

NJ Counts 2019 Quick Reference Guide

DEFINITIONS

Chronic Health Condition – ailment that is prolonged in duration, does not often resolve spontaneously, and is rarely cured completely

Developmental Disability – a severe, chronic disability that is attributable to a mental or physical impairment or combination of mental and physical impairments, is manifested before the individual is 22 years old, is likely to continue indefinitely, and results in substantial functional limitations in three or more areas of major life activity (e.g. self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency)

Emergency Shelter – a facility whose primary purpose is to provide temporary shelter for the homeless in general or for specific populations of the homeless

HIV/AIDS – human immunodeficiency virus/acquired immunodeficiency syndrome is a disease of the human immune system caused by infection with human immunodeficiency virus

Homeless – Unsheltered - Sleeps somewhere not designed as a regular sleeping accommodation for human beings such as a car, park, abandoned building, bus/train, street/sidewalk

Sheltered - Lacks a fixed, regular, and adequate nighttime residence, has a supervised emergency shelter, safe haven, or transitional housing dedicated solely for the homeless as a primary nighttime residence (this includes domestic violence and youth shelters)

A household is considered homeless if that household spent the night in:

- On the street, under a bridge, abandoned building, public building, car, traveling on a bus or camping out
- Emergency Shelter
- Youth Shelter
- Domestic Violence Shelter
- Transitional Housing (time-limited)
- Transitional Housing for Victims of Domestic Violence
- Hotel/Motel Paid for by an Agency
- Safe Haven

NOT Homeless - Designation given to any household that spent the night in:

- Hotel/Motel You Paid For
- Temporary Rental Assistance
- Permanent Housing;
- Staying with Friends or Family;
- Farm Labor Housing;
- Psychiatric Hospital;
- Jail/ Juvenile Detention Center;
- Long-term Care Facility;
- Foster Care Home/Group Home
- Medical Hospital;
- Substance Abuse Treatment Facility;

General Assistance – state or federal welfare programs that provides cash assistance to adults without dependents (single persons, or childless married couples) as opposed to families with children

Medical (disability) – medical services needed to address a specific disability in the household

Medical (routine healthcare) – general medical services to address healthcare needs such as annual checkups

Mental Health Issue – medical condition that disrupts a person's thinking, feeling, mood, behavior, ability to relate to others, and daily functioning seriously enough to require psychiatric intervention

Permanent Housing – long-term rental or owned housing, includes *permanent supportive housing* programs (Long-term, community-based housing with supportive services for homeless persons with disabilities); *excludes* transitional housing and emergency shelter

Physical Disability – physical impairment which has a substantial and long-term effect on ability to carry out day-to-day activities: e.g. self-care, receptive/expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency

Rooming House – a private house in which rooms are rented for living or staying temporarily.

Safe Haven – 24-hour private or semiprivate residence for not more than 25 homeless persons which provides low-demand services and referrals to eligible persons who are not residents on a drop-in basis

Social Security – retirement benefits for workers aged 62 or older who have paid into the Social Security system for enough years

SSDI – the Social Security Disability Insurance program is for workers who have worked and paid Social Security taxes for many years who become disabled before retirement age

SSI – Supplemental Security Income, a federal program that pays a small cash benefit to low-income individuals who are disabled, blind, or over the age of 65 who haven't worked for long enough to qualify for SSDI

Substance Abuse – overindulgence in or dependence on an addictive substance, especially alcohol or drugs

TANF – Temporary Assistance for Needy Families is a government program that provides cash assistance to needy families with dependent children, and to pregnant women, to help them meet the basic needs of their children. This cash assistance can be used to help families with housing, utilities, and clothing costs. It is sometimes called "welfare."

Temporary Rental Assistance – Apartment paid for temporarily by Board of Social Services

Transitional Housing – program providing housing & support services to homeless persons to facilitate movement to independent living in 24 mos.

Veteran – person who has served within the Armed Forces of the U.S. or any of the states or who has been deployed for at least one day of active duty (including National Guard and Reserves)

Fleeing Domestic Violence – currently homeless because they are fleeing domestic violence, dating violence, sexual assault, or stalking

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Youth Shelter – emergency housing for homeless youth (18 and younger) who need services like counseling, mediation, education, and structured treatment programs

SURVEY QUESTIONS

Before completing the survey with the respondent, please confirm that they have not completed the survey already to prevent duplication.

1. Where did you spend the night of Tuesday, January 22nd? (Check ONE only)

Please only read the bold text to ask question 1, and do not read the answer list to the respondent. **Check only ONE box** on the answer list that best corresponds to the answer given.

2. In what town did you spend the night?

Write legibly the *town, county, and state* where the respondent stayed. If the respondent was housed through a program, record the *agency and program* name that provided shelter to the household.

3. How long have you been in your current living situation?

In the boxes given, write the number of years, months, and days the respondent has been in the living situation stated in the answer to Question 1.

4. During the past 12 months, how many months have you been homeless on the streets, in emergency shelter, or in a safe haven?

Enter the number of months the household reports staying in these locations for each location in the past 12 months. If they have never stayed in these locations in the past 12 months, please enter 0.

5. How many separate times have you been homeless on the streets, in emergency shelter, or in a safe haven within the past 3 years? (since January 22, 2015)

Enter the number of months the household reports staying in these respective locations during homeless episodes in the past 3 years. Episodes must be separated by 7 or more consecutive nights where the respondent stayed somewhere other than these homeless locations. If they have never stayed in these locations in the past 3 years, please enter 0 in at least row 1.

6. Household Information - Who was homeless with you on the night of January 22nd?

Fill out this table as completely as possible for every member of the household that shared the identified sleeping arrangements. If other household members spent the night in separate sleeping arrangements, do not include them on this survey.

Respondent's information must be entered in line 1 as 'Self' for the Head of Household. If the respondent gives no 'Age,' 'Gender,' 'Race,' or 'Ethnicity,' surveyor should take his/her best guess to complete the fields; do not guess other household members.

Relationship to Head of Household – list every member of household by their relationship to the respondent using one of the following answers:

- 'Self'
- 'Child'
- 'Sibling'
- 'Friend'
- 'Parent'
- 'Spouse'
- 'Relative'
- 'Unknown'

Do not enter invalid answers such as 'Sister' or 'Brother,' but instead choose 'Sibling.' For 'Aunt,' 'Uncle,' 'Cousin,' 'Grandparent,' etc., enter 'Relative.' For 'partners' or 'significant others,' enter 'Spouse'

- *Gender* – enter 'M' for 'male;' 'F' for 'female;' 'TR' for 'transgender,' or 'GNC' for 'Gender Non-Conforming (i.e. not solely male or female)
- *Ethnicity* – enter 'H' for 'Hispanic,' or 'NH' for 'Non-Hispanic'

**If the respondent is Hispanic, inform them that they must choose a race from the list below in addition to identifying Ethnicity as 'Hispanic'*

- *Race* – Please enter all of the following options that apply:
 - 'AI' for 'American Indian/Alaska Native'
 - 'PI' for 'Pacific Islander/Native Hawaiian'
 - 'B' for 'Black/African-American'
 - 'WH' for 'White'
 - 'AS' for 'Asian'

If the respondent is Multi-Racial, list all races from the list above that the respondent identifies himself/herself or any household member as.

Check all that apply to each person. None Apply – Be sure to check 'None Apply' if none of these characteristics applies to an individual. Only leave all fields blank if no response is given regarding what characteristics apply to an individual. Ask a direct question about each characteristic about each household member. For instance, 'Are you a Veteran,' 'Are you a victim of Domestic Violence,' etc.

8. What was your residence prior to your current living situation (Check ONE Only)

Please only read the bold text to ask question 13, and do not read the answer list to the respondent. **Check only ONE box** on the answer list that best corresponds to the answer given.

9. What was the primary factor that contributed to or caused your current living situation? (Check ONE only)

Please only read the bold text to ask question 9, and do not read the answer list to the respondent. **Check only ONE box** on the answer list that best corresponds to the answer given.

10. Which of the following do you, or anyone in your household receive? (Check ALL that apply)

For this question, ask respondents if they have each *Source of Income* and each *Non-Cash Benefit* on the answer list and **check ALL that apply.** Please be sure to read each option to the respondent and refer to the 'Definitions' section if further clarification on the options is needed. If the respondent's answer is not listed, check 'Other' and describe.

11. What is your monthly household income? – Enter a numerical value.

Enter the respondent's monthly household income—this should be the total income of all household members.

12. Would you, or anyone in your household, like to receive any of the following services? (Check all that apply)

Check all answers that apply, and read each option to the respondent. If respondent's answer is not listed, check 'Other' and describe.