

7. Where was your last permanent address before becoming homeless?

Country: _____

State: _____

County: _____

Town: _____

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

Place Not Meant for Human Habitation (On the Street, Bus, Car, Airport, Abandoned Building)
Emergency Shelter or Emergency Hotel Voucher
Transitional Housing for Homeless Persons
Safe Haven
Hotel/Motel Paid for Without Voucher
Apartment paid for with temporary Rental Assistance from the Board of Social Services
Permanent Housing
Permanent Supportive Housing Program
Staying with Friends or Family
Psychiatric Hospital or Treatment Facility
Jail, Prison, or Juvenile Detention Facility
Long-Term Care Facility or Nursing Home
Foster Care Home or Foster Care Group Home
Medical Hospital (emergency room, acute care)
Substance Abuse Treatment Facility/Detox
Rooming House
Other: _____

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

Loss or Reduction of Benefits
Loss or Reduction of Job Income
Eviction or at Risk of Eviction
Rent Increase/Insufficient Income
Foreclosure of Rented or Owned Property
Substandard Housing
Relocation
Released from Prison/Jail
Released from Hospital
Released from Psychiatric Facility
Physical Illness
Mental Illness
Injury
Drug/Alcohol Abuse
Domestic Violence
Asked to Leave Shared Residence
Household breakup/death in household
Natural Disaster
Other: _____

10. What is your total monthly household income?
\$ _____

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

<i>Sources of Income</i>	<i>Non-Cash Benefits</i>
SSI	Food stamps/SNAP
SSDI	Medicaid
TANF	Medicare
General/Public Assistance/Welfare	State Children's Health Insurance/Family Care
Unemployment	State Health Insurance for Adults
Private Disability Insurance	Indian Health Insurance
Work Income/Wage	VA Medical Benefits
Worker's Compensation	WIC/Special Nutrition Program for Women, Infants, and Children
Alimony	TANF-Funded Services (Child Care, Transportation or Other)
Child Support	Section 8/Public Housing/Ongoing Rental Assistance
Veteran's Pension	
Social Security	
Temporary State Disability	
Other: _____	Other: _____
No Source of Income	Receiving No Government Benefits

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

Emergency Shelter
Housing
Substance Abuse Treatment Services
Mental Health Care
Financial Assistance for Security Deposits
Financial Assistance for Utilities
Financial Assistance for Housing
Emergency Food or Meal Assistance
Domestic Violence Services
Legal Services
Assistance Obtaining ID
Educational Training
Employment Assistance
Veterans Services
Family Reunification
Other: _____

Thank you for participating in the 2020 Point-In-Time survey!

