with the survey

What is your preferred language?*: _____

*Provide translation services/resources if needed.

What are your initials? _____ Relationship to Head of Household: Self Child Spouse/Partner Other Family Other, Non-Family

Where did you sleep on the night of January 22, 2024:

- | | |
|--|---|
| <input type="checkbox"/> Transitional Housing: _____ (list location) | <input type="checkbox"/> Bus, Train station, Airport |
| <input type="checkbox"/> Emergency Shelter: _____ (list location) | <input type="checkbox"/> Under Bridge, Overpass |
| <input type="checkbox"/> Street or Sidewalk | <input type="checkbox"/> Woods or Outdoor Encampment |
| <input type="checkbox"/> Vehicle (car, van, RV, truck) | <input type="checkbox"/> Motel/Hotel paid for by an agency (if paid for by the person(s), they cannot be counted) |
| <input type="checkbox"/> Park | <input type="checkbox"/> Other |
| <input type="checkbox"/> Abandoned Building | |
| <input type="checkbox"/> Other, specify: _____ | |

Remind the person that they can skip any question or stop the survey at any time.

Number in household that stayed together on the night of January 22, 2024 (Complete a separate form for each household member) _____

What is your date of birth? (mm/dd/yy): _____

Race and Ethnicity:

- | | |
|--|--|
| <input type="checkbox"/> American Indian, Alaska Native, or Indigenous | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> White |
| <input type="checkbox"/> Black, African American, or African | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hispanic/Latin(a)(e)(o) | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Client prefers not to answer |

Gender Identity:

- | | |
|--|---|
| <input type="checkbox"/> Woman (Girl, if child) | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Man (Boy, if child) | <input type="checkbox"/> Different Identity: _____ |
| <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Non-binary | |

Served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard): Yes No Client doesn't know Client prefers not to answer

Have you ever received health care or benefits from a Veterans Administration medical center: Yes No Client doesn't know Client prefers not to answer

Were you ever called into active duty as a member of the National Guard or Reservist: Yes No Client doesn't know Client prefers not to answer

Is this the first time you've experienced homelessness: Yes No Client doesn't know Client prefers not to answer

How long have you experienced homelessness this time (in days and/or years)? _____

Including this time, how many times have you experienced homelessness in the last 3 years (since January 2021)?

Less than 4 times

Client doesn't know

4 or more times

Client prefers not to answer

If you add up all the times you have experienced homelessness in the last three years (since January 2021), how long would you say that would be (in months)? _____

"The next set of questions asks about sensitive topics. You don't have to answer any question that you don't want to, and you can stop the survey at any time. Your answers will be combined with the answers of other people who take the survey and used to help provide better programs and services to people experiencing homelessness."

Have you experienced (current or past) domestic violence? This can include neglect by a parent/guardian/other relative, physical violence, sexual violence and/or stalking.

Yes No Client doesn't know Client prefers not to answer

Are you currently fleeing domestic violence: Yes No Client doesn't know Client prefers not to answer

The following questions are only to be asked of people who are 18 and older.

Do you drink alcoholic beverages or use drugs: Yes No Client doesn't know Client prefers not to answer

Do you experience a mental health disability: Yes No Client doesn't know Client prefers not to answer

Do you experience a physical disability: Yes No Client doesn't know Client prefers not to answer

Do any of those keep you from holding a job or living in stable housing (choose all that apply):

Alcohol or drugs use

Mental health disability

Physical disability

Client doesn't know

Client prefers not to answer

Do you have AIDS or an HIV-related illness: Yes No Client doesn't know Client prefers not to answer

Remind the person that they can skip any question or stop the survey at any time.

Are you receiving disability benefits (Social Security Income, Social Security Disability Income, or Veteran's Disability Benefits): Yes No Client doesn't know Client prefers not to answer

What are some barriers to housing for you?

Alcohol or drug use

Domestic violence

Physical disability

Loss of employment or income

Medical condition

Affordable housing not available

Mental health

Other: _____

What services do you need that don't exist?

Employment/Job Readiness

Legal Assistance

Transportation

Housing search assistance

SSI/SSD or other benefits application assistance

Other: _____

Alcohol or drug treatment

Have you felt discriminated against when needing services? Yes No Client doesn't know Client prefers not to answer

How long have you lived in this county?

Less than one month

One year to five years

One month or more, but less than 90 days

90 days or more, but less than one year

Five years or longer

Did you grow up here?

Yes No Client doesn't know Client prefers not to answer

Thank the person for their time and provide them with the incentive of their choice.