C. Authority for conducting the matching programs.

Section 18 of the Railroad Retirement Act (45 U.S.C. 231(q)).

D. Categories of records and individuals covered by the matching program.

The RRB will provide SSA with the necessary identification and earnings information from its system of records entitled Service and Compensation Record (SCORE) and from the Initial Claims Replies (ICREP) files. SSA will then match the RRB data with information maintained in the Master Beneficiary Record, HHS/SSA/OSR, 09–60–0090 and the Master Earnings File, HHS/SSA/OSR, 09–60–0059 systems of records.

E. Inclusive dates of the match.

The matching program shall become effective 40 days after a copy of the agreement, as approved by the Data Integrity Boards of both agencies, is sent to Congress and the Office of Management and Budget (OMB) (or later if OMB objects to some or all of the agreement), or 30 days after publication of this notice in the **Federal Register**, whichever date is later. The matching program will continue for 18 months from the effective date and may be extended for an additional 12 months thereafter, if certain conditions are met.

[FR Doc. 95–2419 Filed 1–31–95; 8:45am]

BILLING CODE 4190–29–P

Privacy Act of 1974, As Amended; Computer Matching Program (SSA/OPM)

AGENCY: Social Security Administration, HHS.

ACTION: Notice of Computer Matching Program.

SUMMARY: In accordance with the provisions of the Privacy Act, as amended, this notice announces a computer matching program that SSA plans to conduct.

DATES: SSA will file a report of the subject matching program with the Committee on Governmental Affairs of the Senate, the Committee on Government Operations of the House of Representatives and the Office of Information and Regulatory Affairs, Office of Management and Budget. The matching program will be effective as indicated below.

ADDRESSES: Interested parties may comment on this notice by either telefax to (410) 966–5138, or writing to the Associate Commissioner for Program and Integrity Reviews, 860 Altmeyer Building, 6401 Security Boulevard, Baltimore, MD 21235. All comments received will be available for public inspection at this address.

FOR FURTHER INFORMATION CONTACT: The Associate Commissioner for Program and Integrity Reviews as shown above.

SUPPLEMENTARY INFORMATION:

A. General

The Computer Matching and Privacy Protection Act of 1988 (Pub. L. 100–503) amended the Privacy Act (5 U.S.C. 552a) by adding certain protections for individuals applying for and receiving Federal benefits. Section 7201 of the Omnibus Budget Reconciliation Act of 1990 (Pub. L. 101–508) further amended the Privacy Act regarding protections for such individuals. The Privacy Act, as amended, regulates the use of computer matching by Federal agencies when records in a system of records are matched with other Federal, State, or local government records. It requires Federal agencies involved in computer matching programs to:

(1) Negotiate written agreements with the other agency or agencies participating in the matching programs;
(2) Obtain the Data Integrity Boards' approval of the match agreements.
(3) Furnish detailed reports about matching programs to Congress and the Office of Management and Budget;
(4) Notify applicants and beneficiaries that their records are subject to matching; and
(5) Verify match findings before reducing, suspending, terminating, or denying an individual's benefits or payments.

B. SSA Computer Matches Subject to the Privacy Act

We have taken action to ensure that all of SSA's computer matching programs comply with the requirements of the Privacy Act, as amended.

Dated: January 19, 1995.

Shirley S. Chater,

Commissioner of Social Security.

Notice of Computer Matching Program, Social Security Administration (SSA) with the Office of Personnel Management (OPM)

A. *Participating agencies.*

SSA and OPM.

B. *Purpose of the matching program.*

The purpose of this matching program is to establish the conditions under which OPM agrees to the disclosure of civil service and payment data to SSA. SSA will use the match results to determine certain Social Security benefit reductions required by the Social Security Act (the Act) for individuals receiving pension or other benefits, including civil service benefits, apart from OASDI and SSI benefits provided under the Act in programs administered by SSA.

C. *Authority for conducting the matching program.*

Sections 202, 215(a)(7), 215(d)(3), 224 and 1631(e)(1)(B) of the Act.

D. *Categories of records and individuals covered by the match.*

OPM will provide SSA with a magnetic tape file extracted from the annuity and survivor masterfile. The extracted file will contain information about each new annuitant and annuitants whose pension amount has changed. Each record on the OPM file will be matched to SSA's Master Beneficiary Record (MBR), or Supplemental Security Income Record (SSR) to identify individuals potentially subject to benefit reductions under the statutory provisions listed above.

E. *Inclusive dates of the match.*

The matching program shall become effective 40 days after a copy of the agreement, as approved by the Data Integrity Boards (DIB) of both agencies, is sent to Congress and OMB (or later if OMB objects to some or all of the agreement), or 30 days after publication of this notice in the **Federal Register**, whichever is later. The matching program will continue for 18 months from the effective date and may be extended for an additional 12 months thereafter, if certain conditions are met. OPM will provide a tape on a monthly basis to SSA. The actual match will take place within the first week of each month.

[FR Doc. 95–2418 Filed 1–31–95; 8:45am]

BILLING CODE 4190–29P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Office of the Assistant Secretary for Policy Development and Research

[Docket No. N–95–3872]

Notice of Submission of Proposed Information Collection to OMB

AGENCY: Office of Administration, HUD.

ACTION: Notice.

SUMMARY: The proposed information collection requirement described below has been submitted to the Office of Management and Budget (OMB) for expedited review, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments must be received within seven (7) working days from the date of this notice. Comments should refer to the proposal by name and should be sent to: Joseph F. Lackey, Jr., OMB Desk Officer, Office of Management and Budget, New Executive Office Building, Washington, DC 20503.

FOR FURTHER INFORMATION CONTACT: Kay F. Weaver, Reports Management Officer, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410, telephone no. (202) 708–0050. This is not a toll free number. Copies of the proposed forms and other available documents submitted to OMB may be obtained from Ms. Weaver.

SUPPLEMENTARY INFORMATION: This notice informs the public that the Department of Housing and Urban Development has submitted to OMB, for expedited processing and information collection package for pre-testing of a Survey of Homeless Persons Who Use Services. HUD is requesting an review of this information collection pretest before or by February 10, 1995.

The pre-test of the Survey of Homeless Who Use Services will involve pilot testing three instruments: (1) a Government Contacts for Provider Questionnaire; (2) a Local Facility Contacts Questionnaire; and (3) a Service Users (Respondent) Questionnaire. The pre-tests will take place in just three areas: Atlanta, GA; Pittsburgh, PA, (includes Allegheny Fayette, Washington, and Westmoreland Counties); and the Armstrong County Community Action Agency Catchment area (a rural Community Action Agency service area outside Pittsburgh).

In each of the three areas, the Census Bureau will select a sample of three shelters, soup kitchens and/or homeless outreach programs to test the Local Facility Survey and at each facility they will conduct five Service Users Surveys, twice during a month, for a total of 90 homeless respondent interviews.

The Census Bureau sought substantial expert input over a two year period to develop the pre-test instruments. Following the pre-test, the Census Bureau will make necessary revisions to the three surveys. Before the conduct of a national survey, the public will be given an opportunity to review of the proposed final survey instruments.

The national survey is planned to be conducted starting in February 1996 pending finalization of the Federal funding. An estimated 76 localities would be contacted to produce national figures on the characteristics of homeless persons and facilities assisting the homeless.

Use will also be made of the pre-test results to produce for local governments a guide on conducting local homeless surveys for planning local continuums of care to address homeless needs. As part of the pre-test, the Census Bureau will advise HUD on the development of a local homeless survey guide. Local governments will shortly have an immediate need for such a homeless survey guide under HUD's proposed consolidation of McKinney homeless programs. A key aspect of granting local governments more flexibility to use Federal homeless resources under McKinney consolidation is a requirement that local governments develop continuum of care plans for meeting the diverse needs of the homeless. The pre-test will produce a proven: (1) methodology to prepare a comprehensive list of all local homeless shelter and service providers, (2) survey of homeless providers, and (3) survey of homeless service users (no such standard instruments now exist). A guide on conducting local homeless surveys would be provided as a technical assistance document.

The Department has submitted the proposal for the collection of information, as described below to OMB for review, as required by the Paperwork Reduction Act (44 U.S.C. Chapter 35):

(1) The title of the information collection proposal;

(2) The office of the agency to collect the information;

(3) The description of the need for the information and its proposed use;

(4) The agency form number, if applicable;

(5) What members of the public will be affected by the proposal;

(6) How frequently information submission will be required;

(7) An estimate of the total number of hours needed to prepare the information submission including numbers of respondents, frequency of response, and hours of response;

(8) Whether the proposal is new or an extension, reinstatement, or revision of an information collection requirement; and

(9) The names and telephone numbers of an agency official familiar with the proposal and of the OMB Desk Officer for the Department.

Authority: Section 3507 of the Paperwork Reduction Act, 44 U.S.C. 3507; Section 7 (d) of the Department of Housing and Urban Development Act, 42 U.S.C. 3535(d).

Dated: January 23, 1995.

Michael A. Stegman,

Assistant Secretary, Office of Policy Development and Research.

Notice of Submission of Proposed Information Collection to OMB

Proposal: Pretest of Survey of Homeless Persons Who Use Services (HPWUS).

Office: Policy Development and Research.

Description of the Need for the Information and its Proposed Use: This is a pretest of a national survey that would provide up-to-date information about the characteristics of today's homeless population who use services and data on how this population has changed since 1987 in urban areas. Included in the survey would be the first national examination of the characteristics of homelessness in rural America, fulfilling a Congressional mandate for a report on this subject. The data will assist in developing public policy responses and leveraging appropriate resources to break the cycle of homelessness. The pretest of the HPWUS is needed to ensure that the methodology and field materials meet the operational requirements of the national survey.

Form Number: None.

Respondents: Individuals, Service Providers, and Local Government Employees.

Frequency of Submission: One-Time.

Reporting Burden:

	Number of respondents	×	Frequency of response	×	Hours per response	=	Burden hours
See Attachment							

Total Estimated Burden Hours: 184.

Status: New Survey.

Contact: James Hoben, HUD, (202) 708–0574, Ext. 132; Joseph F. Lackey, Jr., OMB, (202) 395–7316; Marsha A. Martin, HUD/ICH, (202) 708–1480.

Date: January 23, 1995.

Estimate of Respondent Burden

The projected number of government contacts, service providers and respondents to be contacted and the estimated burden for the survey are indicated below:

Forms	Estimated number of contracts/ service providers/respondents	Time (minutes)	Total burden (hours)
Government Contracts for Providers Questionnaire HPWUS–100A	35	5 minutes	3 hours.
Review of Combined FEMA list and completion of Local Facility Contacts Questionnaire HPWUS–100B(X) hours.	125	60 minutes	125.
Respondent Questionnaire HPWUS–200	72	45 minutes	54 hours.
Nonrespondents	18	7 minutes	2 hours.
Total	250	117 minutes	184 hours.

We estimate the average time to complete the Government Contacts for Providers Questionnaire (refer to Attachment A) to be 5 minutes; the review of the Combined FEMA list and completion of the Local Facility Contacts Questionnaire (refer to Attachment B) to be 60 minutes and the Service Provider Questionnaire (refer to Attachment C) to be 30 minutes. These estimates are based on in-house testing of the questionnaires by the Census Bureau.

We estimated the information burden for these forms to be 184 hours. This includes:

- 3 hours for the completion of Government Contacts for Providers Questionnaire; 125 hours for review of the combined FEMA list and completion of the Local Facility Contacts Questionnaire;
- 56 hours for the Service User Questionnaire.

BILLING CODE 4210–62–M

Supporting Statement

A. Justification

1. Necessity of Information Collection

The 1995 pretest of the Survey of Homeless Persons Who Use Services (HPWUS) includes two phases.

Phase 1: Collect basic information on providers by mail with telephone follow-up. Develop a comprehensive list of service providers in the survey sample areas. Collect basic information on providers by mail, with telephone followup. The Census Bureau will select a sample of providers for inclusion in phase 2.

Phase 2: Select sample persons and conduct personal visit interviews at selected service provider sites.

This request is for the following questionnaires:

- HPWUS-100A, Government Contacts for Provider Questionnaire
- HPWUS-100B(X), Local Facility Contacts Questionnaire
- HPWUS-200(X), Service Users (Respondent) Questionnaire

Note: In the pretest, Phase 2 will begin before the end of Phase 1. These phases can be tested independently of each other.

The national HPWUS survey will provide detailed characteristics of persons using services. It will also provide estimates of the number and characteristics of service providers. The pretest is being sponsored by the following Federal agencies:

- Department of Health and Human Services (HHS)
- Department of Housing and Urban Development (HUD)
- Department of Agriculture (USDA)

Data will be collected under HUD's data collection authority.

As part of the 1990 Census, the Census Bureau enumerated persons residing in homeless shelters and pre-identified street locations. However, this operation was not designed to provide the full range of information needed for guiding policy decisions related to homelessness. With this understanding, in September of 1993 the Bureau of the Census convened a conference of researchers, representatives of public interest groups, and government representatives to discuss ways of improving data collection on the homeless population. The consensus among this group was that the decennial census is not the appropriate vehicle for gathering information on the homeless population. They suggested that a new national survey using updated methodologies to obtain an accurate and useful picture of those homeless people who use services in the United States is needed.

The information this new survey would provide is critical for developing the kinds of effective public policy responses needed to break the cycle of homelessness, both through targeted

programs and the leveraging of mainstream resources. This survey would provide up-to-date information about the characteristics of today's homeless population who use services and would tell us how this population has changed since 1987 in urban areas. Included in the survey would be the first national examination of the characteristics of homelessness in rural America, fulfilling a Congressional mandate for a report on this subject.

The national HPWUS survey would:

1. Provide national information on the types of services available to homeless persons in both urban and rural communities.

2. Provide information not addressed by the last national study in 1987 such as: What are the triggering events that precipitate homelessness? Where were homeless people living before they became homeless? How prevalent is AIDS among homeless persons? What impact does rural homelessness have on urban homelessness? What differences are there among homeless persons found in cities, suburbs, and rural areas?

3. Tell us what characteristics of the homeless population have changed since the 1987 study.

4. Collect additional information related to drug use, mental illness, AIDS, tuberculosis, and previous episodes of homelessness.

5. Include smaller cities, nonmetropolitan and rural areas in order to more accurately and fully reflect homelessness in the United States. The survey would interview a sufficient number of people using services in 76 geographic areas to ensure reliability of the national estimates. Twenty-four of these geographic areas would include small cities, nonmetropolitan and rural areas.

The survey would be conducted in two phases. The first stage of the survey would be conducted among service providers in the 76 sample communities. Service providers interviewed would include those with programs specifically targeted at the homeless (e.g. homeless shelters, soup kitchens, homeless outreach programs) as well as other community service providers with programs from which homeless individuals are eligible. The purpose of this survey of service providers would be to assess the types of services available to homeless persons in these metropolitan, suburban, and rural areas.

The second phase of the survey would interview a sample of persons at homeless shelters, soup kitchens, and other service locations where homeless people are found. Interviewers will make repeat visits if necessary in order to obtain a representative sample. In addition to providing data on characteristics of the portion of the homeless population who use services, this phase of the survey would identify homeless subgroups and help determine their use of various types of assistance programs. It would also collect limited comparative data on housed persons with very low incomes who also rely on soup kitchens and other emergency assistance.

The survey will produce data on characteristics at the national level only. The sample design is not large enough to produce estimates of client characteristics at the regional or local levels.

In 1987, the Urban Institute completed a survey of homeless persons. Data from the 1987 Urban Institute study represent the only national level data specific to homeless persons. Since the 1987

study, no significant national studies have been conducted to provide national information about the characteristics of homeless persons using services for homeless people.

HPWUS data will be used to plan future services funded via the McKinney Homeless Assistance Act and other homeless programs to prevent homelessness as well as ameliorate it. Understanding the causes of homelessness can help guide the development of preventive strategies. Data from the HPWUS will be used by the participating agencies to prepare reports in accordance with the requirements of the McKinney Homeless Assistance Act and other homeless assistance programs.

The following targeted programs will benefit from the data collected in the HPWUS.

Emergency/Temporary Shelter Assistance

Emergency Food and Shelter Program (FEMA)
--Assistance directed toward temporary shelter
Emergency Shelter Grants Program (HUD)
Shelter for the Homeless [Department of Defense (DOD)]
Homeless Support Initiatives - Surplus Blankets (DOD)

Food and Nutrition Assistance

Commodities for Soup Kitchens (USDA)
Emergency Food and Shelter Program - Food Assistance (FEMA)
Commissary/Food Bank Initiatives (DOD) and [Department of Transportation (DOT)]
Federal Grain Inspection Service - Donation of
Surplus Samples (USDA)

General Health Assistance

Health Care for the Homeless Grant Program (HHS)
Domiciliary Care for Homeless Veterans Program (VA)

Assistance to Homeless Persons with Disabilities

Projects for Assistance in Transition from Homelessness (PATH) (HHS)
Access to Community Care and Effective Services and Supports (ACCESS) (HHS)
Community Support Program - homeless-specific portion (HHS)
National Institutes of Health (NIH) Research on Homeless (HHS)
Homeless Chronically Mentally Ill Veterans Program (VA)
Safe Havens (HUD)
National Institute on Alcohol Abuse and Alcoholism (NIAAA) Research Demonstration on
Homelessness (HHS)
Drug Abuse Prevention for Runaway & Homeless Youth (HHS)

Education, Training, and Employment Assistance

Educ. Homeless Children & Youth State Grants Prog. (ED)
Exemplary Projects Program - Homeless Children (ED)
Adult Education for the Homeless (ED)
Job Training for the Homeless Demonstration Program (DOL)
Homeless Veterans Reintegration Project (DOL)

Housing Assistance

Transitional Housing Demonstration Program (HHS)
Supportive Housing Demonstration (HUD)

Section 8 Assistance for SROs (HUD)
Single Family Property Disposition Initiatives (HUD)
Transitional Living Program for Homeless Youth (HHS)
Farmer's Home Administration (FMHA) Homes for the Homeless (USDA)
Shelter for Homeless Vets - Acquired Property Sales (VA)
Base Closure Properties (DOD, HUD)

Homeless Prevention

Emergency Food and Shelter Program (FEMA)
-- Prevention Assistance
Emergency Community Services Homeless Grant Program (HHS)

General/Misc. Aid to Homeless Providers

Emergency Community Services Homeless Grant Program (HHS)
Excess & Surplus Federal Real Property [General Services Administration (GSA)/(HUD)/(HHS)]
Runaway and Homeless Youth Program (HHS)

Programs for Homeless Children/Youth/Families

Family Support Centers (HHS)
Transitional Housing Demonstration Program (HHS)
Supportive Housing Demonstration (HUD)
Educ: for Homeless Children & Youth State Grants Program (ED)
Exemplary Projects Program - Homeless Children (ED)
Runaway and Homeless Youth Program (HHS)
Transitional Living Program for Homeless Youth (HHS)
Drug Abuse Prevention for Runaway & Homeless Youth (HHS)

Programs for Homeless Veterans

Domiciliary Care for Homeless Veterans Program (VA)
Homeless Chronically Mentally Ill Veterans Program (VA)
Shelter for Homeless Vets - Acquired Property Sales (VA)
Homeless Veterans Reintegration Project (DOL)

2. Needs and Uses

The pretest of the HPWUS is necessary to ensure that the methodology, and the office and field representative materials meet the operational requirements of the survey. The pretest will test the following critical procedures:

- Developing the comprehensive listing of programs and services for homeless people in the pretest areas.

- Conducting a pre-contact meeting with service providers to ensure their voluntary participation in the survey.

- Testing the process of entering into a Memorandum of Understanding with the service providers to administer payment to the survey respondents and to secure space at the facility to conduct the interview.

- Administering payment to survey respondents via the Memorandum of Understanding.

- Developing the questionnaire wording, Field Representative's training and survey procedures manuals.

- Sampling of persons at each service facility. These procedures must be understood and correctly implemented by Census Bureau field representatives to ensure the statistical integrity of the survey.

- Developing methodology for correcting the duplication of survey respondents and for developing estimates of the population.

The Census Bureau is obtaining a copy of the FEMA Local Recipients file for the pretest counties. The file lists Local Recipient Organizations who currently receive funding from FEMA. The Census Bureau plans to use the file as the initial starting point for list development for the sample areas. The Census Bureau will also call federal and state government offices, agencies, organizations, and knowledgeable local persons to obtain lists of service providers in the area.

The Census Bureau plans to combine the FEMA Local Recipients file with other lists (i.e., Community Action Agencies and Community Services Programs) and generate listings of service providers for each county in the survey and mail the listings along with a copy of the HPWUS - 100B(X), Local Facility Contacts Questionnaire (see Attachment B) and the HPWUS - L1 letter (see Attachment L) to all service providers shown on the FEMA list and all knowledgeable local persons. The government contacts will only be sent the listing of service providers and the HPWUS - L1 letter. The knowledgeable local persons and service providers will be asked to review the listing of all service providers in their area for completeness, and to add any missed service providers to the list (i.e., service providers offering services not funded by FEMA) along with completing the HPWUS - 100B(X) Questionnaire. The government contacts will only be asked to review the listing. Census Bureau personnel also will contact federal and state government offices, agencies, organizations, and knowledgeable local persons to administer the HPWUS - 100A, Government Contacts for Provider Questionnaire. (See Attachment A.)

NOTE: Census Bureau personnel have already completed some initial contacts with federal and state government offices, agencies, organizations, and knowledgeable local persons to begin the list development process.

Shelters for abused women and runaway youths will not be on the listings which will be reviewed but are included in the sample. This is to preserve the confidential locations of shelters for abused women.

The HPWUS-100B(X), Local Facility Contacts Questionnaire collects the following information about the service provider:

- Name

- Contact
- Address
- Telephone Number
- Type of Facility
- Programs Provided
- Services Provided for Homeless/Others at Facility, In Community
- Average Number of Adults and Children Participating in Programs On A Daily Basis, and Percent Homeless
- Average Number of Adults and Children the Facility Serves On A Daily Basis
- Familial Status of Persons the Facility Serves On A Daily Basis
- Public or private affiliation
- Source of funding
- If Shelter Is a Special Facility for Specific Groups
- Number of Facilities Under Contract To, or Accepting Vouchers
- Expected Days of Operation in April
- Expected Days for Specific Programs in April
- Steps Needed to Follow in Order to Obtain Formal Agreement of Participation
- If Facility Maintains a Current Roster of Clients

The Census Bureau will use this information to develop a profile of programs and services in the pretest areas and to select the sample of service providers for the survey.

The Local Facility Contacts Questionnaire may also provide the Census Bureau with additional names of service providers and local persons or organizations knowledgeable about homeless services. (Federal, State, and Local Agencies may not have the name of a service provider if the provider does not receive any federal, state, or local funding.)

After receipt of the reviewed combined FEMA list and the completed HPWUS-100B(X) questionnaires, Census Bureau personnel will remove duplicate entries from the list and prepare a master list of service providers. The Census Bureau will use this master list to select the sample of service providers for the survey. Census Bureau personnel will then verify the HPWUS-100B(X) information with the providers in sample.

Each agency was asked to identify their data needs and to rank the importance of those data requirements. From this ranking, we developed a draft of the proposed Respondent questionnaire HPWUS-200(X). Listed below is a discussion of the survey questions on the Respondent Questionnaire and how the data will be used by HUD, HHS, USDA and other Federal agencies and the other Federal agencies. Section numbers correspond to the section numbers on the questionnaire.

Respondent Questionnaire Cover Page - Items N and O - on the cover page asks the respondent's name and age. Collection of the name (along with the other variables described in Section 4) will be used to eliminate duplicate interviews. Because the sampling and data collection design calls for multiple visits to each provider site, and because one homeless person could be found in more than one sampling frame (e.g., in both soup kitchens and shelters), unduplicating is central to the process of estimating the size of the population.

Question 64 asks for the respondent's social security number. Question 64a asks for the first five digits of the respondent's social security number if the respondent refuses to give

their entire social security number. These questions, along with the name and the other variables described above, are being collected for purposes of unduplicating respondents.

Section 1: Current Living Condition

Questions 1a-7

These questions determine whether or not the respondent is homeless, and are considered essential by all participating agencies. With minor modifications, they are the same screening questions used in Rossi's (1986) Chicago studies, in the National Institute on Drug Abuse (NIDA, 1992) Washington, D.C. Metropolitan Area Drug Study (DC*MADS), and in the Urban Institute's national study (Burt and Cohen, 1988, 1989) which the HPWUS methodology is designed to parallel and extend. For purposes of continuity and comparison, it is important that they remain essentially the same as they were in earlier studies.

Section 2 - Without Permanent Housing

Section 3 - Currently With Permanent Housing

Section 2, Questions 8a-10b, 24-27
Section 3, Questions 33a-40

The answers to these questions are necessary to make estimates of the size of the homeless population. Sampling and estimation experts from the Urban Institute and the Census Bureau developed the questions. Questions 8 and 9 parallel similar questions asked in the 1987 Urban Institute study.

The Census Bureau requires Question 33b to determine if asking respondents to report names of shelters can be used to assess the completeness of the survey's list of shelters.

Section 2, Questions 11-23, 28-32
Section 3, Questions 41-55

These questions are needed to understand the circumstances affecting the respondent in the period immediately before becoming homeless. They have been compiled from similar questions asked in the 1987 Urban Institute study, the DC*MADS study, and other studies. These previously used questions were augmented by questions or item content which pretests revealed to be necessary to give a reasonable understanding of the respondent's experiences. They will reveal the proximate causes of each individual's current homeless episode (or their last homeless episode if they are not now homeless but have been homeless in the past).

HHS considers these questions to be essential and the VA considers them highly desirable. Other agencies whose mission includes efforts to prevent homelessness as well as ameliorate it may also consider them desirable. An understanding of proximate causes can help guide the development of preventive strategies.

Section 2, Questions 11-15
Section 3, Questions 41-44

These questions are either identical to or minor modifications of questions asked in the 1987 Urban Institute study. We modified the wording of some questions to make sure that the respondent and the researcher mean the same thing by their answers (e.g., on Question 13, some women living with their children will say they live alone, because they do not live with a spouse or boyfriend. We want to be sure that "alone" means "alone.")

Section 2, Questions 16a and b
Section 3, Questions 45a and b

These questions are modified versions of a question asked in the 1987 Urban Institute study. We changed the format from obtaining only a single response to probing for all relevant responses and then asking the respondent to identify the primary reason. This eliminates the difficulty in interpreting single responses such as Respondent 1 saying "couldn't pay the rent," Respondent 2 saying "lost my job," and Respondent 3 saying "Was doing drugs," when all three could not pay the rent because they lost their jobs because they were doing drugs.

Section 2, Questions 17-19
Section 3, Questions 46-47c

These questions were not in the 1987 Urban Institute study.

Subsequent research by NIDA (1992) indicates that many homeless people spend a considerable amount of time in institutions or in temporary arrangements with friends or family between the interview date and the time when they last had a permanent place to stay (Question 11). In other words, they are not literally homeless during the whole period since they last had a permanent place to stay. The answers to these questions will let us determine how much of the time they were literally homeless.

Section 2, Question 20

We want this question included to learn whether respondents have any experience in the housing market on their own. Never having been a primary tenant has been shown (Weitzman, 1989) to differentiate homeless from never-homeless families.

Section 2, Questions 21-23
Section 3, Questions 48-50

HHS requested these questions. Local studies (Piliavin, Sosin, and Westerfelt, 1986; Sosin, Colson and Grossman, 1988) have shown seriously elevated rates of childhood experiences in foster care among the adult homeless. The answers to these questions will help identify the prevalence of childhood out-of-home placement and runaway behavior among the adult homeless population for the first time on a national sample. High prevalence could indicate a preventive role in programs within HHS responsibility.

Section 2, Questions 28-32
Section 3, Questions 51-55

These questions are of interest to Department of Agriculture - Farmers Home Administration (FmHA), FEMA,and HHS' Health Care for the Homeless program--the federal agencies supporting emergency services. Answers to these questions will provide some explanation of the movement of homeless people from one type of community to another, such as the

push of no services or no jobs in the community left behind and the pull of expected services and economic opportunities in the community where respondents are interviewed. They will also help identify the conditions that generate homelessness, which may not be the same conditions as those in the community where homeless people are interviewed.

Section 4: Demographics

Questions 56-64a

All the sponsoring agencies consider basic demographic questions which describe the population to be essential. In addition, Question 60 may help explain a lack of participation in the labor force at the time of the interview, and Questions 61a, 61b, 62a and 62b provide data about possible educational difficulties and deficits in addition to the simple fact of "last grade completed." They may help define possible prevention strategies.

Questions 58, 64, and 64a

Question 58 asks for the respondent's date of birth. The date of birth serves a very important purpose of eliminating duplicate interviews. A unique identifier is created using the respondent's date of birth, gender, and one or two other variables. The data set is then searched for duplicates. Because the sampling and data collection design calls for multiple visits to each provider site, and because one homeless person could be found in more than one sampling frame (e.g., in both soup kitchens and shelters), unduplicating is central to the process of estimating the size of the population.

Question 64 asks for the respondent's social security number. Question 64a asks for the first five digits of the respondent's social security number if they refuse to give their entire social security number in response to question 64. These are being collected as one of the other unduplicating variables. The Bureau of the Census, HHS, and the other sponsoring agencies will hold this information in the strictest of confidence and will ensure it is available only to researchers at HHS, the other sponsoring agencies and Bureau of the Census staff.

Section 5: Children and Education

Questions 65-71h

ED and HHS consider these questions to be essential. Answers to this set of questions will show the degree to which homelessness has split families, and which children have been separated from their parent(s). This information is important for planning reunification, housing, and other needs of homeless families.

The information is of primary interest to ED, and the questions about school attendance and barriers are directly relevant to ED's agency mission under the McKinney Act and Congressional directives to gather this information and report it to Congress.

Questions 71b, 71d

We added the pre-school content of these questions for children ages 3-5 at the specific request of HHS. ED requested the other content of these questions.

Questions 71g, 71h

We added the questions about day care at the specific request of HHS.

Question 72

All participating agencies consider this question, on the composition of homeless households to be essential.

Question 73

HHS specifically requested that this question be included on the questionnaire. A pregnancy experienced by a precariously housed woman has been shown to make her more vulnerable to literal homelessness (Weitzman, 1989).

Section 6 - Employment

Questions 74-79

HHS considers these questions to be essential, and the VA considers them desirable. Where the Bureau of Labor Statistics (BLS) routinely asks questions with appropriate content in its national surveys, we adopted the BLS wording for this survey so answers for the homeless can be compared with nationally representative data.

Section 7 - Sources of Income and Service Use

Questions 80-84

HHS considers all questions in this section to be essential. VA also considers Question 80 essential. These questions describe receipt of benefits, other income sources, and total income for the month before the interview. They also describe respondent experiences with a variety of HHS, USDA, and local government benefits, including any change of benefits that might have played a role in the respondent becoming homeless.

Section 8 - Veteran Status

Questions 85-89

The VA submitted these questions and considers them essential. In particular, they have no other national source of data on war zone or combat exposure (Questions 87 and 88), which may play a critical role in the need for services as an antecedent of homelessness.

Section 9 - Food Intake

Questions 90-93

These questions are considered essential by HHS.

Questions 94a-95b

The Census Bureau needs these questions to calculate estimates of the number of homeless people.

The Census Bureau requires Question 95b to determine if asking respondents to report names of soup kitchens can be used to assess the completeness of the survey's list of soup kitchens.

Section 10 - Current Physical Health

Question 96

HHS and VA consider this item essential.

Questions 97-117

HHS considers questions 97-107 to be essential. For many questions, the set of items to be asked about were specified by agency personnel (e.g., specific health conditions for Question 96, specific service sites for Question 99; all of Questions 101 and 103).

The VA needs information about the use of VA facilities. The VA considers the VA-relevant information in Question 99 essential, as it will assist them in determining whether veterans are using other medical facilities to the exclusion of, or in addition to, VA facilities.

Section 11 - Victimization and Imprisonment

Questions 118a-120c

HHS, ED and VA requested that these questions be included on the questionnaire. Several divisions of HHS specifically requested all of the components of Question 120, and question 118c (juvenile detention). A great deal of evidence suggests that parental neglect and abuse (asked about in Questions 120a-c) is implicated in runaway behavior and youth homelessness (Robertson, 1991). It is also obviously a precursor of childhood out-of-home placement, which in turn is associated with both youth and adult homelessness. (Piliavin, Sosin and Westerfelt, 1986; Sosin, Colson and Grossman, 1988). The answers to these questions will reveal the degree to which the present homeless population has these experiences in their background as potential contributing factors to their homelessness.

Section 12 - Mental Health

Questions 121a-126b

HHS considers these questions essential. The remaining agencies completing the ratings considered them highly desirable. Given the evidence for serious mental illness among sizable proportions of the homeless population, these questions will provide data to understand how mental illness relates to the many other factors included in the interview protocol, including use of services and benefit receipt.

Questions 121a-124

Questions 121a-124 are taken directly from the Psychiatric section of the Addiction Severity Index (ASI), an instrument developed by NIAAA to assess addictions and related conditions. These questions form a scale; answers are summed to form a score, which can be compared to national norms for this segment of the ASI. The ability to compare homeless people's responses to a national norm will let us determine where homeless people fit on the continuum of mental health problems. All items in Questions 121a-124 must be present to construct the scale score.

Questions 125-126b

Questions 125-126b are also taken from the ASI, with minor modifications as accepted by NIMH's Program for the Homeless Mentally Ill. They give evidence of treatment patterns (or lack there of), and will supply NIMH with an estimate of unmet service need, as well as the usual sources of care sought by the homeless mentally ill.

Section 13 - Chemical Dependency

Questions 127a-151

HHS considers these questions essential. The remaining agencies completing the ratings consider them highly desirable. Given the evidence for substance abuse among sizable proportions of the homeless population, these questions will provide data to understand how alcoholism and drug abuse relate to the many other factors included in the interview protocol--especially antecedents of homelessness.

Questions 127a-132, 142-144

Questions 127a-132 and 142-144 are taken directly from the Addiction Severity Index (ASI, McLellan et al., 1991, see above). These questions form several scales; answers are summed to form scores, which can be compared to national norms and norms for treatment populations for this segment of the ASI. The ability to compare homeless people's responses to national norms and norms for treatment populations will let us determine where homeless people fit on the continuum of chemical dependency problems. All items in Questions 127a-132 and 142-144 must be present to construct the scale score, and NIAAA has strongly expressed an interest in seeing the scales included in their entirety on this interview protocol.

Questions 135-139, 147-150

Questions 135-139 (for alcohol treatment) and 147-150 (for drug treatment) are also taken from the ASI, with minor modifications as accepted by NIAAA/NIDA. They give evidence of treatment patterns (or lack there of), and will supply NIMH with an estimate of unmet service need, as well as the usual sources of care sought by homeless substance abusers.

Questions 133, 144

The items in these questions are taken from the Short Michigan Alcoholism Screening Test (Question 122--Selzer, Vinokur, and van Rooijen, 1975) and the Drug Abuse Screening Test (Question 132--Skinner, 1982). Both of the original instruments are too long to include in this study in their entirety (24 and 28 items, respectively). However, the inclusion of some measure of symptomatology related to substance abuse was felt to be important, to detect the level of functional impairment related to substance abuse among those who never sought treatment as well as among those who have. In each case the eight items selected are those with the highest correlations with the total scale score for the original scale ($r=.7$ or higher). Scores based on these selected items should function in virtually the same way as scores we would obtain if we used all of each instrument.

Questions 134, 145

These questions assess the respondent's age when heavy alcohol or drug use began. We are including these questions to assure that we will know the duration of the respondents substance abuse problems. Answers to these questions augment the information on the earliest and most recent treatment, and will provide a more complete picture of the respondents' involvement with alcohol and drugs.

Question 151

This question is asked so that respondents can provide their general impressions on the availability and quality of services in their community.

3. Efforts to Minimize Burden

Not applicable. Respondents are individuals at service sites who cannot respond with computer tapes, disks or punch cards. We are also minimizing the burden of the FEMA Local Board Contact Persons, government contacts, service providers and knowledgeable local persons by giving them the combined FEMA listing to review as opposed to asking them to list all service providers in their area.

4. Efforts to Identify Duplication, and Use of Available Information

HUD consulted with other government agencies and outside experts and determined that the proposed national HPWUS will be the only current, national data source with detailed information on the number of literally homeless persons who use services. The most recent national data is the 1987 Urban Institute Study.

In March 1987, the Urban Institute conducted a survey of homeless persons who used services in cities of 100,000 or more. The HPWUS is intended to parallel and extend the methodology used by the Urban Institute in the 1987 survey to capture a higher proportion of the literally homeless population who use services.

a. The HPWUS will include additional geographical coverage. Cities with populations of 100,000 or less and areas outside of cities will be included in the survey sample. (The 1987 Urban Institute survey only included cities with populations over 100,000.)

b. The HPWUS will include additional topic coverage. The respondent questionnaire covers more topics and in greater depth than was covered in the 1987 Urban Institute Survey. There are also some questions similar to those in the 1987 survey so that a comparison may be made between the results of the two surveys. (The 1987 Urban Institute survey only asked about drug treatment. The HPWUS asks about drug treatment, as well as, types and frequencies of drugs used, and information about mental health.)

c. The interview period for the pretest of the HPWUS will be two weeks and for the national survey a month. The interview period for the Urban Institute's 1987 survey was one week.

While the results from the Urban Institute's 1987 survey provide characteristics of homeless persons who used services, it does not include the HPWUS's additional emphasis on geographical and topic coverage as described in A.4. Thus, there is no similar information available that could be used or modified for use for the purposes described.

5. Minimizing Burden on Small Businesses

The Census Bureau plans on using the combined FEMA Local Recipients file to generate county listings of service providers for each county in the survey and mail the listings along with a copy of the HPWUS-100B(X), Local Facility Contacts Questionnaire, to all service providers shown on the FEMA list and all knowledgeable local persons. The government contacts will only be sent the listing of service providers. The knowledgeable local persons and service providers will be asked to review the listing for completeness of all service providers in their area and to add any missed service providers to the list, along with completing the HPWUS - 100B(X) questionnaire. The government contacts will only be asked to review the listing. The Census Bureau believes the file will provide an initial comprehensive listing of service providers currently offering services to the homeless thus reducing the burden of the service providers, government contacts, and knowledgeable local persons. No small businesses will be contacted.

6. Consequences of Less Frequent Collection

Not applicable. This is a one-time survey. The pretest is scheduled to be conducted in April 1995 and the national survey is planned for February 1996.

7. Consistency with 5 CFR 1320.6

The Census Bureau will collect these data in a manner consistent with the guidelines in 5 CFR 1320.6.

8. Consultations Outside the Agency

Consultations have been made with the following people:
Dr. Martha Burt
The Urban Institute
2100 M Street, NW
Washington, DC 20037
Tel: (202) 857-8551

Ms. Lorraine Reilly
The Urban Institute
2100 M Street, NW
Washington, DC 20037
Tel: (202) 857-8551

Dr. Michael Dennis
Research Triangle Institute
Center for Social Research and
Policy Analysis
P.O. Box 12194
Research Triangle Park, NC 27709-2194

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Tel: (919) 541-6429

Dr. Greg Owen
Wilder Foundation
Wilder Research Center
1295 Bandana Blvd., North - Suite 210
St. Paul, MN 55108-5197
Tel: (612) 647-4612

Ms. Joanne Wiggins
U.S. Dept. of Education
600 Independence Avenue, SW - Room 4143
Washington, DC 20202
Tel: (202) 401-1958

Mr. Tom Faggen
U.S. Dept. of Education
400 Maryland Avenue, SW - Room 2043
Washington, DC 20202
Tel: (202) 401-1682

Mr. John Pentecost
USDA - FmHA
Room 5345 - South
MFHD - PD
Washington, DC 20250
Tel: (202) 720-8983

Mr. Tom Sanders
USDA - FmHA
Room 5343 - South
MFHD - PD
Washington, DC 20250
Tel: (202) 720-1626

Ms. Amy Donoghue
USDA - FmHA - PAS
3101 Park Center Drive - Room 1130
Alexandria, VA 22302
Tel: (703) 305-2920

Ms. Jean Whaley
Dept. of Housing and Urban Development
451 Seventh Street, SW - Room 7267
Washington, DC 20410
Tel: (202) 708-1234

Ms. Jane Karadbil
Dept. of Housing and Urban Development
451 Seventh Street, SW - Room 8112
Washington, DC 20410

Tel: (202) 708-1537

Mr. Lafayette Grisby
Dept. of Labor
Room N-5637
200 Constitution Avenue, NW
Washington, DC 20210
Tel: (202) 535-0677

Mr. John Heinberg
Dept. of Labor
Room N-5637
200 Constitution Avenue, NW
Washington, DC 20210
Tel: (202) 535-0682

Mr. David Lah
Dept. of Labor
Room N-5637
200 Constitution Avenue, NW
Washington, DC 20210
Tel: (202) 535-0682

Mr. Eric Lindblom (IIIC)
Office of Mental Health
Dept. of Veterans Affairs
801 Vermont Avenue, NW
Washington, DC 20420
Tel: (202) 535-7311

Dr. Robert Rosenheck, MD
VA Medical Center
NEPEC - 182
950 Campbell Avenue
West Haven, CT 06516
Tel: (203) 937-3850

Ms. Cynthia Taeuber
Congressional Affairs Office
Bureau of the Census
Washington, DC 20233
Tel: (301) 457-4358

Ms. Annetta Clark
Age and Sex Statistics Branch
Population Division
Bureau of the Census
Washington, DC 20233
Tel: (301) 457-2378

Ms. Denise Smith
Age and Sex Statistics Branch
Population Division
Bureau of the Census

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Washington, DC 20233
Tel: (301) 457-2378

Dr. Charles H. Alexander
Demographic Statistical Methods Division
Bureau of the Census
Washington, DC 20233
Tel: (301) 457-4290

Mr. David Hubble
Victimization and Expenditure Branch
Demographic Statistical Methods Division
Bureau of the Census
Washington, DC 20233
Tel: (301) 457-4239

Ms. Marjorie Dauphin
Victimization and Expenditure Branch
Demographic Statistical Methods Division
Bureau of the Census
Washington, DC 20233
Tel: (301) 457-4270

Ms. Miriam Rosenthal
Victimization and Expenditure Branch
Demographic Statistical Methods Division
Bureau of the Census
Washington, DC 20233
Tel: (301) 457-4270

Mr. John Bushery
Quality Assurance and Evaluation Branch
Demographic Statistical Methods Division
Bureau of the Census
Washington, DC 20233
Tel: (301) 457-1915

Ms. Andrea Meier
Quality Assurance and Evaluation Branch
Demographic Statistical Methods Division
Bureau of the Census
Washington, DC 20233
Tel: (301) 457-1983

Mr. Michael McMan
Field Division
Bureau of the Census
Washington, DC 20233
Tel: (301) 457-4901

Mr. Chester Bowie
Demographic Surveys Division
Bureau of the Census
Washington, DC 20233

Tel: (301) 457-3773

Mr. Steven Tourkin
Methods, Procedures and Quality Control Branch
Demographic Surveys Division
Bureau of the Census
Washington, DC 20233
Tel: (301) 457-3791

Ms. Jacquie Lawing
Deputy Assistant Secretary for Economic Development
Department of Housing and Urban Development
451 Seventh Street, SW, Suite 7204
Washington, DC 20410
Tel: (202) 708-0270

Mr. Mark Johnston
Senior Advisor on Homelessness
Department of Housing and Urban Development
451 Seventh Street, SW, Room 7274
Washington, DC 20410
Tel: (202) 708-5528

Mr. Mike Roanhouse
Office of Special Needs Assistance
Department of Housing and Urban Development
451 Seventh Street, SW, Room 7258
Washington, DC 20410
Tel: (202) 708-1234

Mr. James Hoben
Office of Policy Development and Research
Department of Housing and Urban Development
451 Seventh Street, SW
Washington, DC 20410
Tel: (202) 708-0574

Mr. Gerald Britten
Deputy Assistant Secretary for Program Systems
Department of Health and Human Services
200 Independence Avenue, SW
Room 447D
Washington, DC 20201
Tel: (202) 690-8774

Ms. Mary Ellen O'Connell
Office of the Assistant Secretary for Planning and Evaluation
200 Independence Avenue, SW
Room 447D
Washington, DC 20201
Tel: (202) 260-0391

Mr. Fred Osher (formerly of)
Office of Programs for the Homeless

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Mentally Ill
National Institute of Mental Health
Dept. of Health and Human Services
Parklawn Bldg., Room 3C06
5600 Fishers Lane
Rockville, MD 20857
Tel: (301) 443-3706

Mr. Walter Leginski
Homeless Programs Branch
Center for Mental Health Services
Parklawn Building, room 11c-05
Rockville, MD 20857

Dr. Robert Huebner, Ph.D.
Health Services Research Branch
National Institute of Alcohol Abuse
and Alcoholism
Dept. of Health and Human Services
Willow Buidling, Suite 505
600 Executive Boulevard
Rockville, MD 20892-7003
Tel: (301) 443-0786

Mr. Steve Bartolomei-Hill
Human Service Policy
Office of the Assistant Secretary
for Planning and Evaluation
Dept. of Health and Human Services
Hubert H. Humphrey Bldg., Room 410E
200 Independence Avenue, SW
Washington, DC 20201
Tel: (202) 690-7148

Ms. Rhoda Davis
Office of Supplemental Security Income
Dept. of Health and Human Services
Altmeyer Building
6401 Security Blvd.
Baltimore, MD 21235
Tel: (410) 965-6210

Ms. Terry Lewis
Administration on Children, Youth,
and Families
Administration for Children and Families
Dept. of Health and Human Services
Mary E. Switzer Bldg., Room 2426
330 C Street, SW
Washington, DC 20201
Tel: (202) 205-8051

Dr. Joan Turek Brezina, Ph.D.
Program Systems
Office of the Assistant Secretary
for Planning and Evaluation

Dept. of Health and Human Services
Hubert H. Humphrey Bldg., Room 444F
200 Independence Avenue, SW
Washington, DC 20201
Tel: (202) 690-6141

Mr. Mike Jewel (formerly of)
Office of the Assistant Secretary
for Planning and Evaluation
Dept. of Health and Human Services
Hubert H. Humphrey Bldg - Room 447D
200 Independence Avenue, SW
Washington, DC 20201
Tel: (202) 690-7316

Ms. Peg Washnitzer
Office of Community Services
Administration for Children and Families
Dept. of Health and Human Services
Aerospace Bldg., 7th Floor
370 L'Enfant Promenade, SW
Washington, DC 20447
Tel: (202) 401-2333

Mr. Richard Chambers
Division of Intergovernmental Affairs
Health Care Financing Administration
Dept. of Health and Human Services
Hubert H. Humphrey Bldg., Room 410B
200 Independence Avenue, SW
Washington, DC 20201
Tel: (202) 690-6257

Ms. Joan Holloway
Health Resources and Services
Administration
Public Health Services
Dept. of Health and Human Services
Parklawn Bldg., Room 9-12
5600 Fishers Lane
Rockville, MD 20857
Tel: (301) 443-8134

Ms. Marsha A. Martin
Executive Director
Interagency Council on the Homeless
457 Seventh Street, NW
Washington, DC
Tel: (202) 708-1480

Mr. George Ferguson
Interagency Council on the Homeless
457 Seventh Street, NW
Washington, DC
Tel: (202) 708-1480

Ms. Della Hughes
National Network of Runaway and
Youth Services
1319 F Street, N.W.
Suite 401
Washington, D.C. 20004
Tel: (202) 783-7949

Ms. Vera Johnson
SASHA Bruce Center Runaway Shelter
1022 Maryland Avenue, N.E.
Washington, D.C. 20002
Tel: (202) 675-9340

As a result of these consultations, all issues were resolved.

9. Assurance of Confidentiality

The provisions of the Privacy Act of 1974 (5 USC 552a) assure the confidentiality of the data from this survey.

During the pretest and the national survey, the field representatives will inform all service providers and respondents verbally of the confidentiality of their responses and the voluntary nature of the HPWUS along with other information required by the Privacy Act of 1974 at the time of initial contact. As can be seen on the HPWUS questionnaire cover sheets (Attachments A and B respectively), a statement of confidentiality assurance is printed at the top of the form. Careful procedures are followed by the Bureau of the Census to assure privacy during the interview, and to protect the confidentiality of materials generated during the course of the interview. Every Bureau of the Census employee takes an oath and is subject to a jail sentence and a fine for improperly disclosing any information that would identify an individual or household. All field representatives are trained to interview respondents in private. All questionnaires associated with the HPWUS pretest and national survey will be kept under secured conditions by the Bureau of the Census.

10. Justification for Sensitive Questions

The HPWUS 100(A) AND 100(B) questionnaires do not include any questions of a sensitive nature. The HPWUS 200(X) questionnaire has the following sensitive questions:

Section 9 - Question 94

Question 94 asks respondents how they get their food and where they eat. The field representatives will read the response categories to the respondent. One of the possible answers is 'trash cans'. When planning services to feed the homeless population, it is critical to understand where they get their food. We need to know the number of persons who eat from trash cans.

Section 10 - Question 96

Question 96 asks respondents about their medical condition. The field representatives will read the response categories to the respondent. Possible responses include 'test positive for HIV', 'have AIDS', and 'use drugs intravenously'. There is increasing concern about the number of homeless persons with these conditions. Information about these, and other conditions, is essential when planning health care services for the homeless.

Section 11 - Questions 119c and d and 120a-c

These questions ask about parental neglect and abuse. A great deal of evidence suggest that parental neglect and abuse asked about in questions 120a-c is implicated in runaway behavior and youth homelessness. The answers to these questions will reveal the degree to which the present homeless population has these experiences in their background as potential contributing factors to their homelessness.

11. Cost

The total estimated cost for the pretest of the Survey of Homeless Persons Who Use Services is $350,000. We compiled this estimate using individual estimates developed within each Census Bureau division involved in this survey. Estimates are based on the size of the sample and the length of the questionnaires. Administrative overheads, design, printing and mailing costs, and the payment of service providers ($200 to each service provider) and respondents ($10 to each respondent for a completed interview) is included.

The only cost to the service providers and the respondents is the time it takes to complete the questionnaire.

12. Estimate of Respondent Burden

The projected number of government contacts, service providers and respondents to be contacted and the estimated burden for the survey are indicated below:

Forms	Estimated Number of Contacts/ Service Providers/ Respondents	Time (Minutes)	Total Burden (Hours)
Government Contacts for Providers Questionnaire HPWUS-100A	35	5 minutes	3 hours
Review of Combined FEMA list and completion of Local Facility Contacts Questionnaire HPWUS-100B(X)	125	60 minutes	125 hours
Respondent Questionnaire HPWUS - 200	72	45 minutes	54 hours
Nonrespondents	18	7 minutes	2 hours
Total	250	117 minutes	184 hours

We estimate the average time to complete the Government Contacts for Providers Questionnaire (refer to Attachment A) to be 5 minutes; the review of the Combined FEMA list and completion of the Local Facility Contacts Questionnaire (refer to Attachment B) to be 60 minutes and the Service Provider Questionnaire (refer to Attachment C) to be 30 minutes. These estimates are based on in-house testing of the questionnaires by the Census Bureau.

We estimate the information burden for these forms to be 184 hours. This includes:

- 3 hours for the completion of Government Contacts For Providers Questionnaire;
- 125 hours for review of the combined FEMA list and completion of the Local Facility Contacts Questionnaire;
- 56 hours for the Service User Questionnaire.

13. Reason for Change in Burden

Not Applicable. This is a new survey. There are, therefore, 0 hours in the current OMB inventory.

14. Project Schedule

The Census Bureau plans on mailing the listings of service providers (shelters, soup kitchens, and homeless outreach programs) from the combined FEMA Local Recipient file and the HPWUS - L1 letter along with the HPWUS - 100B(X) questionnaire as is appropriate, for those areas in sample to obtain the list of service providers and food pantries in the rural areas. Census Bureau personnel also will contact individuals from federal and state governments, agencies, organizations and knowledgeable local persons and administer the HPWUS-100A questionnaire to obtain the lists of service providers. The Census Bureau will conduct a short 5 minute interview with each service provider to obtain preliminary information and ask all service providers to review the list for their area for accuracy. The Census Bureau will conduct these operations during March and April of 1995. The Census Bureau will also conduct interviews with the service providers during March and April of 1995. The Census Bureau will conduct the interviews with the respondents during April 1995.

B. Collection of Information Employing Statistical Methods

1. Universe and Respondent Selection

The Census Bureau will conduct the pretest of the HPWUS in three areas: Pittsburgh, PA, (includes Allegheny, Fayette, Washington, and Westmoreland Counties); Armstrong County Community Action Agency Catchment area, a Community Assistance Program (CAP) outside the Pittsburgh area; and Atlanta, GA. The Census Bureau will select a sample of three shelters, soup kitchens and/or homeless outreach programs per area and conduct five interviews at each site, twice during the month, for a total of 90 interviews.

The survey will provide detailed characteristics about literally homeless persons who use services. Most research to date has been conducted in urban and suburban areas. For such areas, there is a growing consensus among researchers that a service-based survey design with multiple visits will give a good representation of the homeless population. For other areas, such as nonmetropolitan counties and rural parts of metropolitan areas, the consensus is that service sites are sometimes not adequate to cover the homeless. The Department of Agriculture asked us to expand the survey so that information about rural homelessness can be collected. The Census Bureau identified ways to design the survey to produce reasonably precise estimates of rural homelessness. However, it should be noted that the procedures for measuring rural homelessness will be less sophisticated than our procedures in urban areas. There is much to learn about rural areas and the HPWUS is an excellent opportunity to collect information about rural homelessness. The sampling frame for the rural population of the survey is Community Assistance Program (CAP) "Catchment Areas". CAP catchment areas are counties grouped together to receive funding and provide services to the needy and are served by a CAP agency. Our preliminary research indicates that CAP agencies are a good source for lists of services in the nonmetropolitan areas they cover.

2. Procedures for Collecting Information

Sampled Service Sites

The Census Bureau will conduct the pretest in three areas. Within each site, a comprehensive list of service providers will be developed. Service providers will be randomly selected for inclusion in the pretest, and randomly assigned two days for interviewing. The sample of service providers will be stratified by type of service provided and volume of activity.

To reduce the total duration of the pretest, the pretest sample will be selected from an early version of the list of providers, rather than waiting for the final, comprehensive list. This will still give an adequate test of all procedures.

Sampled Respondents

Respondents will be randomly selected for inclusion in the survey at each of the service sites in sample.

Estimation

No estimation will result from the pretest, but information will be collected during the pretest to evaluate estimation methods for the national survey in 1996.

Several basic types of estimates are needed from the survey:

a. Weighted estimates of the average number of persons using services on any given day in April;

b. Weighted estimates of the total number of persons using services at any time during April.

Other estimates can be derived from these. For example, the weights applied to obtain estimates a. or b. could be used for estimates only of those service-using persons who are homeless according to different definitions of homelessness. For the national survey, it is likely that we will give a range of estimates, corresponding to different assumptions about coverage and multiplicity biases.

The weights for a. will be standard survey weights based on the selection probability, with adjustments for nonresponse. There will need to be a "multiplicity" adjustment to reduce the relative weight of people who have two chances of selection because they use both shelters and soup kitchens, as determined from the questionnaire. The pretest results will be used to determine the optimum mix of shelters and soup kitchens for the 1996 national survey.

For b. we are considering three estimation methods. One purpose of the pretest is to get information to evaluate these methods.

METHOD 1: The weight will be proportional to the number of consecutive days prior to the interview (up to 28 days) that the person did not use a shelter (for the shelter sample) or soup kitchen (for the soup kitchen sample). For example, a person who says this is their first

night in any shelter in the last 28 days will be given a weight 28 times the typical weight of a person who was in a shelter the night before. (Intuitively, the method assumes that for every person we find who is just entering homelessness, there are 27 others whom we miss because we didn't happen to interview them on their first day.) There is a precise mathematical justification for the method as giving an unbiased estimate of the total number of service users during 28-day periods centered around February, making some assumptions that overall patterns of service use are fairly constant throughout the month.

This is intended to be our primary method. The potential drawback of this method would be if the pretest finds too many people who are just starting to use services after a long absence, resulting in too many large weights. Limited research from 1990 census evaluation projects suggests that this should not be a problem. However, if this turns out to be a problem we would either use the Method 2 or use Method 1 with a 7-day "window" instead of a 28-day "window".

METHOD 2: The weight will be inversely proportional to the number of days in the last week the respondent used a shelter (for the shelter sample) or soup kitchen (for the soup kitchen sample). This is the procedure used in the 1987 Urban Institute study. We will ask this question for comparability with that survey. This approach has two disadvantages. First, even if the questions are answered accurately, the method has a mathematical bias unless each person has the same pattern of service use each week. Second, it is not reasonable to ask a person for his/her average shelter use for an entire month, so the method cannot give direct estimates for the total number using services during a period longer than a week.

METHOD 3: Capture-recapture. We do not intend to use this method during the pretest, but we will test the matching procedures as if we were using this method. Our pretest sample will be designed to limit the number of times we encounter the same individual. We are not using capture-recapture estimation, we would have to select the sample independently each day, so that there would be a chance that a person or small shelter might come into sample numerous times.

The Urban Institute and the Census Bureau developed the survey design. As part of Joint Statistical Agreements between the Urban Institute and the Census Bureau, the following operational papers were developed. The papers are included as part of this OMB Clearance request.

Joint Statistical Agreement 91-30

-- Developing a Provider List - November 27, 1991
-- Methodological Issues and Options - November 27, 1991
-- Options for Evaluating Coverage in Urban Areas - December 10, 1991
-- Ranking of Data Items by Federal Agencies - December 10, 1991

Joint Statistical Agreement 92-01

-- Draft Questionnaire and Agency Data Needs - March 26, 1992
-- Developing Provider Lists for a National Homeless Survey - March 26, 1992
-- Proposed Methodology for a National Homeless Survey - March 26, 1992
-- Questions for Unduplicating and for Estimating a Month-Long Point Prevalence and Annual Prevalence - March 26, 1992
-- Developing Estimates of the Number of Service Providers in Different Strata -

April 10, 1992
-- Options for Evaluating Survey Coverage in Urban Areas, and Preliminary Information on Rural Areas - April 10, 1992

Joint Statistical Agreement 92-04 (See Attachment L)

-- Mechanics of List Development and Additional Field and Survey Procedures - August 14, 1992
-- Estimates of Service Providers and Users in Non-MSA Areas, and Options for Evaluating Survey Coverage in These Areas - August 4, 1992

3. Methods to Maximize Response

a. Survey Frame

New research indicates the greatest improvement in coverage of the homeless population is through multiple visits to service sites (e.g., soup kitchens and shelters) and outreach programs during a four-week period. The HPWUS survey design uses a service-based methodology. A "service user" is anyone who uses generic services or shelters, soup kitchens, or other services for the homeless. The survey frame will include shelters, soup kitchens, and outreach programs. A "non-service user" is anyone who does not use any of these services.

According to the 1987 Urban Institute study, the shelter frame covers homeless people who use shelters, which may be 35 to 40 percent of the homeless on any given night, and about 50 percent over the course of a week. If conducted on a one-night basis, the shelters' sampling frame taken by itself will miss many homeless who use shelters infrequently, homeless service users who do not use shelters but do use soup kitchens and other services, and homeless people who do not use any services. If data collection involves repeated samples from the same shelters over the course of a week or a month, a considerably higher proportion of the homeless (perhaps as high as 70 percent) is likely to be captured through a methodology based on shelters.

The soup kitchen sampling frame, taken by itself over the course of a week, will capture a proportion of very poor people residing in conventional dwellings who may turn out to be at imminent risk of homelessness. According to the 1987 Urban Institute study, 43 percent of soup kitchen users are not literally homeless. When shelter and soup kitchen frames are combined during the course of a week, the shelter and soup kitchen frames will probably cover about 70 percent of the literally homeless and a small but unknown proportion of the service-using at-risk population. When data collection covers a month (as planned for the national survey), the coverage will be even greater--perhaps as high as 85-90 percent of the literally homeless.

In many cites, the array of services for the homeless include one or more outreach programs. These programs may be operated by a shelter, soup kitchen, drop-in center, health care center, neighborhood center, or other service facility. Their target population is homeless people who do not routinely use shelters or soup kitchens. The outreach programs typically distribute food, and sometimes blankets or warm clothing. Outreach teams typically follow a route that covers the known locations frequented by homeless street people, or where homeless street people assemble at the time they know the "food wagon" will come by. Including outreach programs in a design as a

sampling frame allows one to maintain the control and efficiency associated with sampling service programs and their users, while still reaching the "reachable" proportion of the street homeless population. Outreach programs are probably the best single source of information about the hidden street population and the most cost effective opportunity to make contact with the street population. Additional enumeration of street locations and encampments yields little overall coverage improvement when shelters, soup kitchens, and outreach programs are interviewed multiple times over a month.

The HPWUS is designed to cover as much of the literally homeless population as possible and still meet the cost considerations of the sponsors. From previous research, it appears that up to 90 percent coverage of the literally homeless population is achievable with the shelter/soup kitchen/ outreach programs methodology conducted during a winter month. This service-based methodology will be considerably cheaper and easier than implementing a street enumeration to attempt to get the last 10 percent. In addition, even if the resources were committed to achieve full coverage, there is no guarantee we would get the last 10 percent.

b. Incentives to Participate in the Survey

Private university researchers, usually with funding from federal grants, have conducted past homeless surveys. In the past, researchers have paid respondents to participate in a survey, usually about $20. The HPWUS survey will impose an extra burden on the service providers who are asked to participate in the survey since they will: participate in pre-contact meeting(s) with Census Bureau regional office staff; provide space at their facility for the Census Bureau's field representatives to interview sample persons on scheduled days and at scheduled times; and administer cash payments to the survey respondents.
The HPWUS survey also will impose extra burden on the selected sample of homeless persons because they will be asked to remain at the service provider's facility for an interview that may take 45 minutes and respond to personal questions. Given these circumstances, we feel it is appropriate to offer a monetary incentive of $200 to each service provider and $10 to each respondent to guarantee their cooperation in the survey.

While there is no research specifically on the effects of paying the homeless, there is a strong research basis for the use of monetary incentives to increase the cooperation of economically disadvantaged populations. Two studies using random assignment have carefully examined the impact of incentives on survey cooperation.

The first study, by Stuart H. Kerachsky and Charles D. Mallor (1981), examined the use of incentives in surveys of Job Corps participants and a comparison group. Five thousand eight hundred people participated in the study. The survey population consisted of economically disadvantaged youths aged 16-21 at the beginning of the study. (The survey respondents were interviewed 3 times over 18 months). Survey respondents were offered either no incentive or a $5 payment for their participation in the 30 minute survey. (The 1991 equivalent value of the incentive payment is approximately $15.)

The impact of the monetary incentives was determined by comparing the survey response rates and other outcomes for the experimental group (the $5 incentive group)

to those for the control group (the $0 incentive group). The most notable findings from this survey on the effect of respondent payments are:

- Response rates increased by offering a monetary incentive. [More people were located (10 percent) and completed the survey (5 percent) when an incentive was offered.]

- Item nonresponse rates decreased. (Fewer "Don't Know" responses.)

- The cost per completed interview was smaller for the group that was offered an incentive.

The second study, by the Educational Testing Service (1991), examined the use of monetary incentives in the pilot test of the National Adult Literacy Survey. The sample population of 2,000 included a nationally representative sample of adults aged 16 and older living in households. The sample persons completed a 15 minute background questionnaire and a timed 45 minute test of literacy skills. The respondents received a monetary incentive of $0, $20, or $35 for participating in the survey. The impact of the monetary incentives were determined by comparing the survey response rates and other outcomes for the experimental groups (the $20 and $35 incentive groups) to those for the control group (the $0 incentive group). The most notable findings from this survey on the effect of respondent payments are:

- Response rates for economically disadvantaged, minority, and high school dropout populations are significantly improved by offering monetary incentives.

- The use of monetary incentives reduced item nonresponse and data collection costs.

Many other studies have been done and articles written documenting the effect of monetary incentives on response rates.

- A study by Miller, Kennedy, and Bryant (1972) of the 1971 Health and Nutrition Examination Survey showed that offering a monetary incentive increased the response rate from 70 percent to 82 percent.

- A study by Chromy and Horvitz (1978) suggests that response rates were found to be unacceptably low when no monetary incentive was used. However, the participation rate increased from 70 to 85 percent with the use of monetary incentives.

- A study by Berk, Mathiowetz, Ward, and White (1988) discusses how monetary incentives improved the response rates of adults.

During 1991 and 1992, the University of Michigan Survey Research Center, examined the effects of monetary incentives on the willingness of youth to participate in the Youth Risk Behavior Surveillance System (YRBS) interview and on their motivation to answer YRBS questions as accurately and truthfully as possible. The study involved focus groups with about 6 to 8 teenagers (ages 12-19) in each group. The focus groups included teenagers from a range of ages, racial, and ethnic backgrounds and both sexes. In order to assess the impact of monetary incentives on respondent

participation and the motivation group, interviews with both the youth and their parents occurred. A split sample experiment was conducted during the pretest interviews in order to more formally assess the effect of monetary incentives on respondent participation. The most notable findings from the YRBS on the effect of respondent payments are:

- Youth who are aware that they will be paid for completing an interview are more likely to agree to participate (the cooperation rate increased from 79 percent to 90 percent because of the respondent being paid for participating in the survey).

  NOTE: The youth group participants stated that monetary compensation (the youth received $20 for participating in the study) was important to their keeping their appointments to participate in the study.

- Youth feel that monetary compensation increases the seriousness with which they approach the task of answering questions and increases the accuracy and truthfulness of their responses. This point is particularly relevant, given the personal nature of the HPWUS questionnaire (i.e., drug and alcohol use and mental health status) and the fact that the HPWUS questionnaire will be administered at the service provider facilities.

The first two studies show that the response rates for economically disadvantaged populations, which include homeless persons who use services, are significantly improved by offering monetary incentives. While the University of Michigan survey only dealt with the effects of monetary incentives on youth, the results not only show that youth respondents are more willing to cooperate when they receive payment but that the parents of the youth also feel that payment is beneficial in obtaining the respondents participation. The results from this survey are noteworthy since the respondents for the HPWUS will include both youth and adults.

No surveys have been conducted with homeless persons to actually compare the response rates of homeless persons who receive a monetary incentive for participation to those homeless persons who do not receive a monetary incentive for participation. However, there have been numerous studies conducted dealing with the homeless population, in which respondents were paid.

In a paper presented at the Fannie Mae Annual Housing conference in Washington, DC on May 14, 1991, Dr. Michael Dennis of the Research Triangle Institute, presented a chronological summary of ten relevant studies on homelessness completed since 1983. (See Attachment H for a list of these studies.) In all ten studies, the respondents received payment for participating in the study. In February 1991, the Research Triangle Institute conducted the Washington, DC Metropolitan Area Drug Study (DC*MADS) and paid participants $10 along with offering them coffee, juices, Pop Tarts, and/or toothbrushes for taking the time to participate in the survey. The Research Triangle Institute also gave a $35 food donation to the service providers each morning they sampled at the provider's facility. In October 1991, the Wilder Foundation completed a statewide enumeration of homeless persons in Minnesota. Respondents received a $5 cash payment for the half-hour interview.

These past practices of paying respondents has direct implications on the HPWUS survey design and on response rates of the HPWUS. The success of the survey is dependent upon the cooperation of the service providers and respondents.

(1) Cooperation of Service Providers

Most service providers require (or prefer) respondents to be compensated for their participation in the survey. Paying the service providers is also critical to guarantee their cooperation. The cooperation of the service providers is essential for the following reasons:

(a) Providers determine if the voluntary survey will be conducted at the facility. They also determine logistical arrangements for conducting the interview.

(b) Providers must agree to allow respondents to remain at the facility (e.g., after eating) to be interviewed. Normally, persons are required to immediately leave the site once services are provided.

(c) Providers often have significant influence with homeless persons seeking their services.

(2) Respondent Cooperation

The survey design of the HPWUS requires sampling persons at the facility. Paying respondents is critical to ensure that designated sample persons remain at the facility to be interviewed once they have used the services offered. Without payment, there is little incentive for respondents to remain on site for an interview that may take 45 minutes and asks personal questions, such as drug and alcohol use, mental health status, living conditions, victimizations, and imprisonment.

In our consultations with outside experts in this field, all persons indicated that paying respondents to participate in the survey was critical to achieving acceptable response rates. All experts agree that we should expect high nonresponse rates if respondents are not compensated for their participation.

To ensure the cooperation of the service providers and the respondents, we recommend that a Memorandum of Understanding (see Attachment I) be entered into by the U.S. Bureau of the Census and the service facility. Under this agreement, the Census Bureau will compensate the service providers for their help. For example, the Census Bureau will ask the service provider to:

- Participate in pre-contact meeting(s) with Census Bureau regional office staff to make logistical arrangements to conduct the survey.
- Make space available at the facility to interview sample persons.
- Agree to allow the field representatives to conduct interviews on scheduled days and at scheduled times according to the statistical sampling schemes designed for the HPWUS.
- Administer cash payments of $10 to survey respondents. Administering cash payments this way alleviates safety concerns about placing the field representatives and survey respondents at risk of crime.

We believe that the studies summarized here make a strong case for the use of monetary incentives to guarantee the cooperation of the service providers and the respondents.

4. Testing of Procedures

The pretest will use within-shelter/soup kitchen sampling procedures adapted from procedures used successfully in surveys the Urban Institute and the Research Triangle Institute conducted. An important purpose of the pretest is to test these procedures with the Census Bureau field staff. These sampling procedures must be understood and correctly implemented by the Census Bureau field staff to ensure the statistical integrity of the survey. Additional areas to be tested are:

a. Developing a comprehensive listing of service providers in the pretest area.

b. Conducting pre-contact meeting(s) with service facilities to ensure their voluntary participation in the survey. Also, testing the process of entering into a Memorandum of Understanding with the service provider to administer payment to the survey respondents and to secure space at the facility to conduct the interview.

c. Administering payment to survey respondents via the Memorandum of Understanding.

d. Developing Field Representative training and procedural manuals.

e. Developing methodology for correcting for duplication of survey respondents and for developing estimates of the population.

5. Contacts for Statistical Aspects and Data Collection

The following individuals are being consulted on statistical aspects of the survey design:

Dr. Martha Burt
The Urban Institute
2100 M Street, NW
Washington, DC 20037
Tel: (202) 857-8551

Dr. Michael Dennis
Research Triangle Institute
Center for Social Research and
Policy Analysis
PO Box 12194
Research Triangle Park, NC 27709-2194
Tel: (919) 541-6429

Dr. Charles H. Alexander
Demographic Statistical Methods Division
Bureau of the Census
Washington, DC 20233
(301) 457-4290

The Census Bureau will collect the data for this survey. Mr. Steven Tourkin is responsible for the collection of all data and is the Census Bureau contact person for the survey.

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Mr. Steven C. Tourkin
Demographic Surveys Division
Bureau of the Census
Washington, DC 20233
(301) 457-3791

List of Attachments

Attachment A	HPWUS-100A Government Contacts for Providers Questionnaire
Attachment B	HPWUS-100B(X) Local Facility Contacts Questionnaire
Attachment C	HPWUS-200(X) Service User (Respondent) Questionnaire
Attachment I	Memorandum of Understanding
Attachment J	Title 12 United States Code Section 1701 z-1
Attachment L	HPWUS-L1 Cover Letter and HPWUS-L1A

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ATTACHMENT A

HPWUS-100A

Survey of Homeless Persons Who Use Services (HPWUS) Agency Questionnaire

Regional Office _____ Date of Contact _____

Name _____

1. Local Government Agency Name (Also enter Department or Division, if applicable.)	2. Telephone Number (Listed name of contact person, if available.)

Good morning (afternoon). My name is _____ and I am calling from the United States Bureau of the Census in (RO city). The Census Bureau is preparing to conduct a survey of homeless persons who receive services from local service providers. In order to conduct this survey, we are creating a comprehensive list of all people or organizations who provide services to homeless persons in the (city/county name) area.

3. *Do you or does your agency maintain a list of people or organizations who provide services to the homeless?*

☐ Yes -- Can you send us (either by mail or FAX) a copy of your listing of local service providers?

a. ☐ Unable to send list. (Provide reason, if given, and continue interview as if a "No" response.)

_____

_____

b. ☐ Sending list. (Provide regional office address or FAX number. Enter respondent's name and title in items 5 and 6. Thank the respondent for his/her assistance and end the interview.)

☐ No -- Can you tell me the names, addresses, and telephone numbers of any local service providers?

c. ☐ Yes -- Enter the name, address, and/or telephone number for up to five service providers in item 4. Enter respondent's name and title in items 5 and 6. Thank the respondent for his/her assistance and end the interview.

d. ☐ No -- (Enter respondent's name and title in items 5 and 6. Thank the respondent for his/her assistance and end the interview.)

4. Service providers (List up to 5 providers. Obtain all information such as name, address, telephone number, etc.).

Facility (Provider) Name (List all names that the facility is known by.)	Address	Physical Location	Telephone Number

5. Name of Respondent	6. Title

Suggested Closing Statement:

Thank you for your assistance in developing a complete list of service providers for the homeless.

Notes:

Form HFWUS–100B(x)
1/13/95

ATTACHMENT B

LOCAL FACILITY CONTACTS

THE SURVEY OF SERVICES FOR HOMELESS PERSONS

We are asking you to identify programs and services that serve people who are homeless as defined by Stewart B. McKinney Homeless Assistance Act of 1987. When thinking about your programs and services, please list all programs or services for the homeless, whether they serve individuals, families, victims of domestic violence, runaway youth, persons with mental illness, or other homeless groups.

The McKinney Act defines "homeless" as:

(1) An individual who lacks a fixed, regular, and adequate night–time residence; and;

(2) An individual who has a primary night–time residency that is:

(i) A supervised publicly or privately operated shelter designed to provide temporary living accomodations (including wlefare hotels, congergate shelter, and transitional housing for the mentally ill);

(ii) An institution that provide a temporary residence for individuals intended to be institutionalized; or

(iii) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodations for human beings.

(3) This term does not include any individual imprisoned or otherwise detained under an Act of Congress or a state law.

People who are at imminent risk of losing their housing, because they are being evicted from private dwelling units or are being discharged from institutions and have nowhere else to go, are usually considered to be homeless for program eligibility purposes.

A. Date form completed (Month and Day)	
B Name and Title of person completing form	
C Address	
D Phone Number (include area code)	

We are asking you the following questions on programs that you are affiliated with, or that you offer, that provide assistance to homeless persons.

1. **Do you offer programs to serve the homeless at THIS ADDRESS?**	
Yes, services provided at this address	[] Yes – ANSWER QUESTIONS 2 THROUGH 24
No, services for the homeless are not provided at this address.	[] No – ANSWER QUESTIONS 2 AND 3 ONLY
2. **Do you provide programs for the homeless at other locations?**	[] Yes – LIST NAMES, ADDRESSES, CONTACT PERSONS AND PHONE NUMBERS ON PAGES 37 and 38 [] No
3. **Are you affiliated with a parent organization that provides programs for homeless people at other locations?**	[] Yes – LIST NAMES, ADDRESSES, CONTACT PERSONS AND PHONE NUMBERS ON PAGES 37 and 38 [] No

Completing the Questionnaire

This questionnaire is organized by type of program to make it easier for you to complete. Specifically, questions 4-19 each contain several questions about participation in and services offered under 16 program types. These questions are repeated for each program type.

You only need to provide information about the PROGRAMS you operate at this address, and the services these programs offer.

For example, if you operate 2 separate programs, that each receive separate funding e.g., a drop-in center and transitional housing, you would complete the sections for a drop-in center and for transitional housing, but not the sections for the other 14 program types.

But, if you operate one program that offers various types of services (e.g. a transitional housing program that offers outreach services and mental health services as part of the program), you would complete the section on transitional housing only, and provide information about your outreach and mental health services in question 7k-o.

All Respondents should complete questions 20-26.

3.5 Type of Program/Services at This Address The programs that you may offer at this address are listed below. For each, mark 'Yes' or 'No'. For each program marked 'Yes', please complete the questions on the pages indicated .	IF YES, ANSWER QUESTIONS ON
a. OUTREACH PROGRAM - going out into the streets to take homeless people food, blankets, or other necessities; to offer medical/mental health care and/or chemical dependency screenings/referrals; or to offer other assistance on a regular basis? (Mobile outreach programs only - NOT in-house programs) "Regular" is defined as at least once a week; can be day or night. Mobile food programs are included under the section on Soup Kitchens.	[] Yes - p.2-3 [] No
b. DROP-IN CENTER - that provide daytime services primarily for the homeless (OTHER THAN) facilities serving meals that should be included under SOUP KITCHENS.	[] Yes - p.4-5 [] No
c. EMERGENCY SHELTER PROGRAM - operate on a first-come-first served basis where people must leave in the morning and have no guaranteed bed for the next night OR where people know that they have a bed for a specified period of time (even if they leave the building every day). Shelters include facilities which provide temporary shelter during extremely cold weather (such as churches) and may provide emergency shelter for runaway or neglected children and youth, or for battered or abused women.	[] Yes - p.6-7 [] No
d. TRANSITIONAL HOUSING PROGRAM - (maximum stay up to two years) which offer augmented services to promote self-sufficiency and to gain permanent housing.	[] Yes - p.8-9
e. PERMANENT HOUSING FOR HOMELESS PEOPLE - with support services. This may include Section 8 vouchers, PHA units, SROs, and other long-term housing assistance. In this section ONLY include permanent housing designed to serve persons who are homeless AT THE TIME OF ENTRY INTO the permanent housing.	[] Yes - p.10-11 [] No
f. VOUCHER ARRANGEMENT - hotels, motels, or other facilities (other than shelters) for which vouchers are given out OR which operate under contract to provide shelter to homeless people.	[] Yes - p.12-13 [] No
g. VOUCHER ARRANGEMENT - office which distributes vouchers for shelter to homeless people.	[] Yes - p.14-15 [] No
h. SOUP KITCHEN or MEAL DISTRIBUTION - Soup kitchens, food lines, and programs distributing prepared breakfasts, lunches, or dinners for homeless or needy people. These programs may be organized as food service lines, bag or box lunches, tables where people are seated then served by program personnel, etc. These programs may or may not have a place to sit and eat the meal.	[] Yes - p.16-17 [] No
i. MOBILE FOOD PROGRAM - for homeless, which visits designated street locations offering homeless people food.	[] Yes - p.18-19 [] No
j. FOOD PANTRY PROGRAM - distributes uncooked food in boxes or bags.	[] Yes - p.20-21 [] No
k. HEALTH CARE PROGRAM - provides health care services to homeless people. This includes medical, dental, and other health care problems.	[] Yes - p.22-23 [] No
l. MENTAL HEALTH PROGRAM - for homeless persons, not marked already.	[] Yes - p.24-25 [] No
m. ALCOHOL or OTHER DRUG PROGRAM - for homeless persons, not marked already.	[] Yes - p.26-27 [] No
n. HIV/AIDS PROGRAM - for homeless persons, not marked already.	[] Yes - p.28-29 [] No
o. MIGRANT HOUSING - in the off season for homeless persons.	[] Yes - p.30-31 [] No
p. OTHER FACILITIES - which provide services for the homeless, such as clothing distribution centers, education and/or employment skills training.	[] Yes - p.32-33 [] No

OUTREACH PROGRAM

4 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program from this location?	_____ Adults
4 b Of these ADULTS, approximately what percent are regulars or repeaters – using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
4 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
4 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
4 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
4 f Among all persons using the services of this program, please enter the approximate percentage of ---	*The percents below should add up to 100 percent*
– Unaccompanied adult men 18 years or older	_____ Percent
– Unaccompanied adult women 18 years or older	_____ Percent
– People in single–parent families with children	_____ Percent
– People in two–parent families with children	_____ Percent
– Adult couples without children	_____ Percent
– Unaccompanied male youth under 18 years	_____ Percent
– Unaccompanied female youth under 18 years	_____ Percent
4 g Is this program a ---	*MARK (X) ONLY ONE BOX*
– Private, non–profit, religious affiliated program	[] Private, non–profit, religious
– Private, non–profit, non–sectarian program	[] Private, non–profit, non–sectarian
– Public agency	[] Public
– Private, for profit	[] Private for profit
4 h Approximately what percent of your funding for this program do you get from ---	
– Private funding: donations, foundation grants, United Way, individuals contributions	_____ Percent
– Government funding – federal, state or local	_____ Percent
– Other – SPECIFY SOURCE _____	_____ Percent
4 i Is this program primarily for ---	j. For each item marked 'YES', please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc.
(1) Victims of domestic violence, battered women?	[] Yes ----------RANK:_____ [] No
(2) Runaway or homeless youth?	[] Yes ----------RANK:_____ [] No
(3) People with mental health problems?	[] Yes ----------RANK:_____ [] No
(4) People with drug or alcohol problems?	[] Yes ----------RANK:_____ [] No
(5) People with HIV/AIDS?	[] Yes ----------RANK:_____ [] No
(6) Veterans?	[] Yes ----------RANK:_____ [] No
(7) Other – SPECIFY _____	[] Yes ----------RANK:_____ [] No

Please answer these questions concerning the services that may be provided under the OUTREACH program.

Question 4 -- SERVICE	k. Do your clients need the services below, as part of this program? IF YES, ANSWER items l, m, n and o		l. Is this service provided at this address?		m. Is this service available to your homeless clients at another location? IF YES, ANSWER n DK = Don't Know			n. Is it available to them when needed, at the other location, AND is it adequate for their needs?	
a. OUTREACH	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
b. CASE MANAGEMENT	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
c. LIFE SKILLS ---									
(1) Money management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transportation usage	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Household management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Other life skills	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
d. EDUCATION ---									
(1) General Equivalency Diploma	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) English as a Second Language	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Early childhood education (Head Start)	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Basic Literacy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) After school tutoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Access and transportation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
e. EMPLOYMENT/VOCATIONAL ---									
(1) Pre-vocational training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transitional employment/paid internship	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Training for specific jobs	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Vocational rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Vocational counseling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Job placement	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(7) Sheltered workshop	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
f. SUBSTANCE ABUSE ---									
(1) Detoxification	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Alcoholics or Narcotics Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Individual/group substance abuse counselling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
g. MENTAL HEALTH ---									
(1) Crisis intervention	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Medication monitoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Psychosocial rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Individual/group psychological counciling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Psychiatric treatment	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Peer group/self help	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
h. PHYSICAL HEALTH ---									
(1) Primary care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Physical rehabilitative care/physical therapy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Prenatal care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Medical screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
i. HIV/AIDS SERVICES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
j. FAMILY AND CHILDREN'S SERVICES ---	[] Yes	[] No							
(1) Day/Evening care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Immunization and screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Parenting training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Parents Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
l. OTHER SERVICES									
(1) Housing location assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Housing counseling and short-term rental assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Followup support services	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Enrollment in entitlement program	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Legal assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Any other - SPECIFY _____	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No

4o. Do you operate another program at this location?	[] Yes - LOOK AT CHART ON PAGE 13, AND GO TO THE PAGES FOR THE NEXT PROGRAM [] No - SKIP TO QUESTION 20 ON PAGE 34

DROP–IN CENTER

5 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program at this location?	_____ Adults
5 b Of these ADULTS, approximately what percent are regulars or repeaters – using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
5 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
5 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
5 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
5 f Among all persons using the services of this program, please enter the approximate percentage of – – –	*The percents below should add up to 100 percent*
– Unaccompanied adult men 18 years or older	_____ Percent
– Unaccompanied adult women 18 years or older	_____ Percent
– People in single–parent families with children	_____ Percent
– People in two–parent families with children	_____ Percent
– Adult couples without children	_____ Percent
– Unaccompanied male youth under 18 years	_____ Percent
– Unaccompanied female youth under 18 years	_____ Percent
5 g Is this program a – – –	*MARK (X) ONLY ONE BOX*
– Private, non–profit, religious affiliated program – Private, non–profit, non–sectarian program – Public agency – Private, for profit	[] Private, non–profit, religious [] Private, non–profit, non–sectarian [] Public [] Private for profit
5 h Approximately what percent of your funding for this program do you get from – – –	
– Private funding: donations, foundation grants, United Way, individuals contributions	_____ Percent
– Government funding – federal, state or local	_____ Percent
– Other – SPECIFY SOURCE _____	_____ Percent
5 i Is this program primarily for – – –	j. For each item marked 'YES', please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc.
(1) Victims of domestic violence, battered women?	[] Yes – – – – – – – – – RANK:_____ [] No
(2) Runaway or homeless youth?	[] Yes – – – – – – – – – RANK:_____ [] No
(3) People with mental health problems?	[] Yes – – – – – – – – – RANK:_____ [] No
(4) People with drug or alcohol problems?	[] Yes – – – – – – – – – RANK:_____ [] No
(5) People with HIV/AIDS?	[] Yes – – – – – – – – – RANK:_____ [] No
(6) Veterans?	[] Yes – – – – – – – – – RANK:_____ [] No
(7) Other – SPECIFY _____	[] Yes – – – – – – – – – RANK:_____ [] No

Please answer these questions concerning the services that may be provided under the DROP–IN CENTERS.

Question 5 -- SERVICE	k. Do your clients need the services below, as part of this program? *IF YES, ANSWER Items l, m, n and o*		l. Is this service provided at this address?		m. Is this service available to your homeless clients at another location? *IF YES, ANSWER n* DK = Don't Know			n. Is it available to them when needed, at the other location, AND is it adequate for their needs?	
a. OUTREACH	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
b. CASE MANAGEMENT	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
c. LIFE SKILLS ---									
(1) Money management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transportation usage	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Household management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Other life skills	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
d. EDUCATION ---									
(1) General Equivalency Diploma	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) English as a Second Language	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Early childhood education (Head Start)	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Basic Literacy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) After school tutoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Access and transportation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
e. EMPLOYMENT/VOCATIONAL ---									
(1) Pre–vocational training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transitional employment/paid internship	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Training for specific jobs	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Vocational rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Vocational counseling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Job placement	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(7) Sheltered workshop	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
f. SUBSTANCE ABUSE ---									
(1) Detoxification	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Alcoholics or Narcotics Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Individual/group substance abuse counseling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
g. MENTAL HEALTH ---									
(1) Crisis intervention	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Medication monitoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Psychosocial rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Individual/group psychological counseling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Psychiatric treatment	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Peer group/self help	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
h. PHYSICAL HEALTH ---									
(1) Primary care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Physical rehabilitative care/physical therapy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Prenatal care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Medical screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
i. HIV/AIDS SERVICES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
j. FAMILY AND CHILDREN'S SERVICES ---	[] Yes	[] No							
(1) Day/Evening care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Immunization and screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Parenting training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Parents Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
l. OTHER SERVICES									
(1) Housing location assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Housing counseling and short–term rental assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Followup support services	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Enrollment in entitlement program	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Legal assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Any other – SPECIFY _____	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No

5o. Do you operate another program at this location?

[] Yes – LOOK AT CHART ON PAGE 1B, AND GO TO THE PAGES FOR THE NEXT PROGRAM

[] No – SKIP TO QUESTION 20 ON PAGE 34

EMERGENCY SHELTER

6 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program from location?	_____ Adults
6 b Of these ADULTS, approximately what percent are regulars or repeaters–using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
6 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
6 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
6 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
6 f Among all persons using the services of this program, please enter the approximate percentage of – – –	*The percents below should add up to 100 percent*
– Unaccompanied adult men 18 years or older	_____ Percent
– Unaccompanied adult women 18 years or older	_____ Percent
– People in single–parent families with children	_____ Percent
– People in two–parent families with children	_____ Percent
– Adult couples without children	_____ Percent
– Unaccompanied male youth under 18 years	_____ Percent
– Unaccompanied female youth under 18 years	_____ Percent
6 g Is this program a – – –	*MARK (X) ONLY ONE BOX*
– Private, non–profit, reilgious affiliated program	[] Private, non–profit, religious
– Private, non–profit, non–sectarian program	[] Private, non–profit, non–sectarian
– Public agency	[] Public
– Private, for profit	[] Private for profit
6 h Approximately what percent of your funding for this program do you get from – – –	
– Private funding: donations, foundation grants, United Way, individuals contributions	_____ Percent
– Government funding – federal, state or local	_____ Percent
– Other – SPECIFY SOURCE _____	_____ Percent
6 i Is this program primarily for – – –	j. For each item marked 'YES', please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc.
(1) Victims of domestic violence, battered women?	[] Yes – – – – – – – – – RANK: _____ [] No
(2) Runaway or homeless youth?	[] Yes – – – – – – – – – RANK: _____ [] No
(3) People with mental health problems?	[] Yes – – – – – – – – – RANK: _____ [] No
(4) People with drug or alcohol problems?	[] Yes – – – – – – – – – RANK: _____ [] No
(5) People with HIV/AIDS?	[] Yes – – – – – – – – – RANK: _____ [] No
(6) Veterans?	[] Yes – – – – – – – – – RANK: _____ [] No
(7) Other – SPECIFY _____	[] Yes – – – – – – – – – RANK: _____ [] No

Please answer these questions concerning the services that may be provided under the EMERGENCY SHELTER programs.

Question 6 -- SERVICE	k. Do your clients need the services below, as part of this program? *IF YES, ANSWER Items l, m, n and o*		l. Is this service provided at this address?		m. Is this service available to your homeless clients at another location? *IF YES, ANSWER n* DK = Don't Know			n. Is it available to them when needed, at the other location, AND is it adequate for their needs?	
a. OUTREACH	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
b. CASE MANAGEMENT	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
c. LIFE SKILLS ---									
(1) Money management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transportation usage	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Household management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Other life skills	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
d. EDUCATION ---									
(1) General Equivalency Diploma	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) English as a Second Language	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Early childhood education (Head Start)	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Basic Literacy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) After school tutoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Access and transportation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
e. EMPLOYMENT/VOCATIONAL ---									
(1) Pre-vocational training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transitional employment/paid internship	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Training for specific jobs	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Vocational rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Vocational counseling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Job placement	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(7) Sheltered workshop	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
f. SUBSTANCE ABUSE ---									
(1) Detoxification	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Alcoholics or Narcotics Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Individual/group substance abuse counselling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
g. MENTAL HEALTH ---									
(1) Crisis intervention	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Medication monitoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Psychosocial rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Individual/group psychological counciling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Psychiatric treatment	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Peer group/self help	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
h. PHYSICAL HEALTH ---									
(1) Primary care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Physical rehabilitative care/physical therapy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Prenatal care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Medical screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
i. HIV/AIDS SERVICES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
j. FAMILY AND CHILDREN'S SERVICES ---	[] Yes	[] No							
(1) Day/Evening care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Immunization and screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Parenting training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Parents Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
l. OTHER SERVICES									
(1) Housing location assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Housing counseling and short-term rental assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Followup support services	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Enrollment in entitlement program	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Legal assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Any other - SPECIFY _____	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No

6o. Do you operate another program at this location?	[] Yes - LOOK AT CHART ON PAGE 1~~A~~B, AND GO TO THE PAGES FOR THE NEXT PROGRAM [] No - SKIP TO QUESTION 20 ON PAGE 34

TRANSITIONAL HOUSING PROGRAM	
7 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program at this location?	_____ Adults
7 b Of these ADULTS, approximately what percent are regulars or repeaters–using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
7 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
7 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
7 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
7 f Among all persons using the services of this program, please enter the approximate percentage of –––	*The percents below should add up to 100 percent*
– Unaccompanied adult men 18 years or older	_____ Percent
– Unaccompanied adult women 18 years or older	_____ Percent
– People in single–parent families with children	_____ Percent
– People in two–parent families with children	_____ Percent
– Adult couples without children	_____ Percent
– Unaccompanied male youth under 18 years	_____ Percent
– Unaccompanied female youth under 18 years	_____ Percent
7 g Is this program a –––	*MARK (X) ONLY ONE BOX*
– Private, non–profit, religious affiliated program	[] Private, non–profit, religious
– Private, non–profit, non–sectarian program	[] Private, non–profit, non–sectarian
– Public agency	[] Public
– Private, for profit	[] Private for profit
7 h Approximately what percent of your funding for this program do you get from –––	
– Private funding: donations, foundation grants, United Way, individuals contributions	_____ Percent
– Government funding – federal, state or local	_____ Percent
– Other – SPECIFY SOURCE _____	_____ Percent
7 i Is this program primarily for –––	j. For each item marked "YES", please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc.
(1) Victims of domestic violence, battered women?	[] Yes ––––––––––RANK:_____ [] No
(2) Runaway or homeless youth?	[] Yes ––––––––––RANK:_____ [] No
(3) People with mental health problems?	[] Yes ––––––––––RANK:_____ [] No
(4) People with drug or alcohol problems?	[] Yes ––––––––––RANK:_____ [] No
(5) People with HIV/AIDS?	[] Yes ––––––––––RANK:_____ [] No
(6) Veterans?	[] Yes ––––––––––RANK:_____ [] No
(7) Other – SPECIFY _____	[] Yes ––––––––––RANK:_____ [] No

Please answer these questions concerning the services that may be provided under the TRANSITIONAL HOUSING program.

Question 7 -- SERVICE	k. Do your clients need the services below, as part of this program? *IF YES, ANSWER Items l, m, n and o*		l. Is this service provided at this address?		m. Is this service available to your homeless clients at another location? *IF YES, ANSWER n* DK = Don't Know			n. Is it available to them when needed, at the other location, AND is it adequate for their needs?	
a. OUTREACH	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
b. CASE MANAGEMENT	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
c. LIFE SKILLS ---									
(1) Money management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transportation usage	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Household management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Other life skills	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
d. EDUCATION ---									
(1) General Equivalency Diploma	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) English as a Second Language	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Early childhood education (Head Start)	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Basic Literacy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) After school tutoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Access and transportation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
e. EMPLOYMENT/VOCATIONAL ---									
(1) Pre-vocational training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transitional employment/paid internship	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Training for specific jobs	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Vocational rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Vocational counseling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Job placement	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(7) Sheltered workshop	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
f. SUBSTANCE ABUSE ---									
(1) Detoxification	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Alcoholics or Narcotics Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Individual/group substance abuse counselling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
g. MENTAL HEALTH ---									
(1) Crisis intervention	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Medication monitoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Psychosocial rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Individual/group psychological counciling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Psychiatric treatment	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Peer group/self help	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
h. PHYSICAL HEALTH ---									
(1) Primary care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Physical rehabilitative care/physical therapy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Prenatal care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Medical screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
i. HIV/AIDS SERVICES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
j. FAMILY AND CHILDREN'S SERVICES ---	[] Yes	[] No							
(1) Day/Evening care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Immunization and screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Parenting training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Parents Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
l. OTHER SERVICES									
(1) Housing location assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Housing counseling and short-term rental assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Followup support services	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Enrollment in entitlement program	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Legal assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Any other - SPECIFY _____	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No

7o. Do you operate another program at this location?	[] Yes - LOOK AT CHART ON PAGE 1~~A~~B, AND GO TO THE PAGES FOR THE NEXT PROGRAM [] No - SKIP TO QUESTION 20 ON PAGE 34

PERMANENT HOUSING

8 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program at this location?	_____ Adults
8 b Of these ADULTS, approximately what percent are regulars or repeaters – using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
8 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
8 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
8 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
8 f Among all persons using the services of this program, please enter the approximate percentage of – – –	*The percents below should add up to 100 percent*
– Unaccompanied adult men 18 years or older	_____ Percent
– Unaccompanied adult women 18 years or older	_____ Percent
– People in single–parent families with children	_____ Percent
– People in two–parent families with children	_____ Percent
– Adult couples without children	_____ Percent
– Unaccompanied male youth under 18 years	_____ Percent
– Unaccompanied female youth under 18 years	_____ Percent
8 g Is this program a – – –	*MARK (X) ONLY ONE BOX*
– Private, non–profit, religious affiliated program	[] Private, non–profit, religious
– Private, non–profit, non–sectarian program	[] Private, non–profit, non–sectarian
– Public agency	[] Public
– Private, for profit	[] Private for profit
8 h Approximately what percent of your funding for this program do you get from – – –	
– Private funding: donations, foundation grants, United Way, individuals contributions	_____ Percent
– Government funding – federal, state or local	_____ Percent
– Other – SPECIFY SOURCE _____	_____ Percent
8 i Is this program primarily for – – –	j. For each item marked 'YES', please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc.
(1) Victims of domestic violence, battered women?	[] Yes – – – – – – – – – RANK: _____ [] No
(2) Runaway or homeless youth?	[] Yes – – – – – – – – – RANK: _____ [] No
(3) People with mental health problems?	[] Yes – – – – – – – – – RANK: _____ [] No
(4) People with drug or alcohol problems?	[] Yes – – – – – – – – – RANK: _____ [] No
(5) People with HIV/AIDS?	[] Yes – – – – – – – – – RANK: _____ [] No
(6) Veterans?	[] Yes – – – – – – – – – RANK: _____ [] No
(7) Other – SPECIFY _____	[] Yes – – – – – – – – – RANK: _____ [] No

Please answer these questions concerning the services that may be provided under the PERMANENT HOUSING program.

Question 8 -- SERVICE	k. Do your clients need the services below, as part of this program? *IF YES, ANSWER Items l, m, n and o*		l. Is this service provided at this address?		m. Is this service available to your homeless clients at another location? *IF YES, ANSWER n* DK = Don't Know			n. Is it available to them when needed, at the other location, AND is it adequate for their needs?	
a. OUTREACH	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
b. CASE MANAGEMENT	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
c. LIFE SKILLS ---									
(1) Money management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transportation usage	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Household management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Other life skills	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
d. EDUCATION ---									
(1) General Equivalency Diploma	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) English as a Second Language	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Early childhood education (Head Start)	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Basic Literacy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) After school tutoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Access and transportation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
e. EMPLOYMENT/VOCATIONAL ---									
(1) Pre-vocational training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transitional employment/paid internship	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Training for specific jobs	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Vocational rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Vocational counseling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Job placement	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(7) Sheltered workshop	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
f. SUBSTANCE ABUSE ---									
(1) Detoxification	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Alcoholics or Narcotics Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Individual/group substance abuse counselling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
g. MENTAL HEALTH ---									
(1) Crisis intervention	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Medication monitoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Psychosocial rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Individual/group psychological counciling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Psychiatric treatment	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Peer group/self help	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
h. PHYSICAL HEALTH ---									
(1) Primary care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Physical rehabilitative care/physical therapy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Prenatal care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Medical screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
i. HIV/AIDS SERVICES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
j. FAMILY AND CHILDREN'S SERVICES ---	[] Yes	[] No							
(1) Day/Evening care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Immunization and screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Parenting training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Parents Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
l. OTHER SERVICES									
(1) Housing location assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Housing counseling and short-term rental assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Followup support services	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Enrollment in entitlement program	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Legal assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Any other - SPECIFY _____	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No

8o. Do you operate another program at this location?	[] Yes - LOOK AT CHART ON PAGE 1~~A~~B, AND GO TO THE PAGES FOR THE NEXT PROGRAM [] No - SKIP TO QUESTION 20 ON PAGE 34

VOUCHER ARRANGEMENT – HOTELS, MOTELS, ETC.

9 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program at this location?	_____ Adults
9 b Of these ADULTS, approximately what percent are regulars or repeaters – using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
9 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
9 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
9 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
9 f Among all persons using the services of this program, please enter the approximate percentage of ---	*The percents below should add up to 100 percent*
– Unaccompanied adult men 18 years or older	_____ Percent
– Unaccompanied adult women 18 years or older	_____ Percent
– People in single–parent families with children	_____ Percent
– People in two–parent families with children	_____ Percent
– Adult couples without children	_____ Percent
– Unaccompanied male youth under 18 years	_____ Percent
– Unaccompanied female youth under 18 years	_____ Percent
9 g Which one of the following is this program ---	*MARK (X) ONLY ONE BOX*
– Private, non–profit, religious affiliated program	[] Private, non–profit, religious
– Private, non–profit, non–sectarian program	[] Private, non–profit, non–sectarian
– Public agency	[] Public
– Private, for profit	[] Private for profit
9 h Approximately what percent of your funding for this program do you get from ---	
– Private funding: donations, foundation grants, United Way, individuals contributions	_____ Percent
– Government funding – federal, state or local	_____ Percent
– Other – SPECIFY SOURCE _____	_____ Percent
9 i Is this program primarily for ---	j. For each item marked 'YES', please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc.
(1) Victims of domestic violence, battered women?	[] Yes ---------RANK:_____ [] No
(2) Runaway or homeless youth?	[] Yes ---------RANK:_____ [] No
(3) People with mental health problems?	[] Yes ---------RANK:_____ [] No
(4) People with drug or alcohol problems?	[] Yes ---------RANK:_____ [] No
(5) People with HIV/AIDS?	[] Yes ---------RANK:_____ [] No
(6) Veterans?	[] Yes ---------RANK:_____ [] No
(7) Other – SPECIFY _____	[] Yes ---------RANK:_____ [] No
9 k Under THIS program, does your facility distribute contracts/vouchers for shelter?	[] Yes – ANSWER l [] No – SKIP to m.
9 l How many shelters, hotels/motels, boarding or lodging houses or other facilities accept your vouchers/are under contract to you?	_____ Number of places accepting vouchers _____ Number of places under contract

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Please answer these questions concerning the services that may be provided under the VOUCHER ARRANGEMENT program – hotels, motels, or other facilities.

Question 9 -- SERVICE	m. Do your clients need the services below, as part of this program? *IF YES, ANSWER Items n, o, p and q*		n. Is this service provided at this address?		o. Is this service available to your homeless clients at another location? *IF YES, ANSWER p* DK = Don't Know			p. Is it available to them when needed, at the other location, AND is it adequate for their needs?	
a. OUTREACH	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
b. CASE MANAGEMENT	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
c. LIFE SKILLS ---									
(1) Money management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transportation usage	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Household management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Other life skills	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
d. EDUCATION ---									
(1) General Equivalency Diploma	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) English as a Second Language	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Early childhood education (Head Start)	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Basic Literacy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) After school tutoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Access and transportation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
e. EMPLOYMENT/VOCATIONAL ---									
(1) Pre-vocational training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transitional employment/paid internship	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Training for specific jobs	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Vocational rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Vocational counseling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Job placement	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(7) Sheltered workshop	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
f. SUBSTANCE ABUSE ---									
(1) Detoxification	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Alcoholics or Narcotics Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Individual/group substance abuse counseling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
g. MENTAL HEALTH ---									
(1) Crisis intervention	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Medication monitoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Psychosocial rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Individual/group psychological counciling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Psychiatric treatment	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Peer group/self help	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
h. PHYSICAL HEALTH ---									
(1) Primary care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Physical rehabilitative care/physical therapy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Prenatal care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Medical screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
i. HIV/AIDS SERVICES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
j. FAMILY AND CHILDREN'S SERVICES ---	[] Yes	[] No							
(1) Day/Evening care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Immunization and screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Parenting training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Parents Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
l. OTHER SERVICES									
(1) Housing location assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Housing counseling and short-term rental assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Followup support services	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Enrollment in entitlement program	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Legal assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Any other – SPECIFY _____	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No

9q. Do you operate another program at this location?	[] Yes – LOOK AT CHART ON PAGE 1~~A~~B, AND GO TO THE PAGES FOR THE NEXT PROGRAM [] No – SKIP TO QUESTION 20 ON PAGE 34

VOUCHER ARRANGEMENT – DISTRIBUTES VOUCHERS

10 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program at this location?	_____ Adults
10 b Of these ADULTS, approximately what percent are regulars or repeaters – using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
10 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
10 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
10 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
10 f Among all persons using the services of this program, please enter the approximate percentage of – – –	*The percents below should add up to 100 percent*
– Unaccompanied adult men 18 years or older	_____ Percent
– Unaccompanied adult women 18 years or older	_____ Percent
– People in single–parent families with children	_____ Percent
– People in two–parent families with children	_____ Percent
– Adult couples without children	_____ Percent
– Unaccompanied male youth under 18 years	_____ Percent
– Unaccompanied female youth under 18 years	_____ Percent
10 g Which one of the following is this program – – –	*MARK (X) ONLY ONE BOX*
– Private, non–profit, religious affiliated program	[] Private, non–profit, religious
– Private, non–profit, non–sectarian program	[] Private, non–profit, non–sectarian
– Public agency	[] Public
– Private, for profit	[] Private for profit
10 h Approximately what percent of your funding for this program do you get from – – –	
– Private funding: donations, foundation grants, United Way, individuals contributions	_____ Percent
– Government funding – federal, state or local	_____ Percent
– Other – SPECIFY SOURCE _____	_____ Percent
10 i Is this program primarily for – – –	j. For each item marked 'YES', please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc.
(1) Victims of domestic violence, battered women?	[] Yes ---------RANK:_____ [] No
(2) Runaway or homeless youth?	[] Yes ---------RANK:_____ [] No
(3) People with mental health problems?	[] Yes ---------RANK:_____ [] No
(4) People with drug or alcohol problems?	[] Yes ---------RANK:_____ [] No
(5) People with HIV/AIDS?	[] Yes ---------RANK:_____ [] No
(6) Veterans?	[] Yes ---------RANK:_____ [] No
(7) Other – SPECIFY _____	[] Yes ---------RANK:_____ [] No
10 k Under THIS program, does your facility distribute contracts/vouchers for shelter?	[] Yes – ANSWER l [] No – SKIP to m
10 l How many shelters, hotels/motels, boarding or lodging houses or other facilities accept your vouchers/are under contract to you?	_____ Number of places accepting vouchers _____ Number of places under contract

Please answer these questions concerning the services that may be provided under the VOUCHER ARRANGEMENT program – office which distributes vouchers

Question 10 -- SERVICE	m. Do your clients need the services below, as part of this program? *IF YES, ANSWER Items n, o, p and q*		n. Is this service provided at this address?		o. Is this service available to your homeless clients at another location? *IF YES, ANSWER p* DK = Don't Know			p. Is it available to them when needed, at the other location, AND is it adequate for their needs?	
a. OUTREACH	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
b. CASE MANAGEMENT	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
c. LIFE SKILLS ---									
(1) Money management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transportation usage	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Household management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Other life skills	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
d. EDUCATION ---									
(1) General Equivalency Diploma	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) English as a Second Language	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Early childhood education (Head Start)	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Basic Literacy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) After school tutoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Access and transportation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
e. EMPLOYMENT/VOCATIONAL ---									
(1) Pre-vocational training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transitional employment/paid internship	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Training for specific jobs	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Vocational rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Vocational counseling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Job placement	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(7) Sheltered workshop	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
f. SUBSTANCE ABUSE ---									
(1) Detoxification	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Alcoholics or Narcotics Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Individual/group substance abuse counselling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
g. MENTAL HEALTH ---									
(1) Crisis intervention	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Medication monitoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Psychosocial rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Individual/group psychological counciling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Psychiatric treatment	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Peer group/self help	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
h. PHYSICAL HEALTH ---									
(1) Primary care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Physical rehabilitative care/physical therapy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Prenatal care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Medical screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
i. HIV/AIDS SERVICES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
j. FAMILY AND CHILDREN'S SERVICES ---	[] Yes	[] No							
(1) Day/Evening care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Immunization and screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Parenting training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Parents Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
l. OTHER SERVICES									
(1) Housing location assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Housing counseling and short-term rental assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Followup support services	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Enrollment in entitlement program	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Legal assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Any other – SPECIFY _____	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No

10q. Do you operate another program at this location?	[] Yes – LOOK AT CHART ON PAGE 1~~7~~8, AND GO TO THE PAGES FOR THE NEXT PROGRAM [] No – SKIP TO QUESTION 20 ON PAGE 34

SOUP KITCHEN or MEAL DISTRIBUTION

11 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program from location?	_____ Adults
11 b Of these ADULTS, approximately what percent are regulars or repeaters—using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
11 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
11 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
11 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
11 f Among all persons using the services of this program, please enter the approximate percentage of ---	*The percents below should add up to 100 percent*
– Unaccompanied adult men 18 years or older	_____ Percent
– Unaccompanied adult women 18 years or older	_____ Percent
– People in single–parent families with children	_____ Percent
– People in two–parent families with children	_____ Percent
– Adult couples without children	_____ Percent
– Unaccompanied male youth under 18 years	_____ Percent
– Unaccompanied female youth under 18 years	_____ Percent
11 g Is this program a ---	*MARK (X) ONLY ONE BOX*
– Private, non–profit, religious affiliated program	[] Private, non–profit, religious
– Private, non–profit, non–sectarian program	[] Private, non–profit, non–sectarian
– Public agency	[] Public
– Private, for profit	[] Private for profit
11 h Approximately what percent of your funding for this program do you get from ---	
– Private funding: donations, foundation grants, United Way, individuals contributions	_____ Percent
– Government funding – federal, state or local	_____ Percent
– Other – SPECIFY SOURCE _____	_____ Percent
11 i Is this program primarily for ---	j. For each item marked 'YES', please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc.
(1) Victims of domestic violence, battered women?	[] Yes ----------RANK:_____ [] No
(2) Runaway or homeless youth?	[] Yes ----------RANK:_____ [] No
(3) People with mental health problems?	[] Yes ----------RANK:_____ [] No
(4) People with drug or alcohol problems?	[] Yes ----------RANK:_____ [] No
(5) People with HIV/AIDS?	[] Yes ----------RANK:_____ [] No
(6) Veterans?	[] Yes ----------RANK:_____ [] No
(7) Other – SPECIFY _____	[] Yes ----------RANK:_____ [] No

Please answer these questions concerning the services that may be provided under the SOUP KITCHEN or MEAL DISTRIBUTION program.

Question 11 -- SERVICE	k. Do your clients need the services below, as part of this program? *IF YES, ANSWER Items l, m, n and o*		l. Is this service provided at this address?		m. Is this service available to your homeless clients at another location? *IF YES, ANSWER n* DK = Don't Know			n. Is it available to them when needed, at the other location, AND is it adequate for their needs?	
a. OUTREACH	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
b. CASE MANAGEMENT	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
c. LIFE SKILLS ---									
(1) Money management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transportation usage	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Household management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Other life skills	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
d. EDUCATION ---									
(1) General Equivalency Diploma	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) English as a Second Language	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Early childhood education (Head Start)	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Basic Literacy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) After school tutoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Access and transportation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
e. EMPLOYMENT/VOCATIONAL ---									
(1) Pre-vocational training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transitional employment/paid internship	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Training for specific jobs	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Vocational rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Vocational counseling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Job placement	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(7) Sheltered workshop	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
f. SUBSTANCE ABUSE ---									
(1) Detoxification	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Alcoholics or Narcotics Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Individual/group substance abuse counselling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
g. MENTAL HEALTH ---									
(1) Crisis intervention	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Medication monitoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Psychosocial rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Individual/group psychological counciling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Psychiatric treatment	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Peer group/self help	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
h. PHYSICAL HEALTH ---									
(1) Primary care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Physical rehabilitative care/physical therapy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Prenatal care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Medical screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
i. HIV/AIDS SERVICES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
j. FAMILY AND CHILDREN'S SERVICES ---	[] Yes	[] No							
(1) Day/Evening care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Immunization and screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Parenting training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Parents Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
l. OTHER SERVICES									
(1) Housing location assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Housing counseling and short-term rental assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Followup support services	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Enrollment in entitlement program	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Legal assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Any other – SPECIFY _____	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No

11o. Do you operate another program at this location?	[] Yes – LOOK AT CHART ON PAGE 1~~A~~B, AND GO TO THE PAGES FOR THE NEXT PROGRAM [] No – SKIP TO QUESTION 20 ON PAGE 34

MOBILE FOOD PROGRAM

12 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program from location?	_____ Adults
12 b Of these ADULTS, approximately what percent are regulars or repeaters– using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
12 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
12 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
12 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
12 f Among all persons using the services of this program, please enter the approximate percentage of ---	*The percents below should add up to 100 percent*
– Unaccompanied adult men 18 years or older	_____ Percent
– Unaccompanied adult women 18 years or older	_____ Percent
– People in single–parent families with children	_____ Percent
– People in two–parent families with children	_____ Percent
– Adult couples without children	_____ Percent
– Unaccompanied male youth under 18 years	_____ Percent
– Unaccompanied female youth under 18 years	_____ Percent
12 g Is this program a ---	*MARK (X) ONLY ONE BOX*
– Private, non–profit, religious affiliated program	[] Private, non–profit, religious
– Private, non–profit, non–sectarian program	[] Private, non–profit, non–sectarian
– Public agency	[] Public
– Private, for profit	[] Private for profit
12 h Approximately what percent of your funding for this program do you get from ---	
– Private funding: donations, foundation grants, United Way, individuals contributions	_____ Percent
– Government funding – federal, state or local	_____ Percent
– Other – SPECIFY SOURCE _____	_____ Percent
12 i Is this program primarily for ---	j. For each item marked 'YES', please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc.
(1) Victims of domestic violence, battered women?	[] Yes ----------RANK:_____ [] No
(2) Runaway or homeless youth?	[] Yes ----------RANK:_____ [] No
(3) People with mental health problems?	[] Yes ----------RANK:_____ [] No
(4) People with drug or alcohol problems?	[] Yes ----------RANK:_____ [] No
(5) People with HIV/AIDS?	[] Yes ----------RANK:_____ [] No
(6) Veterans?	[] Yes ----------RANK:_____ [] No
(7) Other – SPECIFY _____	[] Yes ----------RANK:_____ [] No

Please answer these questions concerning the services that may be provided under the MOBILE FOOD program.

Question 12 -- SERVICE	k. Do your clients need the services below, as part of this program? *IF YES, ANSWER Items l, m, n and o*		l. Is this service provided at this address?		m. Is this service available to your homeless clients at another location? *IF YES, ANSWER n* DK = Don't Know			n. Is it available to them when needed, at the other location, AND is it adequate for their needs?	
a. OUTREACH	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
b. CASE MANAGEMENT	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
c. LIFE SKILLS ---									
(1) Money management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transportation usage	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Household management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Other life skills	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
d. EDUCATION ---									
(1) General Equivalency Diploma	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) English as a Second Language	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Early childhood education (Head Start)	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Basic Literacy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) After school tutoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Access and transportation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
e. EMPLOYMENT/VOCATIONAL ---									
(1) Pre-vocational training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transitional employment/paid internship	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Training for specific jobs	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Vocational rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Vocational counseling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Job placement	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(7) Sheltered workshop	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
f. SUBSTANCE ABUSE ---									
(1) Detoxification	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Alcoholics or Narcotics Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Individual/group substance abuse counseling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
g. MENTAL HEALTH ---									
(1) Crisis intervention	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Medication monitoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Psychosocial rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Individual/group psychological counciling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Psychiatric treatment	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Peer group/self help	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
h. PHYSICAL HEALTH ---									
(1) Primary care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Physical rehabilitative care/physical therapy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Prenatal care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Medical screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
i. HIV/AIDS SERVICES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
j. FAMILY AND CHILDREN'S SERVICES ---	[] Yes	[] No							
(1) Day/Evening care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Immunization and screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Parenting training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Parents Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
l. OTHER SERVICES									
(1) Housing location assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Housing counseling and short-term rental assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Followup support services	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Enrollment in entitlement program	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Legal assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Any other - SPECIFY _____	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No

12o. Do you operate another program at this location?	[] Yes - LOOK AT CHART ON PAGE 18, AND GO TO THE PAGES FOR THE NEXT PROGRAM [] No - SKIP TO QUESTION 20 ON PAGE 34

FOOD PANTRY PROGRAM

13 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program from location?	_____ Adults
13 b Of these ADULTS, approximately what percent are regulars or repeaters—using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
13 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
13 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
13 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
13 f Among all persons using the services of this program, please enter the approximate percentage of ---	*The percents below should add up to 100 percent*
– Unaccompanied adult men 18 years or older	_____ Percent
– Unaccompanied adult women 18 years or older	_____ Percent
– People in single–parent families with children	_____ Percent
– People in two–parent families with children	_____ Percent
– Adult couples without children	_____ Percent
– Unaccompanied male youth under 18 years	_____ Percent
– Unaccompanied female youth under 18 years	_____ Percent
13 g Is this program a ---	*MARK (X) ONLY ONE BOX*
– Private, non–profit, religious affiliated program	[] Private, non–profit, religious
– Private, non–profit, non–sectarian program	[] Private, non–profit, non–sectarian
– Public agency	[] Public
– Private, for profit	[] Private for profit
13 h Approximately what percent of your funding for this program do you get from ---	
– Private funding: donations, foundation grants, United Way, individuals contributions	_____ Percent
– Government funding – federal, state or local	_____ Percent
– Other – SPECIFY SOURCE _____	_____ Percent
13 i Is this program primarily for ---	]. For each item marked 'YES', please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc.
(1) Victims of domestic violence, battered women?	[] Yes ---------RANK:_____ [] No
(2) Runaway or homeless youth?	[] Yes ---------RANK:_____ [] No
(3) People with mental health problems?	[] Yes ---------RANK:_____ [] No
(4) People with drug or alcohol problems?	[] Yes ---------RANK:_____ [] No
(5) People with HIV/AIDS?	[] Yes ---------RANK:_____ [] No
(6) Veterans?	[] Yes ---------RANK:_____ [] No
(7) Other – SPECIFY _____	[] Yes ---------RANK:_____ [] No

Please answer these questions concerning the services that may be provided under the FOOD PANTRY program.

Question 13 -- SERVICE	k. Do your clients need the services below, as part of this program? *IF YES, ANSWER Items l, m, n and o*		l. Is this service provided at this address?		m. Is this service available to your homeless clients at another location? *IF YES, ANSWER n* DK = Don't Know			n. Is it available to them when needed, at the other location, AND is it adequate for their needs?	
a. OUTREACH	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
b. CASE MANAGEMENT	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
c. LIFE SKILLS ---									
(1) Money management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transportation usage	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Household management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Other life skills	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
d. EDUCATION ---									
(1) General Equivalency Diploma	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) English as a Second Language	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Early childhood education (Head Start)	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Basic Literacy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) After school tutoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Access and transportation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
e. EMPLOYMENT/VOCATIONAL ---									
(1) Pre-vocational training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transitional employment/paid internship	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Training for specific jobs	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Vocational rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Vocational counseling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Job placement	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(7) Sheltered workshop	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
f. SUBSTANCE ABUSE ---									
(1) Detoxification	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Alcoholics or Narcotics Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Individual/group substance abuse counselling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
g. MENTAL HEALTH ---									
(1) Crisis intervention	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Medication monitoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Psychosocial rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Individual/group psychological counciling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Psychiatric treatment	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Peer group/self help	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
h. PHYSICAL HEALTH ---									
(1) Primary care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Physical rehabilitative care/physical therapy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Prenatal care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Medical screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
i. HIV/AIDS SERVICES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
j. FAMILY AND CHILDREN'S SERVICES ---	[] Yes	[] No							
(1) Day/Evening care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Immunization and screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Parenting training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Parents Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
l. OTHER SERVICES									
(1) Housing location assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Housing counseling and short-term rental assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Followup support services	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Enrollment in entitlement program	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Legal assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Any other - SPECIFY _____	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No

13o. Do you operate another program at this location?	[] Yes - LOOK AT CHART ON PAGE 1~~A~~B, AND GO TO THE PAGES FOR THE NEXT PROGRAM [] No - SKIP TO QUESTION 20 ON PAGE 34

HEALTH CARE

14 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program from location?	_____ Adults
14 b Of these ADULTS, approximately what percent are regulars or repeaters—using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
14 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
14 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
14 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
14 f Among all persons using the services of this program, please enter the approximate percentage of ---	*The percents below should add up to 100 percent*
– Unaccompanied adult men 18 years or older	_____ Percent
– Unaccompanied adult women 18 years or older	_____ Percent
– People in single–parent families with children	_____ Percent
– People in two–parent families with children	_____ Percent
– Adult couples without children	_____ Percent
– Unaccompanied male youth under 18 years	_____ Percent
– Unaccompanied female youth under 18 years	_____ Percent
14 g Is this program a ---	*MARK (X) ONLY ONE BOX*
– Private, non–profit, religious affiliated program	[] Private, non–profit, religious
– Private, non–profit, non–sectarian program	[] Private, non–profit, non–sectarian
– Public agency	[] Public
– Private, for profit	[] Private for profit
14 h Approximately what percent of your funding for this program do you get from ---	
– Private funding: donations, foundation grants, United Way, individuals contributions	_____ Percent
– Government funding – federal, state or local	_____ Percent
– Other – SPECIFY SOURCE _____	_____ Percent
14 i Is this program primarily for ---	]. For each item marked 'YES', please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc.
(1) Victims of domestic violence, battered women?	[] Yes ---------RANK:_____ [] No
(2) Runaway or homeless youth?	[] Yes ---------RANK:_____ [] No
(3) People with mental health problems?	[] Yes ---------RANK:_____ [] No
(4) People with drug or alcohol problems?	[] Yes ---------RANK:_____ [] No
(5) People with HIV/AIDS?	[] Yes ---------RANK:_____ [] No
(6) Veterans?	[] Yes ---------RANK:_____ [] No
(7) Other – SPECIFY _____	[] Yes ---------RANK:_____ [] No

Please answer these questions concerning the services that may be provided under the HEALTH CARE programs.

Question 14 -- SERVICE	k. Do your clients need the services below, as part of this program? *IF YES, ANSWER Items l, m, n and o*		l. Is this service provided at this address?		m. Is this service available to your homeless clients at another location? *IF YES, ANSWER n* DK = Don't Know			n. Is it available to them when needed, at the other location, AND is it adequate for their needs?	
a. OUTREACH	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
b. CASE MANAGEMENT	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
c. LIFE SKILLS ---									
(1) Money management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transportation usage	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Household management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Other life skills	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
d. EDUCATION ---									
(1) General Equivalency Diploma	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) English as a Second Language	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Early childhood education (Head Start)	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Basic Literacy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) After school tutoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Access and transportation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
e. EMPLOYMENT/VOCATIONAL ---									
(1) Pre-vocational training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transitional employment/paid internship	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Training for specific jobs	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Vocational rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Vocational counseling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Job placement	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(7) Sheltered workshop	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
f. SUBSTANCE ABUSE ---									
(1) Detoxification	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Alcoholics or Narcotics Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Individual/group substance abuse counselling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
g. MENTAL HEALTH ---									
(1) Crisis intervention	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Medication monitoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Psychosocial rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Individual/group psychological counciling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Psychiatric treatment	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Peer group/self help	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
h. PHYSICAL HEALTH ---									
(1) Primary care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Physical rehabilitative care/physical therapy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Prenatal care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Medical screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
i. HIV/AIDS SERVICES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
j. FAMILY AND CHILDREN'S SERVICES ---	[] Yes	[] No							
(1) Day/Evening care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Immunization and screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Parenting training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Parents Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
l. OTHER SERVICES									
(1) Housing location assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Housing counseling and short-term rental assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Followup support services	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Enrollment in entitlement program	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Legal assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Any other - SPECIFY _____	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
14o. Do you operate another program at this location?	[] Yes - LOOK AT CHART ON PAGE 18, AND GO TO THE PAGES FOR THE NEXT PROGRAM [] No - SKIP TO QUESTION 20 ON PAGE 34								

MENTAL HEALTH PROGRAM

15 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program from location?	_____ Adults
15 b Of these ADULTS, approximately what percent are regulars or repeaters—using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
15 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
15 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
15 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
15 f Among all persons using the services of this program, please enter the approximate percentage of ---	*The percents below should add up to 100 percent*
– Unaccompanied adult men 18 years or older	_____ Percent
– Unaccompanied adult women 18 years or older	_____ Percent
– People in single–parent families with children	_____ Percent
– People in two–parent families with children	_____ Percent
– Adult couples without children	_____ Percent
– Unaccompanied male youth under 18 years	_____ Percent
– Unaccompanied female youth under 18 years	_____ Percent
15 g Is this program a ---	*MARK (X) ONLY ONE BOX*
– Private, non–profit, religious affiliated program	[] Private, non–profit, religious
– Private, non–profit, non–sectarian program	[] Private, non–profit, non–sectarian
– Public agency	[] Public
– Private, for profit	[] Private for profit
15 h Approximately what percent of your funding for this program do you get from ---	
– Private funding: donations, foundation grants, United Way, individuals contributions	_____ Percent
– Government funding – federal, state or local	_____ Percent
– Other – SPECIFY SOURCE _____	_____ Percent
15 i Is this program primarily for ---	j. For each item marked 'YES', please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc.
(1) Victims of domestic violence, battered women?	[] Yes ---------RANK:_____ [] No
(2) Runaway or homeless youth?	[] Yes ---------RANK:_____ [] No
(3) People with mental health problems?	[] Yes ---------RANK:_____ [] No
(4) People with drug or alcohol problems?	[] Yes ---------RANK:_____ [] No
(5) People with HIV/AIDS?	[] Yes ---------RANK:_____ [] No
(6) Veterans?	[] Yes ---------RANK:_____ [] No
(7) Other – SPECIFY _____	[] Yes ---------RANK:_____ [] No

Please answer these questions concerning the services that may be provided under the MENTAL HEALTH programs.

Question 15 -- SERVICE	k. Do your clients need the services below, as part of this program? *IF YES, ANSWER Items l, m, n and o*	l. Is this service provided at this address?	m. Is this service available to your homeless clients at another location? *IF YES, ANSWER n* DK = Don't Know	n. Is it available to them when needed, at the other location AND is it adequate for their needs?
a. OUTREACH	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
b. CASE MANAGEMENT	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
c. LIFE SKILLS ---				
(1) Money management	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(2) Transportation usage	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(3) Household management	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(4) Other life skills	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
d. EDUCATION ---				
(1) General Equivalency Diploma	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(2) English as a Second Language	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(3) Early childhood education (Head Start)	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(4) Basic Literacy	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(5) After school tutoring	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(6) Access and transportation	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
e. EMPLOYMENT/VOCATIONAL ---				
(1) Pre-vocational training	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(2) Transitional employment/paid internship	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(3) Training for specific jobs	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(4) Vocational rehabilitation	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(5) Vocational counseling	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(6) Job placement	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(7) Sheltered workshop	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
f. SUBSTANCE ABUSE ---				
(1) Detoxification	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(2) Alcoholics or Narcotics Anonymous	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(3) Individual/group substance abuse counseling	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
g. MENTAL HEALTH ---				
(1) Crisis intervention	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(2) Medication monitoring	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(3) Psychosocial rehabilitation	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(4) Individual/group psychological counciling	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(5) Psychiatric treatment	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(6) Peer group/self help	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
h. PHYSICAL HEALTH ---				
(1) Primary care	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(2) Physical rehabilitative care/physical therapy	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(3) Prenatal care	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(4) Medical screening	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
i. HIV/AIDS SERVICES	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
j. FAMILY AND CHILDREN'S SERVICES ---	[] Yes [] No			
(1) Day/Evening care	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(2) Immunization and screening	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(3) Parenting training	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(4) Parents Anonymous	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
l. OTHER SERVICES				
(1) Housing location assistance	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(2) Housing counseling and short-term rental assistance	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(3) Followup support services	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(4) Enrollment in entitlement program	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(5) Legal assistance	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
(6) Any other - SPECIFY _____	[] Yes [] No	[] Yes [] No	[] Yes [] No [] DK	[] Yes [] No
15o. Do you operate another program at this location?	[] Yes - LOOK AT CHART ON PAGE 1~~A~~B, AND GO TO THE PAGES FOR THE NEXT PROGRAM [] No - SKIP TO QUESTION 20 ON PAGE 34			

ALCOHOL or OTHER DRUG PROGRAM

16 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program from location?	_____ Adults
16 b Of these ADULTS, approximately what percent are regulars or repeaters– using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
16 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
16 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
16 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
16 f Among all persons using the services of this program, please enter the approximate percentage of – – –	*The percents below should add up to 100 percent*
– Unaccompanied adult men 18 years or older	_____ Percent
– Unaccompanied adult women 18 years or older	_____ Percent
– People in single–parent families with children	_____ Percent
– People in two–parent families with children	_____ Percent
– Adult couples without children	_____ Percent
– Unaccompanied male youth under 18 years	_____ Percent
– Unaccompanied female youth under 18 years	_____ Percent
16 g Is this program a – – –	*MARK (X) ONLY ONE BOX*
– Private, non–profit, religious affiliated program	[] Private, non–profit, religious
– Private, non–profit, non–sectarian program	[] Private, non–profit, non–sectarian
– Public agency	[] Public
– Private, for profit	[] Private for profit
16 h Approximately what percent of your funding for this program do you get from – – –	
– Private funding: donations, foundation grants, United Way, individuals contributions	_____ Percent
– Government funding – federal, state or local	_____ Percent
– Other – SPECIFY SOURCE _____	_____ Percent
16 i Is this program primarily for – – –	For each item marked 'YES', please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc.
(1) Victims of domestic violence, battered women?	[] Yes ---------RANK:_____ [] No
(2) Runaway or homeless youth?	[] Yes ---------RANK:_____ [] No
(3) People with mental health problems?	[] Yes ---------RANK:_____ [] No
(4) People with drug or alcohol problems?	[] Yes ---------RANK:_____ [] No
(5) People with HIV/AIDS?	[] Yes ---------RANK:_____ [] No
(6) Veterans?	[] Yes ---------RANK:_____ [] No
(7) Other – SPECIFY _____	[] Yes ---------RANK:_____ [] No

Please answer these questions concerning the services that may be provided under the ALCOHOL OR OTHER DRUG programs

Question 16 -- SERVICE	k. Do your clients need the services below, as part of this program? *IF YES, ANSWER Items l, m, n and o*		l. Is this service provided at this address?		m. Is this service available to your homeless clients at another location? *IF YES, ANSWER n* DK = Don't Know			n. Is it available to them when needed, at the other location, AND is it adequate for their needs?	
a. OUTREACH	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
b. CASE MANAGEMENT	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
c. LIFE SKILLS ---									
(1) Money management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transportation usage	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Household management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Other life skills	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
d. EDUCATION ---									
(1) General Equivalency Diploma	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) English as a Second Language	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Early childhood education (Head Start)	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Basic Literacy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) After school tutoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Access and transportation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
e. EMPLOYMENT/VOCATIONAL ---									
(1) Pre-vocational training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transitional employment/paid internship	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Training for specific jobs	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Vocational rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Vocational counseling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Job placement	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(7) Sheltered workshop	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
f. SUBSTANCE ABUSE ---									
(1) Detoxification	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Alcoholics or Narcotics Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Individual/group substance abuse counselling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
g. MENTAL HEALTH ---									
(1) Crisis Intervention	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Medication monitoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Psychosocial rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Individual/group psychological counciling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Psychiatric treatment	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Peer group/self help	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
h. PHYSICAL HEALTH ---									
(1) Primary care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Physical rehabilitative care/physical therapy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Prenatal care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Medical screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
i. HIV/AIDS SERVICES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
j. FAMILY AND CHILDREN'S SERVICES ---	[] Yes	[] No							
(1) Day/Evening care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Immunization and screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Parenting training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Parents Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
l. OTHER SERVICES									
(1) Housing location assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Housing counseling and short-term rental assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Followup support services	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Enrollment in entitlement program	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Legal assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Any other - SPECIFY _____	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
16o. Do you operate another program at this location?	[] Yes - LOOK AT CHART ON PAGE 18 AND GO TO THE PAGES FOR THE NEXT PROGRAM [] No - SKIP TO QUESTION 20 ON PAGE 34								

HIV/AIDS PROGRAM

17 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program from location?	_____ Adults
17 b Of these ADULTS, approximately what percent are regulars or repeaters– using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
17 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
17 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
17 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
17 f Among all persons using the services of this program, please enter the approximate percentage of ---	*The percents below should add up to 100 percent*
– Unaccompanied adult men 18 years or older	_____ Percent
– Unaccompanied adult women 18 years or older	_____ Percent
– People in single–parent families with children	_____ Percent
– People in two–parent families with children	_____ Percent
– Adult couples without children	_____ Percent
– Unaccompanied male youth under 18 years	_____ Percent
– Unaccompanied female youth under 18 years	_____ Percent
17 g Is this program a ---	*MARK (X) ONLY ONE BOX*
– Private, non–profit, religious affiliated program	[] Private, non–profit, religious
– Private, non–profit, non–sectarian program	[] Private, non–profit, non–sectarian
– Public agency	[] Public
– Private, for profit	[] Private for profit
17 h Approximately what percent of your funding for this program do you get from ---	
– Private funding: donations, foundation grants, United Way, individuals contributions	_____ Percent
– Government funding – federal, state or local	_____ Percent
– Other – SPECIFY SOURCE _____	_____ Percent
17 i Is this program primarily for ---	]. For each item marked 'YES', please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc.
(1) Victims of domestic violence, battered women?	[] Yes ----------RANK:_____ [] No
(2) Runaway or homeless youth?	[] Yes ----------RANK:_____ [] No
(3) People with mental health problems?	[] Yes ----------RANK:_____ [] No
(4) People with drug or alcohol problems?	[] Yes ----------RANK:_____ [] No
(5) People with HIV/AIDS?	[] Yes ----------RANK:_____ [] No
(6) Veterans?	[] Yes ----------RANK:_____ [] No
(7) Other – SPECIFY _____	[] Yes ----------RANK:_____ [] No

Please answer these questions concerning the services that may be provided under the HIV/AIDS programs.

Question 17 -- SERVICE	k. Do your clients need the services below, as part of this program? *IF YES, ANSWER Items l, m, n and o*		l. Is this service provided at this address?		m. Is this service available to your homeless clients at another location? *IF YES, ANSWER n* DK = Don't Know			n. Is it available to them when needed, at the other location, AND is it adequate for their needs?	
a. OUTREACH	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
b. CASE MANAGEMENT	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
c. LIFE SKILLS ---									
(1) Money management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transportation usage	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Household management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Other life skills	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
d. EDUCATION ---									
(1) General Equivalency Diploma	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) English as a Second Language	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Early childhood education (Head Start)	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Basic Literacy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) After school tutoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Access and transportation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
e. EMPLOYMENT/VOCATIONAL ---									
(1) Pre-vocational training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transitional employment/paid internship	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Training for specific jobs	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Vocational rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Vocational counseling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Job placement	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(7) Sheltered workshop	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
f. SUBSTANCE ABUSE ---									
(1) Detoxification	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Alcoholics or Narcotics Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Individual/group substance abuse counselling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
g. MENTAL HEALTH ---									
(1) Crisis intervention	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Medication monitoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Psychosocial rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Individual/group psychological counciling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Psychiatric treatment	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Peer group/self help	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
h. PHYSICAL HEALTH ---									
(1) Primary care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Physical rehabilitative care/physical therapy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Prenatal care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Medical screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
i. HIV/AIDS SERVICES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
j. FAMILY AND CHILDREN'S SERVICES ---	[] Yes	[] No							
(1) Day/Evening care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Immunization and screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Parenting training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Parents Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
l. OTHER SERVICES									
(1) Housing location assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Housing counseling and short-term rental assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Followup support services	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Enrollment in entitlement program	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Legal assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Any other - SPECIFY _____	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No

17o. Do you operate another program at this location?	[] Yes - LOOK AT CHART ON PAGE 12, AND GO TO THE PAGES FOR THE NEXT PROGRAM [] No - SKIP TO QUESTION 20 ON PAGE 34

MIGRANT HOUSING

18 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program from location?	_____ Adults
18 b Of these ADULTS, approximately what percent are regulars or repeaters—using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
18 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
18 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
18 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
18 f Among all persons using the services of this program, please enter the approximate percentage of ---	*The percents below should add up to 100 percent*
– Unaccompanied adult men 18 years or older	_____ Percent
– Unaccompanied adult women 18 years or older	_____ Percent
– People in single-parent families with children	_____ Percent
– People in two-parent families with children	_____ Percent
– Adult couples without children	_____ Percent
– Unaccompanied male youth under 18 years	_____ Percent
– Unaccompanied female youth under 18 years	_____ Percent
18 g Is this program a ---	*MARK (X) ONLY ONE BOX*
– Private, non-profit, religious affiliated program	[] Private, non-profit, religious
– Private, non-profit, non-sectarian program	[] Private, non-profit, non-sectarian
– Public agency	[] Public
– Private, for profit	[] Private for profit
18 h Approximately what percent of your funding for this program do you get from ---	
– Private funding: donations, foundation grants, United Way, individuals contributions	_____ Percent
– Government funding – federal, state or local	_____ Percent
– Other – SPECIFY SOURCE _____	_____ Percent
18 i Is this program primarily for ---	]. For each item marked 'YES', please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc.
(1) Victims of domestic violence, battered women?	[] Yes ---------RANK:_____ [] No
(2) Runaway or homeless youth?	[] Yes ---------RANK:_____ [] No
(3) People with mental health problems?	[] Yes ---------RANK:_____ [] No
(4) People with drug or alcohol problems?	[] Yes ---------RANK:_____ [] No
(5) People with HIV/AIDS?	[] Yes ---------RANK:_____ [] No
(6) Veterans?	[] Yes ---------RANK:_____ [] No
(7) Other – SPECIFY _____	[] Yes ---------RANK:_____ [] No

Please answer these questions concerning the services that may be provided under the MIGRANT HOUSING.

Question 18 -- SERVICE	k. Do your clients need the services below, as part of this program? *IF YES, ANSWER Items l, m, n and o*		l. Is this service provided at this address?		m. Is this service available to your homeless clients at another location? *IF YES, ANSWER n* DK = Don't Know			n. Is it available to them when needed, at the other location, AND is it adequate for their needs?	
a. OUTREACH	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
b. CASE MANAGEMENT	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
c. LIFE SKILLS ---									
(1) Money management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transportation usage	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Household management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Other life skills	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
d. EDUCATION ---									
(1) General Equivalency Diploma	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) English as a Second Language	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Early childhood education (Head Start)	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Basic Literacy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) After school tutoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Access and transportation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
e. EMPLOYMENT/VOCATIONAL ---									
(1) Pre-vocational training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transitional employment/paid internship	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Training for specific jobs	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Vocational rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Vocational counseling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Job placement	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(7) Sheltered workshop	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
f. SUBSTANCE ABUSE ---									
(1) Detoxification	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Alcoholics or Narcotics Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Individual/group substance abuse counselling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
g. MENTAL HEALTH ---									
(1) Crisis intervention	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Medication monitoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Psychosocial rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Individual/group psychological counciling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Psychiatric treatment	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Peer group/self help	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
h. PHYSICAL HEALTH ---									
(1) Primary care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Physical rehabilitative care/physical therapy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Prenatal care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Medical screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
i. HIV/AIDS SERVICES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
j. FAMILY AND CHILDREN'S SERVICES ---	[] Yes	[] No							
(1) Day/Evening care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Immunization and screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Parenting training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Parents Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
l. OTHER SERVICES									
(1) Housing location assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Housing counseling and short-term rental assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Followup support services	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Enrollment in entitlement program	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Legal assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Any other -- SPECIFY _____	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No

18o. Do you operate another program at this location?	[] Yes - LOOK AT CHART ON PAGE 1~~X~~ B AND GO TO THE PAGES FOR THE NEXT PROGRAM [] No - SKIP TO QUESTION 20 ON PAGE 34

OTHER FACILITIES

19 a On an average day in April, how many ADULTS, aged 18 years or older, use the services of this program from location?	_____ Adults
19 b Of these ADULTS, approximately what percent are regulars or repeaters– using the services of this program at least 1/3 of the days in a month?	_____ Percent Regulars
19 c Of these ADULTS, approximately what percent are homeless?	_____ Percent Homeless
19 d On an average day in April, how many CHILDREN, up to 17 years old, use the services of this program at this location?	_____ Children
19 e Of these CHILDREN, approximately what percent are homeless?	_____ Percent Homeless
19 f Among all persons using the services of this program, please enter the approximate percentage of ---	*The percents below should add up to 100 percent*
– Unaccompanied adult men 18 years or older	_____ Percent
– Unaccompanied adult women 18 years or older	_____ Percent
– People in single–parent families with children	_____ Percent
– People in two–parent families with children	_____ Percent
– Adult couples without children	_____ Percent
– Unaccompanied male youth under 18 years	_____ Percent
– Unaccompanied female youth under 18 years	_____ Percent
19 g Is this program a ---	*MARK (X) ONLY ONE BOX*
– Private, non–profit, religious affiliated program	[] Private, non–profit, religious
– Private, non–profit, non–sectarian program	[] Private, non–profit, non–sectarian
– Public agency	[] Public
– Private, for profit	[] Private for profit
19 h Approximately what percent of your funding for this program do you get from ---	
– Private funding: donations, foundation grants, United Way, individuals contributions	_____ Percent
– Government funding – federal, state or local	_____ Percent
– Other – SPECIFY SOURCE _____	_____ Percent
19 i Is this program primarily for ---	j. For each item marked 'YES', please rank below (1,2,3 etc) where '1' is the primary description of your program, '2' is the second most descriptive, etc.
(1) Victims of domestic violence, battered women?	[] Yes ---------RANK:_____ [] No
(2) Runaway or homeless youth?	[] Yes ---------RANK:_____ [] No
(3) People with mental health problems?	[] Yes ---------RANK:_____ [] No
(4) People with drug or alcohol problems?	[] Yes ---------RANK:_____ [] No
(5) People with HIV/AIDS?	[] Yes ---------RANK:_____ [] No
(6) Veterans?	[] Yes ---------RANK:_____ [] No
(7) Other – SPECIFY _____	[] Yes ---------RANK:_____ [] No

Please answer these questions concerning the services that may be provided under the OTHER PROGRAMS.

Question 19 -- SERVICE	k. Do your clients need the services below, as part of this program? *IF YES, ANSWER Items l, m, n and o*		l. Is this service provided at this address?		m. Is this service available to your homeless clients at another location? *IF YES, ANSWER n* DK = Don't Know			n. Is it available to them when needed, at the other location AND is it adequate for their needs?	
a. OUTREACH	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
b. CASE MANAGEMENT	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
c. LIFE SKILLS ---									
(1) Money management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transportation usage	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Household management	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Other life skills	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
d. EDUCATION ---									
(1) General Equivalency Diploma	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) English as a Second Language	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Early childhood education (Head Start)	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Basic Literacy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) After school tutoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Access and transportation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
e. EMPLOYMENT/VOCATIONAL ---									
(1) Pre-vocational training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Transitional employment/paid internship	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Training for specific jobs	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Vocational rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Vocational counseling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Job placement	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(7) Sheltered workshop	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
f. SUBSTANCE ABUSE ---									
(1) Detoxification	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Alcoholics or Narcotics Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Individual/group substance abuse counseling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
g. MENTAL HEALTH ---									
(1) Crisis intervention	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Medication monitoring	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Psychosocial rehabilitation	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Individual/group psychological counciling	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Psychiatric treatment	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Peer group/self help	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
h. PHYSICAL HEALTH ---									
(1) Primary care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Physical rehabilitative care/physical therapy	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Prenatal care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Medical screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
i. HIV/AIDS SERVICES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
j. FAMILY AND CHILDREN'S SERVICES ---	[] Yes	[] No							
(1) Day/Evening care	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Immunization and screening	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Parenting training	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Parents Anonymous	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
k. SPECIAL SERVICES FOR HOMELESS VETERANS AND THEIR FAMILIES	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
l. OTHER SERVICES									
(1) Housing location assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(2) Housing counseling and short-term rental assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(3) Followup support services	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(4) Enrollment in entitlement program	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(5) Legal assistance	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No
(6) Any other -- SPECIFY _____	[] Yes	[] No	[] Yes	[] No	[] Yes	[] No	[] DK	[] Yes	[] No

19o. Do you operate another program at this location?	[] Yes -- LOOK AT CHART ON PAGE 1~~A~~B, AND GO TO THE PAGES FOR THE NEXT PROGRAM [] No -- SKIP TO QUESTION 20 ON PAGE 34

20. **Will this facility (these facilities) be open in April?**	[] Yes – ANSWER 21 [] No – Skip to 24
21. **Will (this facility/these facilities) be open on a DAILY basis (every day) to provide services in April 1995?**	[] Yes – SKIP to 23 [] No – ANSWER 22 [] Uncertain
22. **What days of the week will your (facility/facilities) provide services in April?** *Mark (X) on the calendar at right all the days that service will be provided.*	APRIL Sun Mon Tue Wed Thu Fri Sat 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 [] Uncertain

23. Now we want to determine when each PROGRAM is offered. On the chart at right, mark (X) when each program is provided for your clients. We need to know the day and time when each program is offered. Census workers will visit selected sites in April to interview a sample of your clients. We need this information to plan those visits.

Mark (X) all that apply

	Mon (1)	Tue (2)	Wed (3)	Thu (4)	Fri (5)	Sat (6)	Sun (7)	Open daily in April (8)	Time (9)
a. Outreach programs									a.m ____p.m. to a.m ____p.m.
b. Drop–in centers									a.m ____p.m. to a.m ____p.m.
c. Emergency shelters									a.m ____p.m. to a.m ____p.m.
d. Transitional housing									a.m ____p.m. to a.m ____p.m.
e. Permanent housing for the homeless									a.m ____p.m. to a.m ____p.m.
f. Voucher contract arrangement – times the office is open									a.m ____p.m. to a.m ____p.m.
g. Soup kitchen – breakfast									a.m ____p.m. to a.m ____p.m.
h. Soup kitchen – lunch									a.m ____p.m. to a.m ____p.m.
i. Soup kitchen – dinner									a.m ____p.m. to a.m ____p.m.
j. Mobile food programs									a.m ____p.m. to a.m ____p.m.
k. Food pantry									a.m ____p.m. to a.m ____p.m.
l. Health care providers									a.m ____p.m. to a.m ____p.m.
m. Mental health agencies									a.m ____p.m. to a.m ____p.m.
n. Alcohol/drug programs									a.m ____p.m. to a.m ____p.m.
o. HIV/AIDS programs									a.m ____p.m. to a.m ____p.m.
p. Migrant housing									a.m ____p.m. to a.m ____p.m.
q. Other programs –Specify _____									a.m ____p.m. to a.m ____p.m.

24. Does this facility operate under any other names, or is it called by any other names?	[] Yes – **What names?** _____ _____ _____ _____ _____ _____ _____ [] No
25. In April 1995, census workers will come to a sample of facilities to interview people using your programs. If your facility is selected as one of the places, what are the steps that we need to follow for obtaining a formal agreement of participation? **a. Do we need a Board's approval?**	[] Yes [] No
b. Can you (the contact person and/or director) give permission?	[] Yes – SKIP to 25d [] No
c. Who do we contact?	_____ _____ _____
d. Please provide any additional information that may help us with making arrangements, such as an approximate time frame needed to gain an agreement, etc.	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
26a Does your facility (facilities) maintain a current roster of clients who use your services?	[] Yes – ANSWER 26b [] No – ADD ANY COMMENTS TO PAGE 39
26b Would this Roster be available to our interviewers for sample selection?	[] Yes [] No
Please add any additional comments that you have on page 39.	

Please enter all information below for PARENT ORGANIZATION and any other locations that you are affiliated with that provide programs for the homeless.

A. PARENT ORGANIZATION information	
Name	Address
Contact Person	Telephone Number (include area code)

B. OTHER FACILITIES – information for each one	
(1) Name	Address
Contact Person	Telephone Number (include area code)
(2) Name	Address
Contact Person	Telephone Number (include area code)
(3) Name	Address
Contact Person	Telephone Number (include area code)
(4) Name	Address
Contact Person	Telephone Number (include area code)
(5) Name	Address
Contact Person	Telephone Number (include area code)
(6) Name	Address
Contact Person	Telephone Number (include area code)

Please enter all information below for any additional locations that you are affiliated with that provide programs for the homeless.

B. ADDITIONAL FACILITIES – information for each one	
(7) Name	Address
Contact Person	Telephone Number (include area code)
(8) Name	Address
Contact Person	Telephone Number (include area code)
(9) Name	Address
Contact Person	Telephone Number (include area code)
(10) Name	Address
Contact Person	Telephone Number (include area code)
(11) Name	Address
Contact Person	Telephone Number (include area code)
(12) Name	Address
Contact Person	Telephone Number (include area code)

Comments

Attachment C

OMB No. XXXX–XXXX: Approval Expires XX/XX/XX

FORM HPWUS–200(X)

U. S. Department of Commerce
Bureau of the Census
Actir. · as collection agent for the
U. S. Department of Housing and Urban Development

SERVICE USERS

THE SURVEY OF HOMELESS PERSONS WHO USE SERVICES

Public reporting burden for this collection of information is estimated to average 45 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Offices, Office of Information Policies and Systems, U. S. Department of Housing and Urban Development, Washington, D. C. 20410–3600 and to the Office of Management and Budget, Paperwork Reduction Project (xxxx–xxxx), Washington, D. C. 20503. Do not send this completed form to either of these addresses.

A. RO code	B. State	C. County
D. PSU	E. Facility code	F. Questionnaire ID

NOTICE – Your report to the Census Bureau is confidential by law (Title 5, USC 552a). All identifiable information will be used only by persons engaged in and for the purposes of the survey, and may not be disclosed or released to others for any purpose.

G. Name of facility

H. Mailing address – *Number and street or Post Office Box*

City State ZIP Code

I. Field Representative name ID code

INTERVIEW

J. Status – *Mark (X) one*	K. Date	L. Time	M. Total time
01 [ ] Interviewed 02 [ ] Refused	Month Day	Start a.m. p.m Finish a.m. p.m	minutes

INTRODUCTION

Hello, I am (Field Representative's name) from the United States Bureau of the Census. Here is my identification card. We are conducting a survey for the United States Department of Housing and Urban Development to obtain information on persons who use services such as shelters and soup kitchens. The survey will take about 45 minutes of your time. The information you give me is used for statistical purposes only. None of the information you give which could identify you or this place will be released to the public. Participating in this survey is voluntary. You do not have to, if you do not want to, in other words. We will, of course, pay you for your time if you complete the questionnaire. If you have no other questions we will begin.

N. What is your name?

Last

First

O. What is your age?

Years

Notes

SECTION 1: CURRENT LIVING CONDITION This section asks you about your current living situation.	
1a. As of today, do you have some place in (TOWN/CITY NAME) that you consider to be a permanent place where you live?	1 ___ Yes – GO to 1b. 2 ___ No – GO to Section 2 3 ___ Don't know 4 ___ Refused
1b. Where in the county is that?	___ ___ _____ Office use only
2. Do you pay to stay in the place where you live (even if someone else owns the place)?	1 ___ Yes, pay for my room, pay rent, mortgage, or already own it 2 ___ No 3 ___ Don't Know 4 ___ Refused
3a. Is the place you live a house, apartment, a room, a shelter, or some other kind of place?	1 ___ A house 2 ___ An apartment 3 ___ A room (other than hotel) – GO to 3b. 4 ___ Hotel (place with separate rooms that you pay for yourself) 5 ___ Dormitory Hotel (place without separate rooms that you pay for yourself) 6 ___ A migrant worker's camp – GO to 6. 7 ___ A shelter (includes transitional shelters) 8 ___ A welfare or voucher hotel 9 ___ A car or other vehicle 10 ___ An abandoned building 11 ___ A spot in a place of business (e.g. subway, movie, bar, all–night restaurant, bus station, etc.) 12 ___ Any place outside (streets, parks, culverts, campgrounds, etc.) 13 ___ Some other place (SPECIFY: _____) 14 ___ Don't know 15 ___ Refused – GO to Section 2
3b. What is the address of that place?	_____ _____
4. Is the place where you live your own place or someone else's place?	1 ___ Own place – GO to Section 3 2 ___ Someone else's place 3 ___ Don't know 4 ___ Refused
5. Whose place is it?	1 ___ Parent's 2 ___ Other relative's 3 ___ Friend's 4 ___ Someone else's place (SPECIFY: _____) 5 ___ Don't know 6 ___ Refused
6. How often do you use that place for sleeping? Would you say...? (READ CATEGORIES)	1 ___ Every day 2 ___ Almost every day 3 ___ Once or twice a week 4 ___ Less than once a week – GO to section 2 5 ___ Don't know 6 ___ Refused
7. Do you have an arrangement with your (parents/relatives/friends/someone else) to sleep in their place on a regular basis – that is, for 5 or more days a week?	1 ___ Yes – GO to section 3 2 ___ No 3 ___ Don't know 4 ___ Refused – GO to section 2

SECTION 2: WITHOUT PERMANENT HOUSING

8a. Where did you sleep or rest during the last 24 hours? (READ RESPONSE CATEGORIES AND MARK (X) ALL THAT APPLY.)	1 ___ Shelter _____/_____ (Name) (Address) 2 ___ Someone's room, apartment, or house 3 ___ Hotel/motel (voucher) 4 ___ A migrant workers camp 5 ___ In an institution (jail, hospital, detox) 6 ___ Place of business (bus, bus station, all–night movie, airport, subway, bar, laundromat, restaurant, farm building, etc.) 7 ___ A car (including other abandoned vehicles) 8 ___ An abandoned building 9 ___ Anywhere outside (street, park, cardboard box, campground, etc.) 10 ___ Someplace else _____/_____ (Name) (Address) 11 ___ Don't know 12 ___ Refused
8b. Where in the county is that?	___ ___ _____ Office use only

9a. Over the last seven days, that is, since last (DAY OF INTERVIEW), on which nights did you sleep or rest in the following places? (READ CATEGORIES.)	Su	M	T	W	Th	F	Sa
1 In my own house, apartment, or room (includes foster and group homes)							
2 In someone else's home or apartment							
3 In a shelter or vouchered hotel/motel							
4 In a migrant workers camp							
5 In an institution (jail, hospital)							
6 In a place of business, (bus, bus station, all–night movie, airport, subway, bar, laundromat, restaurant, farm building, etc.)							
7 In a car, van, truck, or other vehicle (including abandoned vehicles)							
8 In an empty or abandoned building							
9 Anywhere outside (on the streets, in a park, under a culvert, in a cardboard box, on a bench, campground, etc.)							
10 Elsewhere (SPECIFY: _____)							

9b. (Ask if shelter marked in Q.8a or Q.9a) Can you tell me the names of the shelters you have used in the last 7 days?	_____ _____ _____ _____
Check item 1: Is there at least one "X" in each day column in Q.9a?	___ *Yes* ___ *No (Go back and correct answers until each day column has at least one "X".)*
Check item 2: Is Q.8a marked "1" or Q.9a marked "3"?	___ *Yes (GO to Q.10b)* ___ *No*
10a. Have you ever slept in a shelter or in a room paid for by a voucher?	___ Yes ___ No ___ Don't know ___ Refused GO to Q.11

10b. When was the last time you slept at a shelter, or in a room paid for by a voucher?	1___ Last night 2___ # of days ago(if within the past week, enter the number of days) 3___ # of weeks ago(if within the past month, enter the number of weeks) 4___ # of months ago(if within the past year, enter the number of months) 5___ 13 or more months ago 6___ Never 7___ Don't know 8___ Refused
11. Other than shelters, when was the last time you had a house, apartment, room or other regular place to stay? (Regular is 5 or more days.)	1___ # of days ago(if within the past week, enter the number of days) 2___ # of weeks ago(if within the past month, enter the number of weeks) 3___ # of months ago(if within the past year, enter the number of months) 4___/___ # of years and months yrs/mos 5___ Don't know 6 __ Refused
12. Was it a...? (READ CHOICES AND MARK (X) ONE ANSWER.)	1___ House 2___ Apartment 3___ Room 4___ Some other kind of place (SPECIFY: _____) 5___ Don't know 6___ Refused
13. Did anyone else live with you, including children, or other adults, or did you live there all by yourself?	1___ Lived by myself (no spouse, no children, no one else) --------> (SKIP TO Q.15) 2___ Lived with other people 3___ Don't know 4___ Refused
14. If you lived with other people, who did you share that place with? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)	1___ Spouse 2___ Children 3___ Parents (mother and/or father, mother and/or father in-laws) 4___ Foster family 5___ Sisters and/or brothers, in-laws 6___ Your adult children 7___ Grandparents 8___ Other relatives 9___ Partner/boyfriend/girlfriend 10___ Friends 11___ Other residents 12___ Other persons (SPECIFY: _____) 13___ Don't know 14___ Refused
15. Who did that place belong to? That is, who paid the rent or mortgage or owned it? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)	1___ Self 2___ Spouse 3___ Parents (mother and/or father, mother and/or father in-laws) 4___ Foster family 5___ Sisters and/or brothers, in-laws 6___ Your adult children 7___ Grandparents 8___ Other relatives 9___ Partner/boyfriend/girlfriend 10___ Friends 11___ Non-profit/government program or institution 12___ Other persons (SPECIFY: _____) 13___ Don't know 14___ Refused

		16b. What is the main reason that you left? (MARK (X) ONE REASON)
16a. Did you leave that place because...? (READ CHOICES AND MARK (X) ALL THAT APPLY.)	1___ Couldn't pay the rent	___
	2___ Someone who paid the rent/mortgage stopped paying it	___
	3___ Lost your job	___
	4___ Lost welfare or other cash assistance benefit	___
	5___ Was drinking	___
	6___ Was doing drugs	___
	7___ Went into hospital or treatment program	___
	8___ ARC/AIDS/HIV-related	___
	9___ Was pregnant/just had baby	___
	10___ Became sick or disabled (other than ARC/AIDS)	___
	11___ Went into military	___
	12___ Went to jail or prison	___
	13___ Left town	___
	14___ Didn't get along with people there	___
	15___ People you were staying with asked you to leave	___
	16___ Pushed out, kicked out	___
	17___ Landlord made you leave	___
	18___ Building condemned, destroyed or urban renewal	___
	19___ Fire	___
	20___ You, or children, abused, beaten, violence in household	___
	21___ Released, dismissed, discharged	___
	22___ Other (SPECIFY:_____)	___
	23___ Don't know	___
	24___ Refused	___
17. (Ask only if Yes marked in Q.10a) (SHOW FLASHCARD) Between the time you left that place and now, how much time have you spent in shelters?	1___ All of the time	
	2___ Most of the time	
	3___ About three-quarters of the time	
	4___ About half of the time	
	5___ About one-quarter of the time	
	6___ Almost none of the time	
	7___ None of the time	
	8___ Don't know	
	9___ Refused	

18a. Since you left your last permanent place, have you spent time in...? (READ CHOICES AND MARK (X) ALL THAT APPLY.)	Yes	No	18b. If all no in Q.18a, skip to Q.20. If yes in 18a, ask– How much time did you spend in...? 1 to 7 days	1 to 4 weeks	1 to 6 months	7 to 12 months	13 to 24 months	2 or more years
1 Temporary place of your own (paid for by you)	—	—	—	—	—	—	—	—
2 Homes of relatives	—	—	—	—	—	—	—	—
3 Homes of friends	—	—	—	—	—	—	—	—
4 Foster home	—	—	—	—	—	—	—	—
5 Mental Hospital	—	—	—	—	—	—	—	—
6 Other Hospital	—	—	—	—	—	—	—	—
7 Nursing home, board & care home, group home	—	—	—	—	—	—	—	—
8 Migrant workers camp	—	—	—	—	—	—	—	—
9 Military	—	—	—	—	—	—	—	—
10 Jail or prison	—	—	—	—	—	—	—	—
11 Halfway house, 3/4 way house, other transitional	—	—	—	—	—	—	—	—
12 Other (SPECIFY:_____)	—	—	—	—	—	—	—	—
13 Don't Know	—	—	—	—	—	—	—	—
14 Refused	—	—	—	—	—	—	—	—

Check Item 3: IF ALL RESPONSES IN 18a MARKED NO, SKIP TO Q.20.

19. (SHOW FLASHCARD) When you were without a permanent home the last time, how much time did you spend in these places? (DO NOT INCLUDE TIME SPENT AT SHELTERS)	1___ All of the time 2___ Most of the time 3___ About three–quarters of the time 4___ About half of the time 5___ About one–quarter of the time 6___ Almost none of the time 7___ None of the time 8___ Don't know 9___ Refused
20. Have you EVER had a place of your own where you paid the rent or your name was on the lease, or you owned it?	1___ Yes, by myself 2___ Yes, with spouse 3___ Yes, with other (SPECIFY:_____) 4___ No 5___ Refused

21. Did you ever live in any of the following places for children or teenagers? (READ CHOICES AND MARK (X) ALL THAT APPLY.)		
a. A foster home	1___ Yes 2___ No	3___ DK 4___ RF
b. A group home	1___ Yes 2___ No	3___ DK 4___ RF
c. Any other kind of institution	1___ Yes 2___ No	3___ DK 4___ RF

22. (From the time you were born until your 18th birthday), did you ever run away from home, or were you forced to leave your home (pushed out), for 24 hours or more? (Includes a foster or group home or other institution)	1___ No, never ran away or was pushed out ----------> (SKIP TO Q.24) 2___ Yes, ran away 3___ Yes, pushed out or forced to leave by parents, relatives, guardian or foster parent (ASK Q. 23) 4___ Refused ----------> (SKIP TO Q.24)
23. Altogether, how much time did you spend away from home before you were 18 years old?	1___ Less than one week 2___ 1–4 weeks 3___ 1–6 months 4___ 7–12 months 5___ 13–24 months (1–2 years) 6___ More than 2 years 7___ Don't know 8___ Refused
24. (INCLUDING THIS TIME), how many times in your life have you been(homeless/without permanent housing)? That is, not living in your own house, apartment, or room on a regular basis?	1___ Times before this time 2___ Just this time ----------> (SKIP TO Q.28)
25. How long were you (homeless/without permanent housing) during the period (of homelessness) just before this one?	1___ # of days ago(if within the past week, enter the number of days) 2___ # of weeks ago(if within the past month, enter the number of weeks) 3___ # of months ago(if within the past year, enter the number of months) 4___/___ # of years ago and months yrs/mos 5___ Don't know 6___ Refused
26. How long ago did your LAST period (of homelessness/without permanent housing) end? (Refers to the time before this one)?	1___ # of days ago(if within the past week, enter the number of days) 2___ # of weeks ago(if within the past month, enter the number of weeks) 3___ # of months ago(if within the past year, enter the number of months) 4___/___ # of years ago and months yrs/mos 5___ Don't know 6___ Refused
27. How old were you when you FIRST found yourself without permanent housing or a regular place to stay?	1_____ Age
28. Where were you living when you became (homeless/without permanent housing) THIS time?	1_____/_____ Town/City State 2___ Don't know 3___ Refused
Check Item 4: IS (City/State) SAME LOCATION AS INTERVIEW CITY?	___ *Yes (SKIP TO Q.56)* ___ *No*

29. Why did you leave (city in Q.28)? (MARK (X) ALL THAT APPLY.)	1___ No jobs available 2___ No help available from family 3___ Used available services until exceeded time limit 4___ Entered institution in another city (e.g., jail, mental hospital) 5___ No services in that place 6___ Made to leave (given bus fare to leave town, driven to county line, etc.) 7___ Close of Agricultural Season 8___ Other (SPECIFY:_____) 9___ Refused
30. Why did you come here (to interview city)? (MARK (X) ALL THAT APPLY.)	1___ To look for work, heard jobs were here 2___ Cheap housing 3___ Had friends and/or relatives here 4___ Availability of shelters/missions 5___ Good services/programs 6___ Climate 7___ Following crops 8___ On the way to where I am going, just passing through 9___ No particular reason 10___ Other (SPECIFY:_____) 11___ Refused
31. How long have you been in (interview city)?	1___ Less than 3 months 2___ 4 to 6 months 3___ 7 to 12 months 4___ 1 year 5___ 2 to 5 years 6___ 6 to 10 years 7___ More than 10 years but less than all may life 8___ All my life
32. Since you (became homeless/left your last permanent place), how many towns/cities have you stayed 2 or more days in?	1___ 1 place 2___ 2 places 3___ 3 places 4___ 4 places 5___ 5 to 10 places 6___ 11 or more places (SKIP TO Q.56)

SECTION 3: CURRENTLY WITH PERMANENT HOUSING		
		Days Per Week
33a. Over the last seven days, that is, since last (DAY OF INTERVIEW) on how many nights did you sleep or rest in the following places? (READ RESPONSE CATEGORIES)	1 In my own house, apartment, or room (includes foster and group homes)	
	2 In someone else's home or apartment	
	3 In a shelter or vouchered hotel/motel	
	4 In a migrant workers camp	
	5 In an institution (jail, hospital)	
	6 In a place of business (bus, bus station, all-night movie, airport, subway, bar, laundromat, restaurant, farm building, etc.)	
	7 In a car, van, truck, or other vehicle (including abandoned vehicles)	
	8 In an empty or abandoned building	
	9 Anywhere outside (on the streets, in a park, under a culvert, in a cardboard box, on a bench, campground, etc.)	
	10 Elsewhere (SPECIFY:_____)	
	Total	7
33b. (Ask if shelter marked in Q.33a) Can you tell me the names of the shelters you have used in the last 7 days?	SHELTERS	
Check Item 5: DO ANSWERS IN Q.33 TOTAL 7?	___ *Yes (Continue with Q.34)* ___ *No (Go back and correct answers until responses total 7.; Continue with Q.34)*	
34. Have you ever been (homeless/without permanent housing), that is, not living in your own house, apartment, or room on a regular basis?	1___ Yes 2___ No ----------> (SKIP TO Q.56) 3___ Don't know 4___ Refused	
35. How many times in your life have you been (homeless/without permanent housing)?	1_____ Number of times	
36. How old were you the first time you were (homeless/without permanent housing)?	1_____ Age	
37. How long were you (homeless/without permanent housing)? If more than once, use the most recent one.	1___ # of days ago(if within the past week, enter the number of days) 2___ # of weeks ago(if 1–4 weeks ago, enter number of weeks) 3___ # of months ago(1–12 months ago, enter number of months) 4___/___ # of years and months yrs/mos 5_ Don't know 6___ Refused	
38. How long ago did your last time (of homelessness/without permanent housing) end?	1___ # of days ago(if within the past week, enter the number of days) 2___ # of weeks ago(if 1–4 weeks ago, enter number of weeks) 3___ # of months ago(1–12 months ago, enter number of months) 4___/___ # of years and months yrs/mos 5___ Don't know 6___ Refused	

39. Have you ever slept at a shelter, or in a room paid for by a voucher?	1___ Yes 2___ No ----------> (SKIP TO Q.41)
40. When was the last time you slept at a shelter, or in a room paid for by a voucher?	1___ Last night 2___ # of days ago(if within the past week, enter the number of days) 3___ # of weeks ago(if 1–4 weeks ago, enter number of weeks) 4___ # of months ago(1–12 months ago, enter number of months) 5___ 13 or more months ago 6___ Never 7___ Don't know 8___ Refused
41. Please think about the LAST time you did not have a home or regular place to stay. What type of place were you living in just before you were (homeless/without permanent housing) the LAST time? Was it a ...? (READ CATEGORIES.)	1___ House 2___ Apartment 3___ Room 4___ Some other kind of place (SPECIFY:_____) 5___ Don't know 6___ Refused
42. Did anyone else live with you, including children, or other adults, or did you live there by yourself?	1___ Lived by myself (no spouse, no children, no one else) -------> (SKIP TO Q. 44) 2___ Lived with other people 3___ Don't know 4___ Refused
43. If you lived with other people, did you share that place with...? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)	1___ Spouse 2___ Children 3___ Parents (mother and/or father, mother and/or father in-laws) 4___ Foster family 5___ Sisters and/or brothers, in-laws 6___ Your adult children 7___ Grandparents 8___ Other relatives 9___ Partner/boyfriend/girlfriend 10___ Friends 11___ Other residents 12___ Other persons (SPECIFY:_____) 13___ Don't know 14___ Refused
44. Who did that place belong to? That is, who paid the rent or mortgage or owned it? (MARK (X) ALL THAT APPLY.)	1___ Self 2___ Spouse 3___ Parents (mother and/or father, mother and/or father in-laws) 4___ Foster family 5___ Sisters and/or brothers, in-laws 6___ Your adult children 7___ Grandparents 8___ Other relatives 9___ Partner/boyfriend/girlfriend 10___ Friends 11___ Non-profit/government program or institution 12___ Other persons (SPECIFY:_____) 13___ Don't know 14___ Refused

		45b. What is the main reason that you left? (MARK (X) ONE REASON)
45a. Did you leave that place because...? (READ ALL CATEGORIES AND MARK (X) ALL THAT APPLY.)	1___ Couldn't pay the rent	___
	2___ Someone who paid the rent or mortgage stopped paying it	___
	3___ Lost your job	___
	4___ Lost job – seasonal farm work ended	
	5___ Lost welfare or other cash assistance benefit	___
	6___ Was drinking	___
	7___ Was doing drugs	___
	8___ Went into hospital or treatment program	___
	9___ ARC/AIDS/HIV–related	___
	10___ Was pregnant/just had baby	___
	11___ Became sick or disabled (other than ARC/AIDS related)	___
	12___ Went into military	___
	13___ Went to jail or prison	___
	14___ Left town	___
	15___ Didn't get along with people there	___
	16___ People you were staying with asked you to leave	___
	17___ Pushed out, kicked out	___
	18___ Landlord made you leave	___
	19___ Building condemned, destroyed or urban renewal	___
	20___ Fire	___
	21___ You, or children, abused, beaten, violence in household	___
	22___ Released, dismissed, discharged	___
	23___ Other (SPECIFY:_____)	___
	24___ Don't know	___
	25___ Refused	___
46. (Ask only if Q.39 marked yes) (SHOW FLASHCARD) During the time that you (were homeless/did not have a permanent place to stay), how much time did you spend in shelters?	1___ All of the time	
	2___ Most of the time	
	3___ About three–quarters of the time	
	4___ About half of the time	
	5___ About one–quarter of the time	
	6___ Almost none of the time	
	7___ None of the time	
	8___ Don't know	
	9___ Refused	

47a. Since you left your last permanent place, did you spend time in...? READ CHOICES AND MARK (X) ALL THAT APPLY.)	Yes	No	47b. If all no in 47a, skip to Q.48. If yes in 47a, ask – How much time did you spend in...? 1 to 7 days	1 to 4 weeks	1 to 6 months	7 to 12 months	13 to 24 months	2 or more years
1 Temporary place of your own (paid for by you)	___	___	___	___	___	___	___	___
2 Homes of relatives	___	___	___	___	___	___	___	___
3 Homes of friends	___	___	___	___	___	___	___	___
4 Foster home	___	___	___	___	___	___	___	___
5 Mental Hospital	___	___	___	___	___	___	___	___
6 Other Hospital	___	___	___	___	___	___	___	___
7 Nursing home, board & care home, group home	___	___	___	___	___	___	___	___
8 Military	___	___	___	___	___	___	___	___
9 Jail or prison	___	___	___	___	___	___	___	___
10 Halfway house, 3/4 way house, other transitional	___	___	___	___	___	___	___	___
11 Other (SPECIFY:_____)	___	___	___	___	___	___	___	___
12 Don't Know	___	___	___	___	___	___	___	___
13 Refused	___	___	___	___	___	___	___	___

Check Item 6: ARE RESPONSES IN Q.47a ALL "NO"?	___ *Yes (SKIP TO Q.48)* ___ *No*
47c. (SHOW FLASHCARD) When you were without a home the LAST time, how much time did you spend in these places? (DO NOT INCLUDE TIME SPENT AT SHELTERS.)	1___ All of the time 2___ Most of the time 3___ About three–quarters of the time 4___ About half of the time 5___ About one–quarter of the time 6___ Almost none of the time 7___ None of the time 8___ Don't know 9___ Refused

48. Did you ever live in any of the following places for children or teenagers? (READ CHOICES AND MARK (X) ALL THAT APPLY.)		
a. A foster home	1___ Yes 2___ No	3___ DK 4___ RF
b. A group home	1___ Yes 2___ No	3___ DK 4___ RF
c. Any other kind of institution	1___ Yes 2___ No	3___ DK 4___ RF

49. (From the time you were born until your 18th birthday), did you ever run away from home, or were you forced to leave your home (pushed out), for 24 hours or more (Includes a foster or group home or other institution)?		
1___ No, never ran away or was pushed out ------>	(SKIP TO Q.51)	
2___ Yes, ran away		(ASK Q. 50)
3___ Yes, pushed out or forced to leave by parents, relatives, guardian or foster parents		
4___ Refused -------->	(SKIP TO Q.51)	

50. Altogether, how much time did you spend away from home before you turned 18?	1___ Less than one week 2___ 1–4 weeks 3___ 1–6 months 4___ 7–12 months 5___ 13–24 months (1–2 years) 6___ More than 2 years 7___ Refused
51. When you were (homeless/ without permanent housing) the last time, where were you living?	1_____/_____ Town/City State 2___ Don't know 3___ Refused
Check Item 7: IS (City/State) SAME AS INTERVIEW CITY?	___ *Yes (SKIP TO Q.54)* ___ *No*
52. Why did you leave (city in Q.51)? (MARK (X) ALL THAT APPLY.)	1___ No jobs available 2___ No help available from family 3___ Used available services until exceeded time limit 4___ Entered institution in another city (e.g., jail, mental hospital) 5___ No services in that place 6___ Made to leave (given bus fare to leave town, driven to county line, etc.) 7___ Close of agricultural season 8___ Other (SPECIFY? _____ _____) 9___ Refused
53. Why did you come here to (interview city)? (MARK (X) ALL THAT APPLY.)	1___ To look for work, heard jobs were here 2___ Cheap housing 3___ Had friends and/or relatives here 4___ Availability of shelters/missions 5___ Good services/programs 6___ Climate 7___ Following crops 8___ On the way to where I am going, just passing through 9___ No particular reason 10___ Other (SPECIFY?_____) 11___ Refused
54. How long have you been in (interview city)?	1___ Less than 3 months 2___ 4 to 6 months 3___ 7 to 12 months 4___ 1 year 5___ 2 to 5 years 6___ 6 to 10 years 7___ More than 10 years but less than all my life 8___ All my life
55. When you were (homeless/without permanent housing), in how many towns/ cities did you stay 2 or more days in?	1___ 1 place 2___ 2 places 3___ 3 places 4___ 4 places 5___ 5 to 10 places 6___ 11 or more places

SECTION 4: DEMOGRAPHICS The next questions ask for some basic background information about you.	
56. Gender: (FILL BY OBSERVATION)	1___ Male 2___ Female
57. (SHOW FLASHCARD) What is your race?	1___ Black 2___ White 3___ American Indian/Native American 4___ Asian/Pacific Islander 5___ Other (SPECIFY:_____) 6___ Don't Know 7___ Refused
57a. (SHOW FLASHCARD) Are you of Spanish/Hispanic origin? For example: Mexican, Mexican/American, Cuban, Puerto Rican.	1___ Yes 2___ No (not Spanish/Hispanic) ——→ (SKIP TO Q.58)
57b. Which Spanish/Hispanic group are you?	1___ Mexican, Mexican/American, Chicano 2___ Puerto Rican 3___ Cuban 4___ Other Spanish/Hispanic
58. What is your date of birth?	1____ ____ ____ MM DD YY
59. How much school have you completed? (READ CATEGORIES IF PERSON IS UNSURE. MARK (X) FOR THE HIGHEST LEVEL COMPLETED OR DEGREE RECEIVED. IF CURRENTLY ENROLLED, MARK THE LEVEL OF PREVIOUS GRADE ATTENDED OR HIGHEST DEGREE RECEIVED.)	1___ No school completed 2___ Nursery school 3___ Kindergarten 4___ 1st, 2nd, 3rd, 4th grade 5___ 5th, 6th, 7th, or 8th grade 6___ 9th grade 7___ 10th grade 8___ 11th grade 9___ 12th grade, NO DIPLOMA 10___ HIGH SCHOOL GRADUATE – high school DIPLOMA or the equivalent (e.g. GED) 11___ Some college but no degree 12___ Associate degree in college – Occupational program 13___ Associate degree in college – Academic program 14___ Bachelor's degree (e.g. BA,AB,BS) 15___ Master's degree (e.g. MA, MEng, MEd, MSE, MBA) 16___ Professional school degree (e.g. MD, DDS, DVM, LLB, JD) 17___ Doctorate degree (e.g. PhD,EdD)
60. Are you working on any diploma, degree, courses, or training program now? (MARK (X) ALL THAT APPLY.)	1___ Yes, on G.E.D. 2___ Yes, on high school diploma 3___ Yes, on college courses or degree 4___ Yes, on vocational or other training program or apprenticeship 5___ Yes, other (SPECIFY:_____) 6___ No 7___ Don't know 8___ Refused

61a. Did you ever repeat one or more grades in school?	1___ No 2___ Repeated one grade 3___ Repeated more than one grade 4___ Don't know 5___ Refused
61b. Were you ever enrolled in special education?	1___ Yes 2___ No
Check Item 8: IS Q.59 MARKED 1 THROUGH 9?	___ *Yes* ___ *No (SKIP TO Q.63)*
62a. Did you drop out of school for a period of time?	1___ No, never dropped out 2___ Dropped out of junior high/middle school (5–8) 3___ Dropped out of senior high school (9–12) 4___ Don't know 5___ Refused
62b. Were you ever suspended?	1___ Yes 2___ No
62c. Were you ever expelled?	1___ Yes 2___ No
63. What is your present marital status? Are you ... (READ CATEGORIES AND MARK (X) ONLY ONE.)	1___ Now married, except separated (includes common law) 2___ Divorced 3___ Separated 4___ Widowed 5___ Never married 6___ Don't know 7___ Refused
64. What is your Social Security number?	___-__-____
64a. (If social security number refused, ask...) What are the first 5 digits of your Social Security number?	_____

SECTION 5 – CHILDREN AND EDUCATION			
The next questions ask you about any children you may have. 65. Do you have any children?	1 ___ Yes 2 ___ No 3 ___ Don't know 4 ___ Refused GO to 72		
66. How many children do you have who are – – a. Under 18?	___ Child(ren) – GO to 67a. 1 ___ None – GO to 72		
b. 18 and over?	___ Child(ren) – GO to 72		
Complete questions 67a. through 71h. for ONE child at a time. 67a. What is the name and age of each child under 18? *(Enter number of months if under one year of age)*	CHILD 1 Name ___ Year(s) OR ___ Month(s) 1 ___ Don't know 2 ___ Refused	CHILD 2 Name ___ Year(s) OR ___ Month(s) 1 ___ Don't know 2 ___ Refused	CHILD 3 Name ___ Year(s) OR ___ Month(s) 1 ___ Don't know 2 ___ Refused
b. What is (child's name)'s sex?	1 ___ Male 2 ___ Female	1 ___ Male 2 ___ Female	1 ___ Male 2 ___ Female
68. Does (child's name) live with you?	1 ___ Yes 2 ___ No	1 ___ Yes 2 ___ No	1 ___ Yes 2 ___ No
69. Where does (child's name) live now?	1 ___ Child lives with his/her other parent 2 ___ Child lives with my parent(s) or in–laws 3 ___ Child lives with other relatives 4 ___ Child is in foster care, group home, jail or other institution 5 ___ Other – Specify _____ 6 ___ Don't know where child lives 7 ___ Refused	1 ___ Child lives with his/her other parent 2 ___ Child lives with my parent(s) or in–laws 3 ___ Child lives with other relatives 4 ___ Child is in foster care, group home, jail or other institution 5 ___ Other – Specify _____ 6 ___ Don't know where child lives 7 ___ Refused	1 ___ Child lives with his/her other parent 2 ___ Child lives with my parent(s) or in–laws 3 ___ Child lives with other relatives 4 ___ Child is in foster care, group home, jail or other institution 5 ___ Other – Specify _____ 6 ___ Don't know where child lives 7 ___ Refused
70. How long has it been since (child's name) has lived with you?	1 ___ 0 to 6 months 2 ___ 7 to 12 months 3 ___ 1 to 2 years 4 ___ 3 to 4 years 5 ___ More than 4 years 6 ___ Child never lived with me – GO to 72 7 ___ Refused	1 ___ 0 to 6 months 2 ___ 7 to 12 months 3 ___ 1 to 2 years 4 ___ 3 to 4 years 5 ___ More than 4 years 6 ___ Child never lived with me – GO to 72 7 ___ Refused	1 ___ 0 to 6 months 2 ___ 7 to 12 months 3 ___ 1 to 2 years 4 ___ 3 to 4 years 5 ___ More than 4 years 6 ___ Child never lived with me – GO to 72 7 ___ Refused
CHECK ITEM A – If Q 68 is marked "YES" and child's age is–	___ 6 years or older – *Ask 71a* ___ 3, 4, or 5 years old– *Skip 71b* ___ Less than 3 years – *Skip to 71g*	___ 6 years or older – *Ask 71a* ___ 3, 4, or 5 years old– *Skip 71b* ___ Less than 3 years – *Skip to 71g*	___ 6 years or older – *Ask 71a* ___ 3, 4, or 5 years old– *Skip 71b* ___ Less than 3 years – *Skip to 71g*
71. Does (child's name) attend school?	1 ___ Yes, regularly attends school – skip to 71e. 2 ___ Attends school but not regularly, misses a lot 3 ___ No, not attending school 4 ___ Refused	1 ___ Yes, regularly attends school – skip to 71e. 2 ___ Attends school but not regularly, misses a lot 3 ___ No, not attending school 4 ___ Refused	1 ___ Yes, regularly attends school – skip to 71e. 2 ___ Attends school but not regularly, misses a lot 3 ___ No, not attending school 4 ___ Refused

CHILD 4	CHILD 5	CHILD 6	CHILD 7
Name	Name	Name	Name
___ Year(s) OR ___ Month(s) 1 ___ Don't know 2 ___ Refused	___ Year(s) OR ___ Month(s) 1 ___ Don't know 2 ___ Refused	___ Year(s) OR ___ Month(s) 1 ___ Don't know 2 ___ Refused	___ Year(s) OR ___ Month(s) 1 ___ Don't know 2 ___ Refused
1 ___ Male 2 ___ Female	1 ___ Male 2 ___ Female	1 ___ Male 2 ___ Female	1 ___ Male 2 ___ Female
1 ___ Yes 2 ___ No	1 ___ Yes 2 ___ No	1 ___ Yes 2 ___ No	1 ___ Yes 2 ___ No
1 ___ Child lives with his/her other parent 2 ___ Child lives with my parent(s) or in-laws 3 ___ Child lives with other relatives 4 ___ Child is in foster care, group home, jail or other institution 5 ___ Other – Specify _____ 6 ___ Don't know where child lives 7 ___ Refused	1 ___ Child lives with his/her other parent 2 ___ Child lives with my parent(s) or in-laws 3 ___ Child lives with other relatives 4 ___ Child is in foster care, group home, jail or other institution 5 ___ Other – Specify _____ 6 ___ Don't know where child lives 7 ___ Refused	1 ___ Child lives with his/her other parent 2 ___ Child lives with my parent(s) or in-laws 3 ___ Child lives with other relatives 4 ___ Child is in foster care, group home, jail or other institution 5 ___ Other – Specify _____ 6 ___ Don't know where child lives 7 ___ Refused	1 ___ Child lives with his/her other parent 2 ___ Child lives with my parent(s) or in-laws 3 ___ Child lives with other relatives 4 ___ Child is in foster care, group home, jail or other institution 5 ___ Other – Specify _____ 6 ___ Don't know where child lives 7 ___ Refused
1 ___ 0 to 6 months 2 ___ 7 to 12 months 3 ___ 1 to 2 years 4 ___ 3 to 4 years 5 ___ More than 4 years 6 ___ Child never lived with me – GO to 72 7 ___ Refused	1 ___ 0 to 6 months 2 ___ 7 to 12 months 3 ___ 1 to 2 years 4 ___ 3 to 4 years 5 ___ More than 4 years 6 ___ Child never lived with me – GO to 72 7 ___ Refused	1 ___ 0 to 6 months 2 ___ 7 to 12 months 3 ___ 1 to 2 years 4 ___ 3 to 4 years 5 ___ More than 4 years 6 ___ Child never lived with me – GO to 72 7 ___ Refused	1 ___ 0 to 6 months 2 ___ 7 to 12 months 3 ___ 1 to 2 years 4 ___ 3 to 4 years 5 ___ More than 4 years 6 ___ Child never lived with me – GO to 72 7 ___ Refused
___ 6 years or older – *Ask 71a* ___ 3, 4, or 5 years old– *Skip 71b* ___ Less than 3 years – *Skip to 71g*	___ 6 years or older – *Ask 71a* ___ 3, 4, or 5 years old– *Skip 71b* ___ Less than 3 years – *Skip to 71g*	___ 6 years or older – *Ask 71a* ___ 3, 4, or 5 years old– *Skip 71b* ___ Less than 3 years – *Skip to 71g*	___ 6 years or older – *Ask 71a* ___ 3, 4, or 5 years old– *Skip 71b* ___ Less than 3 years – *Skip to 71g*
1 ___ Yes, regularly attends school – skip to 71e. 2 ___ Attends school but not regularly, misses a lot 3 ___ No, not attending school 4 ___ Refused	1 ___ Yes, regularly attends school – skip to 71e. 2 ___ Attends school but not regularly, misses a lot 3 ___ No, not attending school 4 ___ Refused	1 ___ Yes, regularly attends school – skip to 71e. 2 ___ Attends school but not regularly, misses a lot 3 ___ No, not attending school 4 ___ Refused	1 ___ Yes, regularly attends school – skip to 71e. 2 ___ Attends school but not regularly, misses a lot 3 ___ No, not attending school 4 ___ Refused

Please list the children's names in the same order as on pages 5–1 and 5–2.	CHILD 1 Name	CHILD 2 Name	CHILD 3 Name
71b. Does (child's name) attend kindergarten, Head Start, or other pre–school program?	1 ___ Yes, regularly attends a ___ Kindergarten b ___ Head Start c ___ Other pre–school (nursery school, pre–kindergarten) Go to 71c 2 ___ Enrolled, but does not attend regularly 3 ___ Not enrolled 4 ___ Refused	1 ___ Yes, regularly attends a ___ Kindergarten b ___ Head Start c ___ Other pre–school (nursery school, pre–kindergarten) Go to 71c 2 ___ Enrolled, but does not attend regularly 3 ___ Not enrolled 4 ___ Refused	1 ___ Yes, regularly attends a ___ Kindergarten b ___ Head Start c ___ Other pre–school (nursery school, pre–kindergarten) Go to 71c 2 ___ Enrolled, but does not attend regularly 3 ___ Not enrolled 4 ___ Refused
c. If not attending regularly, how long has it been since (child's name) regularly attended school?	1 ___ Less than 1 month 2 ___ 1 to 3 months 3 ___ 4 to 6 months 4 ___ 7 months or more 5 ___ Don't know 6 ___ Never attended 7 ___ Refused	1 ___ Less than 1 month 2 ___ 1 to 3 months 3 ___ 4 to 6 months 4 ___ 7 months or more 5 ___ Don't know 6 ___ Never attended 7 ___ Refused	1 ___ Less than 1 month 2 ___ 1 to 3 months 3 ___ 4 to 6 months 4 ___ 7 months or more 5 ___ Don't know 6 ___ Never attended 7 ___ Refused
d. Why doesn't (child's name) attend school or pre–school regularly? *Mark (X) all that apply.*	1 ___ Problems with trans–portation, no transportation 2 ___ Can't register, no documents 3 ___ Don't stay in one place long enough 4 ___ Lack of clothing, shoes, can't keep clean 5 ___ Child doesn't like school 6 ___ Has to babysit younger brothers/sisters 7 ___ Has been sick, doesn't feel well 8 ___ Too tired, can't get him/her up in the morning 9 ___ Other – Specify _____ _____ 10 ___ Don't know 11 ___ Refused	1 ___ Problems with trans–portation, no transportation 2 ___ Can't register, no documents 3 ___ Don't stay in one place long enough 4 ___ Lack of clothing, shoes, can't keep clean 5 ___ Child doesn't like school 6 ___ Has to babysit younger brothers/sisters 7 ___ Has been sick, doesn't feel well 8 ___ Too tired, can't get him/her up in the morning 9 ___ Other – Specify _____ _____ 10 ___ Don't know 11 ___ Refused	1 ___ Problems with trans–portation, no transportation 2 ___ Can't register, no documents 3 ___ Don't stay in one place long enough 4 ___ Lack of clothing, shoes, can't keep clean 5 ___ Child doesn't like school 6 ___ Has to babysit younger brothers/sisters 7 ___ Has been sick, doesn't feel well 8 ___ Too tired, can't get him/her up in the morning 9 ___ Other – Specify _____ _____ 10 ___ Don't know 11 ___ Refused
e. Has (child's name) ever been assigned to a special education class?	1 ___ Yes 2 ___ No 3 ___ Don't know 4 ___ Refused	1 ___ Yes 2 ___ No 3 ___ Don't know 4 ___ Refused	1 ___ Yes 2 ___ No 3 ___ Don't know 4 ___ Refused
f. Has (child's name) repeated any grade?	1 ___ Yes 2 ___ No 3 ___ Don't know 4 ___ Refused	1 ___ Yes 2 ___ No 3 ___ Don't know 4 ___ Refused	1 ___ Yes 2 ___ No 3 ___ Don't know 4 ___ Refused
g. Other than school or pre–school, does (child's name) receive day care?	1 ___ Yes 2 ___ No 3 ___ Don't know 4 ___ Refused Go to 72	1 ___ Yes 2 ___ No 3 ___ Don't know 4 ___ Refused Go to 72	1 ___ Yes 2 ___ No 3 ___ Don't know 4 ___ Refused Go to 72
h. Where does (child's name) go for day care?	1 ___ At the shelter 2 ___ At a day care center 3 ___ To friends/relatives 4 ___ Don't know 5 ___ Refused	1 ___ At the shelter 2 ___ At a day care center 3 ___ To friends/relatives 4 ___ Don't know 5 ___ Refused	1 ___ At the shelter 2 ___ At a day care center 3 ___ To friends/relatives 4 ___ Don't know 5 ___ Refused

CHILD 4	CHILD 5	CHILD 6	CHILD 7
Name	Name	Name	Name
1 ___ Yes, regularly attends a ___ Kindergarten b ___ Head Start c ___ Other pre-school (nursery school, pre-kindergarten) Go to 71e 2 ___ Enrolled, but does not attend regularly 3 ___ Not enrolled 4 ___ Refused	1 ___ Yes, regularly attends a ___ Kindergarten b ___ Head Start c ___ Other pre-school (nursery school, pre-kindergarten) Go to 71e 2 ___ Enrolled, but does not attend regularly 3 ___ Not enrolled 4 ___ Refused	1 ___ Yes, regularly attends a ___ Kindergarten b ___ Head Start c ___ Other pre-school (nursery school, pre-kindergarten) Go to 71e 2 ___ Enrolled, but does not attend regularly 3 ___ Not enrolled 4 ___ Refused	1 ___ Yes, regularly attends a ___ Kindergarten b ___ Head Start c ___ Other pre-school (nursery school, pre-kindergarten) Go to 71e 2 ___ Enrolled, but does not attend regularly 3 ___ Not enrolled 4 ___ Refused
1 ___ Less than 1 month 2 ___ 1 to 3 months 3 ___ 4 to 6 months 4 ___ 7 months or more 5 ___ Don't know 6 ___ Never attended 7 ___ Refused	1 ___ Less than 1 month 2 ___ 1 to 3 months 3 ___ 4 to 6 months 4 ___ 7 months or more 5 ___ Don't know 6 ___ Never attended 7 ___ Refused	1 ___ Less than 1 month 2 ___ 1 to 3 months 3 ___ 4 to 6 months 4 ___ 7 months or more 5 ___ Don't know 6 ___ Never attended 7 ___ Refused	1 ___ Less than 1 month 2 ___ 1 to 3 months 3 ___ 4 to 6 months 4 ___ 7 months or more 5 ___ Don't know 6 ___ Never attended 7 ___ Refused
1 ___ Problems with transportation, no transportation 2 ___ Can't register, no documents 3 ___ Don't stay in one place long enough 4 ___ Lack of clothing, shoes, can't keep clean 5 ___ Child doesn't like school 6 ___ Has to babysit younger brothers/sisters 7 ___ Has been sick, doesn't feel well 8 ___ Too tired, can't get him/her up in the morning 9 ___ Other – Specify _____ _____ 10 ___ Don't know 11 ___ Refused	1 ___ Problems with transportation, no transportation 2 ___ Can't register, no documents 3 ___ Don't stay in one place long enough 4 ___ Lack of clothing, shoes, can't keep clean 5 ___ Child doesn't like school 6 ___ Has to babysit younger brothers/sisters 7 ___ Has been sick, doesn't feel well 8 ___ Too tired, can't get him/her up in the morning 9 ___ Other – Specify _____ _____ 10 ___ Don't know 11 ___ Refused	1 ___ Problems with transportation, no transportation 2 ___ Can't register, no documents 3 ___ Don't stay in one place long enough 4 ___ Lack of clothing, shoes, can't keep clean 5 ___ Child doesn't like school 6 ___ Has to babysit younger brothers/sisters 7 ___ Has been sick, doesn't feel well 8 ___ Too tired, can't get him/her up in the morning 9 ___ Other – Specify _____ _____ 10 ___ Don't know 11 ___ Refused	1 ___ Problems with transportation, no transportation 2 ___ Can't register, no documents 3 ___ Don't stay in one place long enough 4 ___ Lack of clothing, shoes, can't keep clean 5 ___ Child doesn't like school 6 ___ Has to babysit younger brothers/sisters 7 ___ Has been sick, doesn't feel well 8 ___ Too tired, can't get him/her up in the morning 9 ___ Other – Specify _____ _____ 10 ___ Don't know 11 ___ Refused
1 ___ Yes 2 ___ No 3 ___ Don't know 4 ___ Refused	1 ___ Yes 2 ___ No 3 ___ Don't know 4 ___ Refused	1 ___ Yes 2 ___ No 3 ___ Don't know 4 ___ Refused	1 ___ Yes 2 ___ No 3 ___ Don't know 4 ___ Refused
1 ___ Yes 2 ___ No 3 ___ Don't know 4 ___ Refused	1 ___ Yes 2 ___ No 3 ___ Don't know 4 ___ Refused	1 ___ Yes 2 ___ No 3 ___ Don't know 4 ___ Refused	1 ___ Yes 2 ___ No 3 ___ Don't know 4 ___ Refused
1 ___ Yes 2 ___ No 3 ___ Don't know 4 ___ Refused GO to 72	1 ___ Yes 2 ___ No 3 ___ Don't know 4 ___ Refused GO to 72	1 ___ Yes 2 ___ No 3 ___ Don't know 4 ___ Refused GO to 72	1 ___ Yes 2 ___ No 3 ___ Don't know 4 ___ Refused GO to 72
1 ___ At the shelter 2 ___ At a day care center 3 ___ To friends/relatives 4 ___ Don't know 5 ___ Refused	1 ___ At the shelter 2 ___ At a day care center 3 ___ To friends/relatives 4 ___ Don't know 5 ___ Refused	1 ___ At the shelter 2 ___ At a day care center 3 ___ To friends/relatives 4 ___ Don't know 5 ___ Refused	1 ___ At the shelter 2 ___ At a day care center 3 ___ To friends/relatives 4 ___ Don't know 5 ___ Refused

72. *ASK ONLY IF HOMELESS.* **Are any adults homeless with you, or are you by yourself?**	1 ☐ R is by her/himself 2 ☐ Spouse 3 ☐ Other relative – *Specify* ☞ _____ 4 ☐ Nonfamily – *Specify* ☞ _____ 5 ☐ Don't know 6 ☐ Refused
73. *ASK OF FEMALES ONLY.* **Are you pregnant now?**	1 ☐ Yes 2 ☐ No 3 ☐ Don't know 4 ☐ Refused

Notes

FORM HPWU8-16100 (9-11-93)

SECTION 6: EMPLOYMENT The next few questions ask about work.	
74. Did you do any PAID work at all during the last 30 days (ANY THING THAT BRINGS IN MONEY)?	1___ Yes 2___ No 3___ Don't Know 4___ Refused (SKIP TO Q. 77a)
75. Is this work...? (READ CATEGORIES AND MARK (X) ONLY ONE RESPONSE.)	1___ A job you have had for three months or more with the same employer? 2___ A job you have had for less than 3 months, but you expect to continue for 3 or more months 3___ A temporary job (one you expect to last less than 3 months) 4___ A day job, pick-up (one that lasts only a few hours, or one or two days) 5___ Peddling (selling books, clothes, other items on the street) or collecting cans and bottles to exchange for money 6___ Other (SPECIFY:_____) (SKIP TO Q.77a) 7___ Don't Know 8___ Refused
76. During the last 30 days, how many hours did you usually work per week in paid employment in all full- or part-time jobs, including day labor?	1___ Usual number of hours per week 2___ Don't Know 3___ Refused (SKIP TO Q.78)
77a. When did you last work for pay at a regular job or business, either full- or part-time?	1___ Within past week 2___ Within past 6 months 3___ Within past 7 months to a year ago 4___ 1 to 2 years ago 5___ 2 to 3 years ago 6___ 3 to 4 years ago 7___ 4 to 5 years ago (GO TO Q.77b) 8___ 5 or more years ago 9___ Never worked (SKIP TO Q.77c)
77b. Why did you leave that job?	1___ Personal, family (Incl. pregnancy) or school 2___ Health 3___ Retirement or old age 4___ Seasonal job completed 5___ Slack work or business conditions, laid off 6___ Temporary - nonseasonal job completed 7___ Unsatisfactory work arrangements (hours, pay, etc.) 8___ Other (SPECIFY:_____)
77c. Do you want a regular job now, either full- or part-time?	1___ Yes 2___ Maybe - it depends 3___ No 4___ Don't Know

78a. Are you looking for work now?	1___ Yes------> (SKIP TO Q.79) 2___ No
78b. What are the reasons you are not looking for work? (MARK (X) ALL THAT APPLY.)	1___ Believes no work available in line of work or area 2___ Couldn't find any work 3___ Lacks necessary schooling, training, skills or experience 4___ Ill health, physical disability 5___ Can't arrange child care 6___ Family responsibilities 7___ In school or other training 8___ Other (SPECIFY:_____) 9___ Don't Know
79. If Never marked in Q.77a, skip to Q.80. Since you were 16 years old, how much of your life have you had a job or done some work for pay?	1___ All or almost all of the time 2___ About 3/4 of the time 3___ About half of the time 4___ About 1/4 of the time 5___ Almost none of the time

SECTION 7: SOURCES OF INCOME AND SERVICE USE

The next few questions ask about your income, and about your use of certain government programs and services.

80. Have you received any money from any of these sources in the last month? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)	1___ Steady Employment 2___ Day Labor 3___ Aid to Families with Dependent Children (AFDC) 4___ General Assistance (CA, PA, HR, GR) 5___ Social Security (old age, survivors, and retirement) 6___ Social Security Disability Insurance (SSDI) 7___ Supplemental Security Income (SSI) 8___ Veteran's Disability Payments 9___ Veteran's Pension (not disability related) 10___ Other pensions 11___ Private Disability Insurance 12___ Unemployment Compensation 13___ Spouse 14___ Parents 15___ Other Relatives 16___ Friends (includes boyfriends or girlfriends) 17___ Sale of personal belongings 18___ Asking for money on the streets 19___ Blood or plasma center 20___ Illegal activities 21___ Other (SPECIFY: _____)
81. Over the last 30 days, what was your total income from ALL sources? (MARK CATEGORY ONLY IF RESPONDENT CANNOT REPORT TOTAL INCOME.)	$____,_____ 1___ Less than $100 2___ $100 to 299 3___ $300 to 499 4___ $500 to 699 5___ $700 to 799 6___ $1,000 to 1,199 7___ $1,200 to 1,499 8___ $1,500 to 1,999 9___ $2,000 to 2,499 10___ $2,500 to 2,999 11___ $3,000 or more 12___ Don't know 13___ Refused
82a. Do you receive food stamps now?	1___ Yes 2___ No 3___ Don't know 4___ Refused
82b. If yes in Q.82a, ask – How much do you get each month in food stamps?	$____,_____
Check Item 15: ARE ITEMS 3 THRU 9 MARKED IN Q.80, OR Q.82a MARKED "YES"?	*1___ Yes* *2___ No (SKIP TO Q.84)*

FR INSTRUCTION – Mark Q.83a and b "Yes" for each corresponding benefit program.

83a. I'm going to read you a list of government benefit programs. Have you ever applied for...?		83b. If all "NO" in Q.83a, skip to Q.84. If "YES" in Q.83a ask – Did you ever receive benefits?	83c. If Q.34 marked "NO", skip to Q.84. If "YES" in Q.83b. ask – Were you getting money from (program) when you had to leave the last permanent place you stayed?	83d. If "YES" in Q83c., ask – Were you cut off from (program) within the year before you had to leave the last permanent place you stayed?	83e. If "YES" in Q83d., ask – Why were you cut off from (program)?
Aid to Families with Dependent Children	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	3 ___ Don't know
Food stamps	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	3 ___ Don't know
General assistance	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	3 ___ Don't know
Supplemental Security Income	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	3 ___ Don't know
Social Security Disability Income	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	1 ___ Yes 2 ___ No 3 ___ Don't know	3 ___ Don't know
84a. Now I am going to ask you about another list of services. Which of the following services have you used in the last month? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)	1 ___ Free or almost free clothing 2 ___ Drop–in centers 3 ___ Free public transportation (e.g. bus, subway, or cab tokens) 4 ___ Day care 5 ___ Counseling (for employment, parenting, self–esteem, – not mental health) 6 ___ Outreach program for homeless people (people come to you to hand out food, blankets, see if you're okay, offer help) 7 ___ Free school breakfasts and/or lunches 8 ___ WIC (Women, Infants, and Children nutrition program) 9 ___ Other (SPECIFY:_____) 10 ___ Refused				
84b. When was the last time you used one of these services?	1 ___ Today 2 ___ # of days ago (if within the past week, enter the number of days) 3 ___ # of weeks ago (if within the past month, enter the number of weeks) 4 ___ # of months ago (if within the past year, enter the number of months) 5 ___ 13 or more months ago 6 ___ Never 7 ___ Don't know 8 ___ Refused				
84c. Which service was it?	1 ___ Free or almost free clothing 2 ___ Drop–in centers 3 ___ Free public transportation (e.g. bus, subway, or cab tokens) 4 ___ Day care 5 ___ Counseling (for employment, parenting, self–esteem, – not mental health) 6 ___ Outreach program for homeless people (people come to you to hand out food, blankets, see if you're okay, offer help) 7 ___ Free school breakfasts and/or lunches 8 ___ WIC (Women, Infants, and Children nutrition program) 9 ___ Other (SPECIFY:_____) 10 ___ Refused				
Check Item 16: ARE RESPONDENTS 18 YEARS OR YOUNGER?	___ *Yes (SKIP to Q.90)* ___ *No*				

SECTION 8: VETERAN STATUS The next questions ask about experiences in the armed services.	
85. Excluding any time you may have served for training or other purposes in the Reserves or National Guard, have you ever served on active duty in the United States Armed Forces?	1___ Yes, active duty 2___ No 3___ Don't Know 4___ Refused (SKIP TO Q. 90)
86. In total, how many years of active military duty service have you had?	1_____ Years
87. Were you ever stationed in a war zone?	1___ Yes 2___ No
88. During your military service, were you ever in or exposed to combat?	1___ Yes 2___ No 3___ Don't know 4___ Refused
89. Have you ever used a medical facility that was operated by the VA for overnight hospital care, outpatient visits, or for nursing home, convalescent home, or admissions for long-term care?	1___ Yes 2___ No 3___ Don't know 4___ Refused

SECTION 9: FOOD INTAKE **These questions ask about the food you eat and where you get your food.**	
90. Which of the following best describes your situation in terms of food you eat...? READ CATEGORIES AND MARK (X) ONE ANSWER.)	1___ Get enough of the kinds of foods you want to eat 2___ Get enough, but not always what you want to eat 3___ Sometimes not enough to eat 4___ Often not enough to eat 5___ Don't know 6___ Refused
91. How many times do you usually eat in a day?	1___ Less than once per day 2___ Once per day 3___ Twice per day 4___ Three times per day 5___ Four times per day 6___ Five times per day 7___ More than five times per day 8___ Don't know 9___ Refused
92. In the last seven days, since last (DAY OF INTERVIEW), did you go a whole day without anything at all to eat?	1___ Yes 2___ No 3___ Don't Know 4___ Refused (SKIP TO Q.94)
93. How many days last week did you go without anything to eat for the whole day?	1___ Number of days 2___ Don't Know 3___ Refused
94a. Have you ever eaten in a soup kitchen or gotten food from a pantry?	1___ Yes 2___ No 3___ Don't know 4___ Refused (SKIP TO Q.96)
94b. When was the last time you ate at a soup kitchen or got food from a food pantry?	1___ Today 2___ # of days ago(within the past week, enter the number of days) 3___ # of weeks ago(if within the past month, enter the number of weeks) 4___ # of months ago(if within the past year, enter the number of months) 5___ More than a year ago 6___ Never 7___ Don't know 8___ Refused

		Su	M	T	W	Th	F	Sa
95a. Over the last seven days, that is, since last (DAY OF INTERVIEW), on which days did you get food from the following places? (READ CATEGORIES.)	1 In my own house, apartment, or room (includes foster and group homes)							
	2 Soup kitchens (including free bag lunches and dinner)							
	3 Shelter where you live (shelter provides)							
	4 Shelter where you live (you cook)							
	5 Food pantry							
	6 Food wagon (free food)							
	7 Street vendor (you pay)							
	8 Friend's or relative's place							
	9 Grocery store							
	10 Restaurant where you pay							
	11 Restaurant (back door, handouts)							
	12 Handouts from people passing by							
	13 Trash cans							
	14 Other (SPECIFY: _____)							
	15 Refused							
(Because people may get food from several different sources during any single day, these numbers do not have to add up to 7 and probably will not.)								
95b. (Ask if soup kitchen marked in Q.94a or Q.95a) Can you tell me the names of the soup kitchens you have used in the last 7 days?								

SECTION 10: CURRENT PHYSICAL HEALTH **The next questions ask about your health and medical care.**	
96. Do you have any of the following medical conditions...? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)	1___ Sugar in your blood (diabetes) 2___ Anemia (poor blood) 3___ High blood pressure 4___ Heart disease/stroke 5___ Problems with your liver 6___ Arthritis, rheumatism, joint problems 7___ Chest infection, cold, cough, bronchitis 8___ Pneumonia 9___ Tuberculosis 10___ Skin disease, skin infection, skin sores, skin ulcers 11___ Lice, scabies, other similar infestations 12___ Cancer 13___ Problem walking, lost limb, other handicap 14___ Gonorrhea, syphilis, herpes, chlamydia, other STDs (NOT AIDS) 15___ Test positive for HIV 16___ Have AIDS 17___ Use drugs intravenously (shoot up) 18___ Other (SPECIFY:_____ _____) 19___ None 20___ Don't Know 21___ Refused
97. When was the last time you were examined or treated by a physician/doctor for physical health problems, including routine checkups?	1___ Within the past 12 months 2___ 1-2 years ago 3___ More than 2 years ago 4___ Never 5___ Don't Know (SKIP TO Q.102) 6___ Refused
98. Who paid for your visit?	1___ I paid myself 2___ Health Care for the Homeless clinic 3___ Migrant health care facility 4___ Other free clinic 5___ Veteran's Administration (VA) 6___ Medicaid/Welfare/Public Insurance 7___ Private insurance 8___ No one paid bill 9___ Other (SPECIFY:_____) 10___ Don't Know 11___ Refused

99. In the last year, have you gotten medical care from any of the following places? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)	Yes	No	Don't Know	Refused
Outpatient Care				
a. A hospital clinic	1___	2___	3___	4___
b. A hospital emergency room	1___	2___	3___	4___
c. A VA clinic	1___	2___	3___	4___
d. A community health clinic	1___	2___	3___	4___
e. A migrant health care facility	1___	2___	3___	4___
f. A clinic or doctor in a shelter or soup kitchen (Health Care for the Homeless)	1___	2___	3___	4___
g. A doctor or nurse visiting you on the street	1___	2___	3___	4___
h. A private doctor's office (not in a hospital or clinic)	1___	2___	3___	4___
Inpatient Care				
i. A VA hospital as an inpatient	1___	2___	3___	4___
j. Any other hospital as an inpatient	1___	2___	3___	4___

100. All together, how many times have you received medical treatment in the past year, from all sources combined?	1___ Never 2___ Once 3___ 2–3 times 4___ 4–10 times 5___ 11 or more times 6___ Don't know 7___ Refused
Check Item 17: ARE ALL RESPONSES IN Q.99 MARKED NO AND Q.100 MARKED 2 - 5?	___ *Yes (REASK Q.100 TO RESOLVE DISCREPANCIES)* ___ *No*
101. Are you able to take any medicines that have been prescribed for you as your doctor directed? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)	1___ Yes, always take as directed 2___ Sometimes run out and do not refill prescription when I should 3___ Sometimes lose medicine 4___ Sometimes forget to take medicine 5___ Other deviation (SPECIFY:_____) 6___ Not supposed to be taking any medicines, so question irrelevant 7___ Don't know 8___ Refused
102. Have you needed to see a doctor in the last year but not been able to?	1___ Yes 2___ No 3___ Don't Know 4___ Refused
103. What do you do when you are sick and cannot see a doctor? (MARK (X) ALL THAT APPLY.)	1___ Nothing 2___ Buy aspirin or other remedies at a drugstore 3___ Borrow medicine from a friend 4___ Get medicine at a shelter 5___ Other (SPECIFY:_____) 6___ Don't know 7___ Refused

104. When was the last time you were treated by a dentist for problems with your teeth or gums?	1___ Within the past 12 months 2___ Number of years ago 3___ Never 4___ Don't Know (SKIP TO Q.106) 5___ Refused
105. Who paid for your visit?	1___ I paid myself 2___ Health Care for the Homeless clinic 3___ Migrant health care facility 4___ Other free clinic 5___ Ve.eran's Administration (VA) 6___ Medicaid/Welfare/Public Insurance 7___ Private insurance 8___ No one paid bill 9___ Other (SPECIFY: _____) 10___ Don't Know 11___ Refused
106. Have you needed to see a dentist in the last year but not been able to ?	1___ Yes 2___ No 3___ Don't Know 4___ Refused
107. Are you currently on medical assistance? (e.g. Medicaid, MediCal, Medically Needy, public assistance medical care)	1___ Yes 2___ Not yet, but applied 3___ No 4___ Don't Know 5___ Refused
108. (Ask only if children with respondent) When was the last time your child(ren) was/were examined or treated by a physician/doctor for physical health problems, including routine checkups?	1___ Within the past 12 months 2___ 1-2 years ago 3___ More than 2 years ago 4___ Never 5___ Don't Know (SKIP TO Q.112) 6___ Refused
109. Who paid for their visit?	1___ I paid myself 2___ Health Care for the Homeless clinic 3___ Migrant health care facility 4___ Other free clinic 5___ Veteran's Administration (VA) 6___ Medicaid/Welfare/Public Insurance 7___ Private insurance 8___ No one paid bill 9___ Other (SPECIFY:_____) 10___ Don't Know 11___ Refused

110. In the last year, has/have your child(ren) received medical care from any of the following places...? (READ CHOICES AND MARK (X) ALL THAT APPLY.)	Yes	No	Don't Know	Refused
Outpatient Care				
a. A hospital clinic	1___	2___	3___	4___
b. A hospital emergency room	1___	2___	3___	4___
c. A community health clinic	1___	2___	3___	4___
d. A migrant health care facility	1___	2___	3___	4___
e. A clinic or doctor in a shelter or soup kitchen (Health Care for the Homeless)	1___	2___	3___	4___
f. A doctor or nurse visiting you on the street	1___	2___	3___	4___
g. A private doctor's office (not in a hospital or clinic)	1___	2___	3___	4___
Inpatient Care				
h. Any hospital as an inpatient	1___	2___	3___	4___

111. Are they able to take any medicines that have been prescribed for them as their doctor directed? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)	1___ Yes, always take as directed 2___ Sometimes run out and do not refill prescription when I should 3___ Sometimes lose medicine 4___ Sometimes forget to take medicine 5___ Other deviation (SPECIFY:_____) 6___ Not supposed to be taking any medicines, so question irrelevant 7___ Don't know 8___ Refused
112. Have they needed to see a doctor in the last year but not been able to?	1___ Yes 2___ No 3___ Don't Know 4___ Refused
113. What do you do when they are sick and cannot see a doctor? (MARK (X) ALL THAT APPLY.)	1___ Nothing 2___ Buy aspirin or other remedies at a drugstore 3___ Borrow medicine from a friend 4___ Get medicine at a shelter 5___ Take them to a doctor or clinic 6___ Other (SPECIFY:_____) 7___ Don't know 8___ Refused
114. When was the last time your child(ren) was/were treated by a dentist for problems with their teeth or gums?	1___ Within the past 12 months 2___ Number of years ago 3___ Never 4___ Don't Know (SKIP TO Q.116) 5___ Refused

115. Who paid for their visit?	1___ I paid myself 2___ Health Care for the Homeless clinic 3___ Migrant health care facility 4___ Other free clinic 5___ Veteran's Administration (VA) 6___ Medicaid/Welfare/Public Insurance 7___ Private insurance 8___ No one paid bill 9___ Other (SPECIFY: _____) 10___ Don't Know 11___ Refused
116. Have they needed to see a dentist in the last year but not been able to ?	1___ Yes 2___ No 3___ Don't Know 4___ Refused
117. Are they currently on medical assistance? (e.g. Medicaid, MediCal, Medically Needy, public assistance medical care)	1___.Yes 2___ Not yet, but applied 3___ No 4___ Don't Know 5___ Refused

SECTION 11: VICTIMIZATION AND IMPRISONMENT

The next questions ask about things that have happened to you.

118. Have you ever in your lifetime:	Yes	No	Don't Know	Refused
a. Spent more than five days in a city or county jail	1___	2___	3___	4___
b. Served time in state or federal prison	1___	2___	3___	4___
c. Spent time in juvenile detention before you were 18	1___	2___	3___	4___

Check Item 18: SKIP TO Q.120 IF RESPONDENT HAS NEVER BEEN HOMELESS.

119. While you were (homeless/without permanent housing) did anyone ever ever do any of the following to you:	Yes	No	Don't Know	Refused
a. Steal money or things directly from you, while you were there	1___	2___	3___	4___
b. Steal money or things from your bags, locker, etc. (while you were gone)	1___	2___	3___	4___
c. Physically assault you, beat you up	1___	2___	3___	4___
d. Sexually assault you, rape you	1___	2___	3___	4___

120. From the time you were a baby until you were 16, did anyone you live with (parent, step–parent, brother or sister, step–brother or –sister, parent's boy or girlfriend, etc.), ever...?	Yes	No	Don't Know	Refused
a. Leave you without adequate food or shelter	1___	2___	3___	4___
b. Physically abuse you, to cause physical injury	1___	2___	3___	4___
c. Force you or pressure you to do sexual acts that you did not want to do	1___	2___	3___	4___

SECTION 12: MENTAL HEALTH

121a. Have you ever had a significant period (that was not a direct result of drug/alcohol use), in your life in which you have...? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)

121b. If All NO In Q.121a, skip to Q.127.

If yes in 121a, ask – How recently did you experience (read items...)?

(USE CODES BELOW TO ANSWER 121b.)

1 = Within the past 30 days
2 = 1-6 months ago
3 = 7-12 months ago
4 = 13-24 months ago
5 = 25- 48 months ago (3-4 years)
6 = 4 or more years
7 = Don't know
99 = Refused

	Yes	No	
1 Experienced serious depression	___	___	___
2 Experienced serious anxiety or anxiety or tension	___	___	___
3 Experienced hallucinations	___	___	___
4 Experienced trouble understanding, concentrating or remembering	___	___	___
5 Experienced trouble controlling violent behavior	___	___	___
6 Experienced serious thoughts of suicide	___	___	___
7 Attempted suicide	___	___	___
8 Taken prescribed medication for any psychological/emotional problem	___	___	___

122. In the past 30 days, on how many days have you had these psychological or emotional problems?

1___ Number of days
2___ None
3___ Don't know
4___ Refused

(SKIP TO Q.125)

123. (SHOW FLASHCARD) During the past 30 days, how much have you been troubled or bothered by these psychological or emotional problems? (MARK (X) ONLY ONE)

1___ Not at all
2___ Slightly (a little)
3___ Moderately
4___ Considerably
5___ Extremely
6___ Don't know
7___ Refused

124. (SHOW FLASHCARD) How important to you now is treatment or counseling for these psychological problems?

1___ Not at all
2___ Slightly (a little)
3___ Moderately
4___ Considerably
5___ Extremely
6___ Don't know
7___ Refused

125a. Have you ever received outpatient treatment or counseling for emotional or mental problems (from a clinic, or a private doctor)?

1___ Yes
2___ No
3___ Don't Know
4___ Refused

(SKIP TO Q.126)

125b. (DO NOT ASK IF Q.34 MARKED NO) Was that before or after you were (homeless/without permanent housing) for the first time?

1___ Before
2___ After
3___ Don't know
4___ Refused

125c. When was the last time you received OUTPATIENT treatment or counseling for emotional or mental problems?	1___ 0–4 weeks ago 2___ 1–6 months ago 3___ 7–12 months ago 4___ 13–24 months ago (1–2 years) 5___ More than 2 years ago 6___ Don't know 7___ Refused
126a. Have you ever been HOSPITALIZED for emotional or mental problems?	1___ Yes 2___ No 3___ Don't know 4___ Refused (SKIP TO Q. 127)
126b. (DO NOT ASK IF Q.34 MARKED NO.) Was that before or after you were (homeless/without permanent housing) for the first time?	1___ Before 2___ After 3___ Don't know 4___ Refused
126c. When was the last time you were hospitalized for emotional or mental problems?	1___ 0–4 weeks ago 2___ 1–6 months ago 3___ 7–12 months ago 4___ 13–24 months ago (1–2 years) 5___ More than 2 years ago 6___ Don't know 7___ Refused

SECTION 13: CHEMICAL DEPENDENCY

These questions ask about alcohol and drug use.

127a. During your lifetime, have there been times when you have used...?	Yes / No
– Alcohol 3 or more times a week	____ / ____
– Alcohol to get drunk 3 or more times a week	____ / ____
127b. IF ALL NO IN Q.127a, SKIP TO Q.140. If yes in Q.127a, ask – When was the most recent time you used...?	Code
– Alcohol 3 or more times a week	____
– Alcohol to get drunk 3 or more times a week	____
	(USE CODES BELOW TO ANSWER Q.127b.) 1 = Within the past 30 days 2 = 1–6 months ago 3 = 7–12 months ago 4 = 13–24 months ago 5 = 25–48 months ago (3–4 years) 6 = 4 or more years 7 = Don't know 99 = Refused
Check Item 19: IS ALCOHOL MARKED Code 1 IN Q.127b?	___ Yes ___ No (Skip to Q.133)
128. In the past 30 days, on how many days did you use alcohol?	___ Number of days
129. In the past 30 days, on how many days did you experience alcohol problems, including cravings for alcohol, adverse effects from alcohol, withdrawal symptoms from alcohol, or the desire but inability to stop drinking alcohol (do not include inability to find alcohol)?	___ Number of days
130. During the past 30 days, how much money did you spend on alcohol?	$_____,_____
131. (SHOW FLASHCARD) In the past 30 days, how troubled or bothered were you by alcohol problems?	1___ Not at all 2___ Slightly (a little) 3___ Moderately 4___ Considerably 5___ Extremely 6___ Don't know 7___ Refused
132. (SHOW FLASHCARD) How important to you is treatment for alcohol problems that you are not now getting? (need for alcohol-related treatment, not general therapy.)	1___ Not at all 2___ Slightly (a little) 3___ Moderately 4___ Considerably 5___ Extremely 6___ Don't know 7___ Refused

133. Because of drinking have you ever...? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)	Yes	No	Don't Know	Refused
a. Lost consciousness, passed out?	1___	2___	3___	4___
b. Had blackouts where you don't remember things?	1___	2___	3___	4___
c. Experienced tremors or shaking?	1___	2___	3___	4___
d. Experienced seizures, convulsions?	1___	2___	3___	4___
e. Attended a meeting of Alcoholics Anonymous?	1___	2___	3___	4___
f. Not been able to stop drinking when you wanted to?	1___	2___	3___	4___
g. Has drinking ever created problems between you and your wife, husband, parent, or other near relative?	1___	2___	3___	4___
h. Been arrested, even for a few hours, because of behavior due to drinking (e.g., drunk driving, getting in fights, being "drunk and disorderly")?	1___	2___	3___	4___

134. How old were you when you first started drinking heavily?	1___ Age 2___ Never drank heavily 3___ Don't know 4___ Refused
135. In your lifetime, how many times have you been treated for alcohol abuse?	1___ Never ----> (SKIP TO Q.140) 2___ Number of times 3___ Too many to remember 4___ Don't know 5___ Refused
136a. Have you ever received INPATIENT treatment, (including detox) for problems with alcohol?	1___ Yes 2___ No 3___ Don't know -------> (SKIP TO Q.138) 4___ Refused
136b. If yes in Q.136a, Was it a...? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)	1___ Hospital based detox 2___ Other inpatient detox 3___ Hospital based inpatient other than detox 4___ Jail or prison program 5___ Therapeutic community 6___ Halfway House 7___ Juvenile Treatment Program 8___ Other short-term residential 9___ Other long-term residential 10___ Other (SPECIFY: _____) 11___ Does not recall type of treatment 12___ Don't know 13___ Refused
137. How long ago was the last of these inpatient treatments (including detox) for alcohol problems?	1___ Within the past month 2___ At least 1 month but less than 6 months ago 3___ At least 6 months but less than 12 months ago 4___ At least 1 year but less than 2 years ago 5___ At least 2 years ago 6___ Don't know 7___ Refused

138a. Have you ever received OUTPATIENT treatment for problems with alcohol?	1___ Yes 2___ No 3___ Don't know 4___ Refused --------> (SKIP TO Q.140)
138b. If yes in Q.138a, Was it a ...? (Read ALL categories and mark (X) all that apply.)	1___ Outpatient detoxification 2___ Outpatient alcohol free 3___ Employee assistance program 4___ Individual counselor, psychologist, or psychiatrist 5___ Alcoholic Anonymous 6___ Other self-help group 7___ Other (SPECIFY_____) 8___ Does not recall type of treatment 9___ Don't know 10___ Refused
139. How long ago was the last of these outpatient treatments (including detox) for alcohol problems?	1___ Within the past month 2___ At least 1 month but less than 6 months ago 3___ At least 6 months but less than 12 months ago 4___ At least 1 year but less than 2 years ago 5___ At least 2 years ago 6___ Don't know 7___ Refused

140a. During your lifetime, have there been times when you used (name drug) regularly? (Regular use is a frequency of 3 or more times per week.)	140b. If all NO in Q.140a, End interview and thank respondent. If YES in Q.140a ask, When was the most recent time you used (name drug) regularly? Use codes below to answer Q.140b. 1 = Within the past 30 days 2 = 1–6 months ago 3 = 7–12 months ago 4 = 13–24 months ago 5 = 25–48 months ago (3–4 years) 6 = 4 or more years 7 = Don't know 99 = Refused	140c. If NO drugs marked code 1 in Q.140b, skip to Q.144. (For each drug with code 1, in Q.140b, ask), In the past 30 days, on how many days did you use...?

	Yes	No	Code	Number of days
– Marijuana (pot/grass/ reefer/THC)				
– Inhalants (glue, amyl nitrite, poppers aerosol sprays)				
– Crack				
– Cocaine (other than crack)				
– Heroin				
– Methadone				
– Stimulants (amphetamines, Preludin, methamphetamines, uppers, speed)				
– Other opiates/analgesics (Darvon, Demerol, Talwin, Talacen)				
– Barbiturates (downers)				
– Other sedatives (sleeping pills, Seconal)				
– Hypnotics/tranquilizers (Librium, Valium, benzodiazepine)				
– Hallucinogens (LSD, PCP, peyote, mescaliane, ecstasy)				
– Any drug, not including alcohol as a drug				

141. In the past 30 days, on how many days did you experience drug problems, including cravings for drugs, adverse effects from drugs, withdrawal symptoms from drugs, or the desire but inability to stop taking drugs (do not include inability to find drugs)?	1___ Not at all 2___ Slightly (a little) 3___ Moderately 4___ Considerably 5___ Extremely 6___ Don't know 7___ Refused
142. (SHOW FLASHCARD) In the past 30 days, how troubled or bothered were you by drug problems?	1___ Not at all 2___ Slightly (a little) 3___ Moderately 4___ Considerably 5___ Extremely 6___ Don't know 7___ Refused
143. (SHOW FLASHCARD) How important to you is treatment for drug problems that you are not now getting? (need for drug–related treatment, not general therapy.)	1___ Not at all 2___ Slightly (a little) 3___ Moderately 4___ Considerably 5___ Extremely 6___ Don't know 7___ Refused

144. In your lifetime:	Yes	No	Don't Know	Refused
a. Have you abused more than one drug at a time?	1___	2___	3___	4___
b. Have you had "blackouts" or "flashbacks" as a result of drug use?	1___	2___	3___	4___
c. Do your friends or relatives know or suspect you abuse drugs?	1___	2___	3___	4___
d. Have you ever lost friends because of your use of drugs?	1___	2___	3___	4___
e. Have you ever neglected your family or missed work because of your use of drugs?	1___	2___	3___	4___
f. Have you engaged in illegal activities in order to obtain drugs?	1___	2___	3___	4___
g. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	1___	2___	3___	4___
h. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	1___	2___	3___	4___

145. How old were you when you first started doing drugs heavily?	1___ Age 2___ Never used drugs heavily 3___ Don't know 4___ Refused
146. In your lifetime, how many times have you been treated for drug abuse? (If treated for both alcohol and drug problems during the same treatment, count it twice, in both places.)	1___ Never ---> (END INTERVIEW AND THANK RESPONDENT) 2___ Number of times 3___ Too many to remember 4___ Don't know 5___ Refused
147a. Have you ever received INPATIENT treatment, (including detox) for problems with drugs?	1___ Yes 2___ No 3___ Don't know -------- (SKIP TO Q. 149a.) 4___ Refused
147b. If yes in Q.147a, Was it a...? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)	1___ Hospital based detox 2___ Other inpatient detox 3___ Hospital based inpatient other than detox 4___ Jail or prison program 5___ Therapeutic community 6___ Halfway House 7___ Juvenile Treatment Program 8___ Other short-term residential 9___ Other long-term residential 10___ Other (SPECIFY: _____) 11___ Does not recall type of treatment 12___ Don't know 13___ Refused
148. How long ago was the last of these inpatient treatments (including detox) for drug problems?	1___ Within the past month 2___ At least 1 month but less than 6 months ago 3___ At least 6 months but less than 12 months ago 4___ At least 1 year but less than 2 years ago 5___ At least 2 years ago 6___ Don't know 7___ Refused

149a. Have you ever received OUTPATIENT treatment for problems with drugs?	1___ Yes 2___ No 3___ Don't know 4___ Refused Skip to Q. 151a.
149b. If yes in Q.149a, Was it a...? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)	1___ Outpatient detoxification 2___ Methadone detoxification 3___ Methadone maintenance 4___ Other outpatient detoxification 5___ Outpatient drug free program 6___ Employee assistance program 7___ Individual counselor, psychologist, or psychiatrist 8___ Narcotics Anonymous 9___ Other self-help group 10___ Other (SPECIFY: _____) 11___ Does not recall type of treatment 12___ Don't know 13___ Refused
150. How long ago was the last of these outpatient treatments (including detox) for drug problems?	1___ Within the past month 2___ At least 1 month but less than 6 months ago 3___ At least 6 months but less than 12 months ago 4___ at least 1 year but less than 2 years ago 5___ At least 2 years ago 6___ Don't know 7___ Refused

151a. Can you tell us any general thoughts or comments on the availability and quality of services in your area?

_____
_____
_____
_____
_____

151b. Are there programs of services that you think need to be changed?

_____ no

_____ yes, Generally speaking, what changes do you think are needed?_____
_____
_____
_____

END OF INTERVIEW

SECTION 14: INTERVIEWER OBSERVATIONS

151. Please assess the overall ability of the respondent to answer these questions.	
152. Did respondent appear to be (MARK (X) ALL THAT APPLY.)	1___ Drunk 2___ Under the influence of drugs 3___ Physically ill 4___ Confused 5___ Incoherent 6___ Dirty and unwashed 7___ Shabbily dressed 8___ Carrying packages with personal belongings 9___ Lucid and alert 10___ Other (SPECIFY:_____)
153. Where was interview conducted?	1___ Shelter 2___ Meal provider (no shelter), Soup Kitchen 3___ Sidewalk, street, or alley 4___ Park 5___ In public access building (e.g. bus or train station, lobby of apartment, bar, theatre, etc.) 6___ Parking lot 7___ Other (SPECIFY:_____)
154. Interviewer comments.	
155. For incompletes or refusals, indicate why the respondent stopped the interview or refused to participate.	
156. If age not reported on cover page, estimate respondent's approximate age?	1___ Under 18 years 2___ 18 to 30 years 3___ 31 to 50 years 4___ 51 to 65 years 5___ 65 years and over 6___ Don't know

DRAFT **Attachment I**

AGREEMENT BETWEEN _____ AND THE
(Provider Facility Name)

UNITED STATES BUREAU OF THE CENSUS

TEST SURVEY OF HOMELESS PERSONS WHO USE SERVICES

Background

The United States Bureau of the Census (Census Bureau) plans to conduct a survey of homeless persons who use the services of the (_____), hereinafter
(Provider Facility Name)
called the Provider during April 1-15, 1995, and will interview users at the Provider's location(s). The Provider will furnish the Census Bureau with interviewing space and assist in the distribution of payments to interviewees.

Terms

The Provider and the CENSUS BUREAU AGREE that:

1. The Provider will meet with Census Bureau Regional staff at least (7) days prior to initiation of the survey to discuss and agree upon arrangements for conduction interviews. The arrangements will include items such as, the number of days that the Census Bureau survey staff will visit the Provider's facilities, and the schedule of interview times.

2. The Provider will have its facility(ies) open and available to the Census Bureau survey staff during the scheduled interview times and have a Provider staff member present during those times.

3. The Provider will furnish the specified accommodations for conducting interviews. These include a separate room, (6) chairs, (3) tables, and sufficient lighting suitable for reading. These accommodations may be revised if other suitable arrangements can be provided.

4. Interviewees will receive a one-time $10.00 payment. The Provider agrees to pay the interviewees upon completion of the interviews, and upon presentation of payment slips as provided to the interviewee by the interviewer. The Provider further agrees to collect and return all payment slips to the designated Census Regional office.

5. If the Provider operates any outreach program(s) and the Census Bureau decides to conduct interviews at those locations, the Provider will furnish at least one staff member to accompany the Census Bureau survey staff, and pay each interviewee at, or near, the completion of the interview.

6. Any Provider staff members assisting with this survey, or otherwise involved with this project, shall be sworn to maintain census confidentiality.

7. After completion of all interviews at the Provider's facility(ies) and outreach locations operated by the Provider, and after all payment slips are returned and/or accounted for, the Census Bureau shall pay the fixed price of $100.00 for the use of their facility(ies), plus $10.00 for each returned payment slip.

_____	UNITED STATES CENSUS BUREAU
(PROVIDER NAME)	
by:_____	by:_____
(Signature, Mgr., or Person in Charge)	(Signature, RO Supv.)
_____	_____
(Print Name)	(Print Name)
_____	
Title)	
Date:_____	Date:_____

ATTACHMENT J

Title 12

§ 1701z-1. Research and demonstrations; authorization of appropriations; continuing availability of funds

The Secretary of Housing and Urban Development is authorized and directed to undertake such programs of research, studies, testing, and demonstration relating to the mission and programs of the Department as he determines to be necessary and appropriate. There are authorized to be appropriated to carry out this title [12 U.S.C. 1701z-1 et seq.] $17,000,000 for fiscal year 1988, and $18,000,000 for fiscal year 1989. All funds so appropriated shall remain available until expended unless specifically limited.

§ 1701z-2. Advanced technologies, methods, and materials for housing construction, rehabilitation, and maintenance

(a) General acceptance; costs, reduction; health and safety restrictions on expanded housing production

The Secretary shall require, to the greatest extent feasible, the employment of new and improved technologies, methods, and materials in housing construction, rehabilitation, and maintenance under programs administered by him with a view to reducing costs, and shall encourage and promote the acceptance and application of such advanced technology, methods, and materials by all segments of the housing industry, communities, industries engaged in urban development activities, and the general public. To the extent feasible, in connection with the construction, major rehabilitation, or maintenance of any housing assisted under section 1701z-1 of this title, the Secretary shall assure that there is no restraint by contract, building code, zoning ordinance, or practice against the employment of new or improved technologies, techniques, materials, and methods or of preassembled products which may reduce the cost or improve the quality of such construction, rehabilitation, and maintenance, and therefore stimulate expanded production of housing, except where such restraint is necessary to insure safe and healthful working and living conditions.

(b) Experimental construction under approved housing plans on Federal or other lands with view toward ultimate mass housing production; use of section 1701z-1 funds and authority

To encourage large-scale experimentation in the sue of new technologies, methods, and materials, with a view toward the ultimate mass production of housing and related facilities, the Secretary shall wherever feasible conduct programs under section 1701z-1 of this title in which qualified organizations, public or private, will submit plans for development and production of housing and related facilities using such new advances on Federal land which has been made available or acquired by the Secretary for the purpose of this subsection or on other lands where (1) local building regulations permit such experimental construction, or (2) necessary variances from building regulations can be granted. The Secretary may utilize the funds and authority available to him under the provisions of section 1701z-1 of this title to assist in the implementation of plans which he approves.

(c) Acquisition, use, and disposal of property; transfer of excess property

Notwithstanding any other provision of law, the Secretary is authorized, in connection with projects under this title [12 U.S.C. 1701z-1 et seq.], to acquire, use and dispose of any land and other property required for the project as he deems necessary. Notwithstanding the provisions of the Federal Property and Administrative Services Act of 1949 [40 U.S.C. 471 et seq.], any

land which is excess property within the meaning of such Act and which is determined by the Secretary to be suitable in furtherance of the purposes of subsection (b) of this section may be transferred to the Secretary upon his request.

(d) Technical assistance; reports; general dissemination and form of reports, data, and information

In order to effectively carry out his activities under section 1701z-1 of this title, the Secretary is authorized to provide such advice and technical assistance as may be required and to pay for the cost of writing and publishing reports on activities and undertakings financed under section 17012-1 of this title, as well as reports on similar activities and undertakings, not so financed, which are of significant value in furthering the purposes of that section. He may disseminate (without regard to the provisions of section 3204 of title 39 or section 4154 of such title with respect to any period before the effective date of such section 3204 as provided in section 15(a) of the Postal Reorganization Act) any reports, data, or information acquired or held under this title [12 U.S.C. 1701z-1 et seq.], including related data and information otherwise available to the Secretary through the operation of the programs and activities of the Department of Housing and Urban Development, in such form as he determines to be most useful to departments, establishments, and agencies of Federal, State, and local governments, to industry, and to the general public.

(e) Contracts or grants; authority; advance and progress payments; work limitation

The Secretary is authorized to carry out the functions authorized in section 1701z-1 of this title either directly or, without regard to section 5 of title 41, by contract or by grant. Advance and progress payment may be made under such contracts or grants without regard to the provisions of subsections (a) and (b) of section 3324 of title 31 and such contracts or grants may be made for work to continue for not more than four years from the date thereof.

(f) Utilization of facilities of other agencies; working agreements, cooperative agreements, contract authority, receipt of funds, and exercise of section 1701c(c) powers

In carrying out activities under section 1701z-1 of this title, the Secretary shall utilize to the fullest extent feasible the available facilities of other Federal departments and agencies, and shall consult with, and make recommendations to, such departments and agencies. The Secretary may enter into working agreements with such departments and agencies and contract or make grants on their behalf or have such departments and agencies contract or make grants on his behalf and such departments and agencies are hereby authorized to execute such contracts and grants. The Secretary is authorized to make or accept reimbursement for the cost of such activities. The Secretary is further authorized to undertake activities under this title [12 U.S.C. 17012-1 et seq.] under cooperative agreements with industry and labor, agencies of State or local governments, education institutions, and other organizations. He may enter into contracts with and receive funds from such agencies, institutions, and organizations, and may exercise any of the other powers vested in him by section 1701c(c) of this title.

(g) Information and data; restriction on use or identification

The Secretary is authorized to request and receive such information or data as he deems appropriate from private individuals and organizations, and from public agencies. Any such information or data shall be used only for the purposes for which it is supplied, and no publication shall be made by the Secretary whereby the information or data furnished by any particular person or establishment can be identified, except with the consent of such person or establishment.

ATTACHMENT L

Form HPWUS-L1

January 11, 1995.

The Interagency Council on the Homeless is planning a national survey of the characteristics of homeless persons who use services. The last year a national survey was undertaken was 1987. This national survey will provide the Interagaency Council and its member agencies with new information about characteristics of today's homeless population who use services and how this population has changed. The Bureau of the Census will conduct the survey.

Specifically, the survey will:

1. Provide national information on the types of services available to homeless persons in both urban and rural communities.

2. Provide information information not addressed by the last survey in 1987 such as, but not limited to: triggering events that precipitate homelessness; pre-homeless living arrangements; HIV/AIDS prevalence; differences between rural, urban and suburban homelessness; as well as demographic data.

The survey will be conducted in two phases. Phase one is the development of a comprehensive list of services. The second phase will interview a sample of persons at those programs specifically targeted at addressing homelessness (e.g shelters, drop-in centers, soup kitchens) as well as other mainstream programs which serve at risk and vulnerable populations (e.g. mental health and substance abuse programs.)

In order to develop a comprehensive list of programs and services for homeless persons, we need your help. Please take a few moments to

(1) review the enclosed list of service providers for your county, and

(2) answer the questionnaire about programs and services that you offer.

Please refer to the enclosure for a detailed description of types of service providers to include (e.g. emergency shelters, hotels and motels that house homeless families, transitional housing, soup kitchens, outreach programs and other programs which provide services to homeless people.)

Your cooperation is very important in making this survey a success.

Completing the Questionnaire

The questionnaire is organized by types of programs to make it easier and faster for you to complete. 19 programs are listed. You only need to provide information on the programs (and services available at the program) that you offer. For example, if you run an emergency shelter and an outreach program you will only provide information for those two programs. The other sections of the questionnaire would not be completed. If you operate an emergency shelter and also provide outreach (but not as a discrete program), you would complete the emergency shelter section only.

Reviewing the Attached List of Service Providers

Also attached is a preliminary list of service providers and homeless organizations which provide assistance to homeless persons. As you review the list, if there are names and addresses for providers of services that are not listed, please add them to the attached list. Our list may not include homeless mental health and health care programs, runaway and homeless youth shelters, domestic violence shelters, transitional housing and/or programs issuing vouchers for homeless persons. If you know the names of providers of these services, please add their names and addresses also. It is very important to include all available homeless assistance programs and services in your county. Identification of all service providers in your county is very important to the success of this effort. We have provided a summary of the steps to follow in reviewing the list of service providers.

Thank you for your time and effort in helping with the survey. If you have any questions concerning any information sent to you, please contact _____ at_____.

Sincerely,

SURVEY AUTHORITY AND CONFIDENTIALITY

Title 12, United States Code, Section 1701Z-1, authorizes the Department of Housing and Urban Development (HUD) to collect data for the pretest. Title 15 enables the Bureau of the Census to act as the collecting agent for HUD. Both the Bureau of the Census and HUD will treat the information collected as confidential. Your participation in this pretest is voluntary and there are no penalties for refusing to provide the information. Your cooperation is extremely important to the success of this pretest.

LENGTH OF TIME TO PARTICIPATE AND WHO TO CONTACT WITH COMMENTS

We estimate that it will take 55 to 65 minutes to participate in this pretest, with 60 minutes being the average time. If you have any comments regarding these estimates or any other aspect of this pretest, send them to James Hoben, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, DC 20410; and to the Office of Management and Budget, Paperwork Reduction Project (xxxx-xxxx) Washington, DC 20503.

ENCLOSURE

DESCRIPTION OF THE TYPES OF SERVICE PROVIDERS

We are trying to develop a comprehensive list of service facilities in your jurisdiction. We need your assistance. Please provide a list of service facilities within your jurisdiction. Listed below are detailed descriptions of the types of service providers to include in your listing.

A. **Regularly Scheduled Outreach Programs** for the homeless which, on a regular schedule, visit designated street locations offering homeless people food, blankets or other necessities.

B. **Drop-in Centers** that provide daytime services primarily for the homeless (other than facilities serving meals that have already been included under section D), etc.

C. **Emergency Shelters** which operate on a first come first served basis where people must leave in the morning and have no guaranteed bed for the next night or where people know that they have a bed for a specified period of time (even if they leave the building every day). Shelters include facilities which provide temporary shelter during extremely cold weather (such as churches) and may provide emergency shelter for runaway or neglected children and youth, or for battered or abused women.

D. **Transitional Housing** (maximum stay up to two years) which offer augmented services to promote self-sufficiency and to gain permanent housing.

E. **Permanent Housing** for homeless people with support services may include Section 8 vouchers, PHA units, SROs, and other long-term housing assistance.

F. **Voucher Arrangements** for hotels, motels, or other facilities (other than shelters) for which vouchers are given out of which operate under contract to provide shelter to homeless people.

G. **Soup Kitchen or Meal Distribution** include soup kitchens food lines, and programs distributing prepared breakfasts, lunches or dinners for homeless or needy people. These programs may be organized as food service lines, bag or box lunches, tables where people are seated and then served by program personnel, etc. These programs may or may not have a place to all and eat the meal.

H. **Food Pantry** distributes uncooked food in boxes or bags.

I. **Health Care Providers** provide health care services to homeless people. This includes medical, dental, and other health problems.

J. **Mental Health Programs** for homelessness persons not mentioned previously.

K. **Alcohol or other Drug Programs** for homeless persons not mentioned previously.

L. **HIV/AIDS Programs** for homeless persons not mentioned previously.

M. **Migrant Housing** for homeless persons in the off season.

N. **Other Facilities** which provide services for the homeless, such as clothing distribution centers, education and/or employment skills training.

STEPS FOR REVIEWING THE LIST OF SERVICE PROVIDERS AND KNOWLEDGEABLE PERSONS AND ORGANIZATIONS IN YOUR COUNTY

To help with the survey, we are requesting you:

1. Look over the list of service providers and knowledgeable persons or organizations.

2. Add any service providers, local knowledgeable persons or organizations not included on the list to the HPWUS-L1A form included with this package.

3. Mark the box for "No new names to add.", if you have no additional persons to add to the list.

4. Write any corrected name and/or address information to the right of the old information on the list, if you know anyone on the list who has changed names and/or addresses.

5. Return the list of local service providers, HPWUS-L1A form, and your completed questionnaire on programs and services to our regional Bureau of the Census office in the self-addressed enveloped included in this package.

Service providers, local knowledgeable persons, or organizations providing services. (Make up to five entries.) If more than five providers, send a printed listing.

[] No new names to add.

Facility (Provider, Local konwledgeable person, or organizations providing services) Name (List all names known by.)	Address	Physical Location (List cross streets, etc.)	Telephone Number

Name of Contact	Title

Facility Control Number

Thank you for your help in developing a complete list of ~~service providers~~ programs + services for the homeless in your area. Our goal is to put together the most complete list of service providers possible.

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