DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Office of Policy Development and Research

[Docket No. FR–3917–N–14]

Submission of Proposed Information Collection to OMB

AGENCY: Office of Policy Development and Research, HUD.

ACTION: Notice.

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

DATES: Comments due date: August 23, 1995.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments must be received within 14 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.

SUPPLEMENTARY INFORMATION: This notice informs the public that the Department of Housing and Urban Development has submitted to OMB for processing an information collection package related to the National Survey of Homeless Assistance Providers and Clients (hereinafter ''survey''). HUD is requesting a review of this information collection on or before September 8, 1995.

The survey will provide estimates of the number and characteristics of service providers and an assessment of the types of programs and services available to people who are homeless. It will also provide detailed characteristics of persons using services. Under the auspices of the Interagency Council on the Homeless, the survey is being co-sponsored by 11 Federal agencies:

Department of Housing and Urban Development
Department of Health and Human Services
Department of Veterans Affairs
Department of Agriculture
Department of Commerce
Department of Education
Department of Energy
Department of Labor
Department of Transportation
Social Security Administration
Federal Emergency Management Agency

The survey includes two phases: the collection of information on service providers and the collection of information on service users (clients). In Phase 1, the Census Bureau will:

(1) Select a sample of geographic areas;

(2) Development a comprehensive list of service providers in the survey sample areas;

(3) Collect basic information from all service providers within the sample areas on programs offered, via a computer-assisted telephone interview; and

(4) Select a subsample of providers and collect detailed information on programs and services by mail, with telephone follow-up.

Phase 1 of the national survey is planned to be conducted starting in October 1995 and conclude by January 1996.

In phase 2, the Census Bureau will:

(1) Select a sample of service users (clients) within the sample areas:

(2) Select a sample of providers in designated programs; and

(3) Select clients and conduct personal visit interviews at selected service provider facilities.

This request is for clearance to conduct Phase 1 of the survey. A second package will be submitted to OMB later for Phase 2.

This request is for the following questionnaires:

- NSHAPC–100A Service Provider Core Data.
- NSHAPC–100B Emergency Shelter Programs; 100C Transitional Housing Programs; 100D Voucher Programs; and 100E Permanent Housing for the Homeless Programs. Note: Each of these surveys is identical except for its title and modest wording differences under the Voucher instrument.
- NSHAPC–100F Alcohol/Drug Programs; 100G Mental Health Care Programs; 100H Physical Health Care Programs; 100I Drop-In Center Programs; 100J HIV/AIDS Programs; and 100L Other Programs. Note: Each of these surveys is a shortened version of the Emergency Shelter Program survey and each is identical to the other.
- NSHAPC–100K Outreach Program.

NSHAPC–100M List of Providers Offering Homeless Programs.

A pre-test of the survey was conducted in April 1995 in three areas: Atlanta, GA; Pittsburgh, PA (including Allegheny, Fayette, Washington, and Westmoreland Counties); and the Armstrong County Community Action Agency Catchment area (a rural Community Action Agency service area outside Pittsburgh). The survey instruments have been revised to reflect the experience gained in the pre-test. The Census Bureau sought and obtained substantial expert input over a two-year period to develop the survey instruments.

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 infromation 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: July 27, 1995.

Michael A. Stegman,

Assistant Secretary, Office of Policy Development and Research.

Notice of Submission of Proposed Information Collection to OMB

Proposal: National Survey of Homeless Assistance Providers and Clients (NSHAPC).

Office: Policy Development and Research.

Description of the Need for the Information and its Proposed Use: This national survey would provide up-to-date information about the providers of homeless assistance and the characteristics of homeless persons who use services. The survey will be conducted in 76 areas including metropolitan and nonmetropolitan settings. The data will:

(1) be compared with the findings of a 1987 Urban Institute survey of homeless characteristics to understand reported changes in the nature of homelessness, especially those related to families with children;

(2) provide a basis for assessing local efforts to construct ''continuums of care'' for homeless people;

(3) be used to develop measures to assess the impact and performance of current homeless programs;

(4) will assist local governments and nonprofit organizations in designing more effective local programs; and

(5) provide a baseline for examining the effects on the homeless population of proposed changes to the McKinney homeless assistance programs, and America's ''safety net'' programs for the poor (e.g., Section 8, AFDC, JTPA, and Medicaid programs).

Form Number: None.

Respondents: Homeless service providers and homeless persons.

Frequency of Submission: One-time.

Reporting Burden: See attachment.

Total Estimated Burden Hours: Phase 1, Provider Surveys 17,500.

Status: New Survey.

Contact: James E. Hoben, HUD, (202) 708–0574 X132, George A. Ferguson, HUD, (202) 708–1480, Joseph F. Lackey, Jr., OMB, (202) 395–7316.

Date: July 27, 1995.

Supporting Statement

A. Justification

1. Necessity of Information Collection

The National Survey of Homeless Assistance Providers and Clients (NSHAPC) includes two phases: the collection of information on service providers (providers) and the collection of information on service users (clients).

Phase 1: In Phase 1, the Census Bureau will:

(1) Select a sample of geographic areas

(2) Develop a comprehensive list of service providers in the survey sample areas.

(3) Collect basic information from all service providers within the sample areas on programs offered, via a computer-assisted telephone interview.

(4) Select a subsample of providers and collect detailed information on programs and services by mail, with telephone follow-up.

Note: Steps 1 and 2 must be completed if Phase 2 is conducted.

Phase 2: In Phase 2, the Census Bureau will:

(1) Select a sample of service users (clients) within the sample areas in two other stages.

(2) Select a sample of providers in designated programs.

(3) Select clients and conduct personal visit interviews at selected service provider facilities.

This request is for clearance to conduct Phase 1 of the survey. A second OMB package will be submitted later for Phase 2. This request is for the following questionnaires listed by title and code number.

Data to be collected from all providers:

- NSHAPC—100A, Service Provider Core Data Questionnaire.

Data to be collected from major shelter providers: (Note: Each of these instruments is essentially identical, except for the title. Therefore, review of one satisfies review of the others.)

- NSHAPC–100B, Emergency Shelter Programs.
- NSHAPC–100C, Transitional Housing Programs.
- NSHAPC–100D, Voucher Programs.
- NSHAPC–100E, Permanent Housing for the Homeless Programs.

Data to be collected from special service providers: (Note: Each of these instruments is essentially identical, except for the title. Therefore, review of one satisfies review of the others.)

- NSHAPC–100F, Alcohol/Drug Programs.
- NSHAPC–100G, Mental Health Care Programs.
- NSHAPC–100H, Physical Health Care Programs.
- NSHAPC–100I, Drop-In Center Programs.
- NSHAPC–100J, HIV/AIDS Programs.
- NSHAPC–100L, Other Programs.

Data to be collected from homeless outreach programs:

- NSHAPC–100K, Outreach Programs.

Instrument for updating list of providers in a geographic area:

- NSHAPC–100M, List of Providers Offering Homeless Programs.

The national survey will provide estimates of the number and characteristics of service providers, and an assessment of the types of programs and services available to people who are homeless. The survey will also provide (in Phase 2) detailed characteristics of persons using services.

The national survey is being sponsored by the following Federal agencies:

- Department of Housing and Urban Development (HUD).
- Department of Health and Human Services (HHS).
- Department of Veterans Affairs (VA).
- Department of Agriculture (USDA).
- Department of Commerce (DOC).
- Department of Education (ED).
- Department of Energy (DOE).
- Department of Labor (DOL).
- Department of Transportation (DOT).
- Social Security Administration (SSA).
- Federal Emergency Management Agency (FEMA).

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.

2. Needs and Uses

The information the 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 providers of homeless services and the homeless population who use services. The last comparable national study was in 1987 when the Urban Institute completed a survey of homeless persons. Also, included in the NSHAPC 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 NSHAPC survey would:

1. Provide information on the types of programs and services available to homeless persons, including population groups primarily served (e.g., veterans, people with mental illness); days of operation, occupancy levels, and sources of funding.

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

3. 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?

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

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

6. 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. Of these 76 geographic areas, 28 would be large metropolitan areas, 24 would be medium and small metropolitan areas, and 24 would be nonmetropolitan areas (small cities and rural areas).

Discussion of Phase 1 Activities

Phase 1 will be on-going from October 1, 1995 through January 1996. Three steps occur in Phase 1.

Step 1: Completing the CATI Interview

1. Beginning on October 1, 1995, Census Bureau staff will use a computer-assisted telephone interview (CATI) to contact all service providers in the 76 sample communities. Service providers interviewed would include those with programs specifically targeted to the homeless (e.g., homeless shelters, soup kitchens, homeless outreach programs) as well as other community service providers with programs for which homeless individuals are eligible. The purpose of the survey of service providers would be to assess the types of programs and services available to homeless persons in these metropolitan, suburban, and rural areas. All service providers in the areas will be asked about the types of programs offered and basic information about each program offered, such as source of funding, days of operation, and population group primarily served (e.g., veterans, people with mental illness). Prior to the CATI calls, an advance letter, NSHAPC L(1)l, will be mailed to each provider.

Providers will be asked via the CATI the questions contained in the NSHAPC Form 100A, Service Provider Core Data Questionnaire. The following information about the service provider and programs offered at that address will be collected:

- Name.
- Contact for the facility.
- Address.
- Telephone number.
- Type of facility.
- Programs provided.

The following information will be collected for each program offered:

- 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 the program is targeted to a specific subpopulation group.
- Number of facilities under contract to, or accepting vouchers.
- Expected days of operation for each program in February, 1996.
- Contact person for each program.

Step 2: Reviewing the List of Service Providers

Once the CATI interview is completed, service providers will be mailed a comprehensive list of service providers in the sample areas. Service providers asked to review the list for completeness and accuracy, will be asked to correct any incorrect entries, and to identify service providers that are omitted from the list. The updated lists are to be mailed back to the Census Bureau. After receipt of the reviewed list, Census Bureau personnel will remove duplicate entries from the list and prepare a master list of service providers for a geographic area. New service providers added to the list will then be contacted and Census Bureau staff will administer the CATI interview.

The Census Bureau plans to generate listings of service providers for each of the sample areas in the survey and mail, NSHAPC Form 100–M, List of Providers Offering Homeless Programs and the NSHAPC–L(2) letter to all service providers shown on the comprehensive list and all knowledgeable local persons. 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. **Note:** A sample of providers will be asked to provide additional information about the services they offer. This is discussed below under Phase 1, Step 3.

The Census Bureau is obtaining copies of national files of service providers from national organizations, Federal agencies, and from Community Action Program (CAP) coordinators. The Census Bureau has obtained a copy of lists of service providers from the following Federal agencies: FEMA, Health and Human Services, Veterans Affairs, and Labor, and it will obtain lists from Housing and Urban Development. National organizations, such as the National Coalition for the Homeless, National Alliance to End Homelessness, National Law Center on Homelessness and Poverty, National Network of Runaway and Youth Services, Catholic Charities, Better Homes Foundation, and Volunteers of America, Inc., have provided lists to the Census Bureau. The Census Bureau plans to unduplicate and merge these files into one comprehensive listing of service providers. This comprehensive list will be used as the initial sampling frame for identifying and interviewing service providers in the sample areas.

The local update 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.)

Census Bureau personnel also will contact the state homeless coordinator designated in accordance with the McKinney Homeless Assistance Act. The Census Bureau will tell them about the survey, indicate which counties in their state are included in the survey, and provide them with a list of service providers in each of the sample areas. The state coordinators will be asked to review the list of service providers and note any additions or changes.

Note: Census Bureau personnel have already completed some initial contacts with Federal and state government offices, agencies, organizations, and knowledgeable local persons to begin compiling a national list of service providers.

Shelters for abused women and runaway youths will not be on the listings to be reviewed by service providers but are included in the sampling frame. This is to preserve the confidential locations of shelters for abused women and runaway youth.

The Census Bureau will use the master list of service providers as the frame to select the sample of service providers who will receive the detailed program questionnaires and to select the sample of provider facilities where client interviewing will be conducted.

Step 3: Completing the Detailed Information on Programs and Services

Once the CATI interviews are completed, a subsample of service providers will be asked to provide more detailed information about the specific

programs and services offered at their facility. Separate questionnaires for each program (e.g., NSHAPC Forms 100B to 100L) have been developed. Program managers will be asked to complete a questionnaire by mail for each program they administer. For each program offered, program managers will receive a copy of the appropriate program questionnaire and the NSHAPC L(3) L-letter. Census Bureau staff will follow up by telephone all nonresponding providers.

Discussion of Phase 2 Activities

The second phase of the survey consists of interviewing a sample of persons using services at homeless shelters, soup kitchens, and other service locations where homeless people are found. Interviews will take place continuously over a four-week period 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 estimate characteristics at the national level only. The sample size 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.

NSHAPC data will be used to plan future programs and services funded via the McKinney Homeless Assistance Act and other 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 NSHAPC 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 programs will benefit from the data collected in the NSHAPC.

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)

General Health Assistance

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

Assistance to Homeless Persons with Disabilities

Shelter Plus Care Program (HUD)
Supportive Housing Program (HUD)
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 Homelessness (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

Education for Homeless Children & Youth State Grants Prog. (ED)
Examplory 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

Supportive Housing Program (HUD)
Section 8 Assistance for SROs (HUD)
Single Family Property Disposition Initiative (HUD)
Transitional Housing Demonstration Program (HHS)
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)
Emergency Shelter Grants program (HUD)

General/Misc. Aid to Homeless Providers

Emergency Community Services Homeless Grant Program (HHS)
Excess & Surplus Federal Real Property (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 Program (HUD)
Education 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)

Information collected in Phase 1 will be used to: (1) develop a comprehensive listing of service providers nationwide and to develop a national profile of the types of programs offered to homeless people; (2) to select a sample of providers that will be asked more detailed information about services offered; and (3) to select the sample providers where client interviewing will be conducted.

3. Efforts to Minimize Burden

Not applicable. Respondents are individuals at provider facilities who

cannot respond with computer tapes or disks. 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 listing of service providers 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 NSHAPC will be the only current, national data source with detailed information on the types and availability of programs and services offered and on the characteristics 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 NSHAPC 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 NSHAPC 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 NSHAPC will include additional topic coverage. The client 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 NSHAPC asks about drug treatment, as well as, types and frequencies of drugs used, and information about mental health.—

c. The interview period for client interviews for the national survey will be one 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 NSHAPC's additional emphasis on geographical and topic coverage as described in A.4. The 1987 study did not provide any information on the types of programs and services offered. The Urban Institute survey is also almost 10 years old. More recent information is needed. 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 files from Federal agencies and national organizations and advocacy groups to generate listings of service providers for each sample area in the survey and mail the listings to all service providers contacted by telephone and all knowledgeable local persons. 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. The state homeless coordinator will only be asked to review the listing of service providers (Form NSHAPC 100M). 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. Phase 1 will be conducted from October 2, 1995 to January 15, 1996, and Phase 2 from January 21 to March 30, 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 (formerly of) 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, 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 Fagan, U.S. Dept. of Education, 400 Maryland Avenue, SW—Room 2043, Washington, DC 20202, Tel: (202) 401–0039

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 (formerly of) 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. Pete Dougherty, Homeless Programs Specialist, Dept. of Veterans Affairs, 801 Vermont Avenue, NW., Washington, DC 20420, Tel: (202) 273–5716

Mr. Eric Lindblom (IIIC) (formerly of) 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, Office of the Deputy Director, Bureau of the Census, Washington, DC 20233, Tel: (301) 457–4358

Ms. Annetta Clark, Special Places/Group Quarters Team, Office of the Assistant Division Chief, Population Division, Bureau of the Census Washington, DC 20233, Tel: (301) 457–2378

Ms. Denise Smith, Special places/Group Quarters Team, Office of the Assistant Division Chief, Population Division, Bureau of the Census, 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) 457–4190

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

Mr. David Hornick, Victimization and Expenditure Branch, Demographic Statistical Methods Division, Bureau of the Census, Washington, DC 20233, Tel: (301) 457–4190

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 McMahon, 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 Assistance 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, Suite 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. Keith Lively, Acting Deputy Assistance Secretary for Program Systems, Department of Health and Human Services, 200 Independence Avenue, SW, Room 447D, Washington, DC 20201, Tel: (202) 690–8774

Mr. Gerald Britten (formerly of) 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 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 Building, 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

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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 (formerly of) 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 Phase 1 of the national survey, service providers contacted by telephone will receive an advance letter explaining the survey and the confidentiality of their responses and the voluntary nature of the NSHAPC along with other information required by the Privacy Act of 1974 at the time of initial contact. Service providers will also receive NSHAPC L(3)—letter with

the NSHAPC Form N List of Providers, and with the detailed program questionnaires, NSHAPC Forms 100B to 100L, (Attachments B to L, respectively) explaining the survey and the confidentiality of their responses. As can be seen on the NSHAPC questionnaire cover sheets (Attachments B through M 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 national survey will be kept under secured conditions by the Bureau of the Census.

10. Justification for Sensitive Questions

The NSHAPC–100A to NSHAPC–100M questionnaires do not include any questions of a sensitive nature.

11. Cost

The total estimated cost for Phase 1 of the national survey is $1,950,000. Cost for Phase 1, Steps 1 and 2 is $1,500,000. Cost to collect detailed program and service level data (Step 3) is $450,000. 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 are included.

The total estimated cost for Phase 2 is $2,200,000.

The only cost to the service providers and the service users (clients) is the time it takes to complete the questionnaire.

12. Estimate of Respondent Burden

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

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	FORM	Estimated Number of Contacts/Service Providers/Clients	Time - (Minutes)	Total Hours
Phase 1	NSHAPC 100A, Service Provider Core Data Questionnaire	25,000	15	6,250
Phase 1	NSHAPC 100M, List of Providers Offering Homeless Programs	25,000	15	6,250
Phase 1	NSHAPC 100B to NSHAPC 100K, NOTE, Detailed Program Questionnaires	10,000	30	5,000
Phase 2	NSHAPC 100N, Client Questionnaire - To be Completed in Phase 2 of the survey. Client burden hours are not requested in this package.	3,800	45	2,850
	Total Hours for Phase 1			17,500
	Total Hours for Phase 2			2,850
	Total Hours for the National Survey			20,350

BILLING CODE 4210–01–C

We estimate the average time to complete the NSHAPC–100A, Service Provider Core Data Questionnaire (refer to Attachment A) to be 15 minutes; the review of the combined list of service providers to be 15 minutes, and the detailed program level questionnaire (refer to Attachments B to L) 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 20,350 hours. This includes:

- 6,250 hours for the CATI interview.
- 6,250 hours for review of the combined list of service providers.
- 5,000 hours for the detailed program level questionnaire.
- 2,850 hours for the Client 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

Beginning in October 1, 1995, the Census Bureau plans on telephoning all service providers within sample areas to collect basic information about programs offered. After the phone calls are completed, the Census Bureau will mail the listings of service providers by sample area and the NSHAPC—L(2)L letter to providers contacted by telephone. A subsample of providers will also be asked to provide more detailed information about the services they offer. After conducting the CATI interviews, the Census Bureau will mail the appropriate questionnaires, NSHAPC Form 100B to 100L, to the providers in sample.

Census Bureau personnel also will contact individuals from federal and state governments, agencies, organizations and knowledgeable local persons and ask them to review the lists of service providers. The Census Bureau will conduct these operations during October 1995 to January 1996.

B. Collection of Information Employing Statistical Methods

1. Universe and Respondent Selection

The Census Bureau will conduct the national survey in 76 primary sampling areas. The Census Bureau will interview all service providers in the sample areas to collect basic information about the programs offered. This is a total of 25,000 interviews. The Census Bureau will select a subsample of providers within those areas and conduct detailed mail interviews for the programs and services offered by the provider. This is a total of a 5,000 providers.

Phase 1 of the survey will provide information on the types of programs and services available to homeless people. Phase 2 of the survey will provide detailed characteristics about homeless service users (clients), including the literally homeless. 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 sampling over time (vs. one-time sampling) will give a good representation of the homeless population. For nonmetropolitan areas, the consensus is that an expansion of the types of service providers is needed to cover the homeless adequately. The Department of Agriculture requested an increase in the number of sample areas and 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 NSHAPC is an excellent opportunity to collect information about rural homelessness. In the nonmetroplitan areas the sampling frame is the set of Community Assistance Program (CAP) ''Catchment Areas'', wherever they exist. CAP catchment areas are counties or local areas 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. In a few nonmetropolitan areas where CAPs do not exist, the sampling frame is the set of counties or groups of counties.

2. Procedures for Collecting Information

Sampled Service Providers

The Census Bureau will conduct the survey in 76 sample areas; this is the first stage of sampling. Within each sample area, a comprehensive list of service providers will be developed. All providers will furnish basic, core information on programs offered. Phase 1, also includes a second stage of sampling where a subset of service providers will be selected within each sample area to be asked more detailed information about their programs and services.

Sample of Clients (Service Users)

In Phase 2, a sample of clients will be selected for interviewing. This is a three-stage sample, where the first-stage sample corresponds to the same 76 geographic areas discussed above for the provider-interview sample. In the second stage, a sample of providers will be selected in each sample area but only in designated programs. In the third stage, a sample of the clients at each of the sample provider facilities will be selected.

Estimation

In Phase 1, the estimates needed are proportions of providers falling in different categories.

The estimates needed for Phase 2 consist of proportions of clients falling in different categories. The base for these proportions can be derived in two ways:

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

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

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 a range of estimates will be provided, 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 be a ''multiplicity'' adjustment to reduce the relative weight of people who have more than one change of selection because they use more than one type of program, for example, both shelters and soup kitchens, as determined from the questionnaire.

For (b) three estimation methods are under consideration. One purpose of the pretest was 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), and likewise for other types of programs.* 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 did not happen to interview them on their first day.) There is a precise mathematical justification for the

method as given 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 client used a shelter (for the shelter sample) or soup kitchen (for the soup kitchen sample), and likewise for other types of programs.* 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 are not using capture-recapture estimation. It would require selecting 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 and references were developed. Each are available from the Census Bureau on 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

—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

List of References

3. Methods to Maximize Response

a. Survey Frame for Client Interviews

New research indicates the greatest improvement in coverage of the homeless population is through sampling this population over time, (e.g., soup kitchens and shelters) and outreach programs during a four-week period. The NSHAPC 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, outreach programs, and possibly other 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 hopelessness. 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 cities, 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 over time.

The NSHAPC 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 not guarantee we would get the last 10 percent.

b. Incentives to Participate in the Survey

The letters and information on the survey have been written to explain the benefits of the survey so that respondents will be encouraged to participate in the survey. Also, the Census Bureau has designed the survey questionnaires to minimize respondents' time and efforts. We think this effort will encourage providers to participate in the survey.

4. 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.

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

List of Attachments

Attachment A NASHAPC–100A, Service provider Core Data Questionnaire

Attachment B NASHAPC–100B, Emergency Shelter Program Questionnaire

Attachment C NASHAPC–100C, Transitional Housing Program Questionnaire

Attachment D NASHAPC–100D, Voucher Program Questionnaire

Attachment E NASHAPC–100E, Permanent Housing for the Homeless Program Questionnaire

Attachment F NASHAPC–100F, Alcohol/Drug Program Questionnaire

Attachment G NASHAPC–100G, Mental health Care Program Questionnaire

Attachment H NASHAPC–100H, Physical Health Care Program Questionnaire

Attachment I NASHAPC–100I, Drop-in Center Program Questionnaire

Attachment J NASHAPC–100J, HIV/AIDS Program Questionnaire

Attachment K NASHAPC–100K, Outreach Program Questionnaire

Attachment L NASHAPC–100L, 'Other' Program Questionnaire

Attachment M NASHAPC–100M, Provider Update Form Questionnaire

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Attachment A

Form HPWUS-100A, Service Provider Core Data Questionnaire

-Open- *(At this point, we have a knowledgeable respondent on the phone)*

We are conducting a survey.....for the Interagency Council on the Homeless (an agency composed of Federal agencies). We have your facility as [fill provider name] located at [fill address]. Is this correct?

[ ] Yes
[ ] No

1a. Do you offer programs to serve homeless persons at THIS ADDRESS? - By homeless I mean persons without a home as defined by the Stewart B. McKinney Homeless Assistance Act of 1987. (Need to know what this definition is) By THIS ADDRESS I mean that you provide [bold] direct programs and services [n] to clients from this location.

[ ] Yes [Goto Q2a]
[ ] No [Goto List]

-List-

We will be sending you a list of service providers in your county. We ask that you help us to compile a more complete list of service care providers in your county so that we may better conduct our survey. Please give me the name, address and telephone number of the best person to send our list of service providers to.

@PROVIDER --->_____

@CONTACT --->_____

@STREET --->_____

@CITY --->_____

@ST --->_____ @ZIP --->_____

@PHONE --->_____

2a. We are collecting information about housing programs, food programs, and health care programs. I would like to ask you about specific programs you provide at this address. Do you offer an emergency shelter program? - [By emergency shelter program I mean a program which operates on a first-come first-served basis where people must leave in the morning and have no guaranteed bed for the next night OR be provided a specific bed for a specified period of time (even if they

leave the building every day). Please include facilities which provide temporary shelter during extremely cold weather (such as churches) and emergency shelters for runaway or neglected children and youth, and shelters for abused women.]

[ ] Yes
[ ] No

2b. **Do you offer a transitional housing program?** - A transitional housing program, with a maximum stay for clients of up to two years, offers augmented services to promote self-sufficiency and to gain permanent housing. By augmented services I mean.....

[ ] Yes
[ ] No

2c. **Do you offer permanent housing for homeless people?** - Permanent housing for homeless people includes support services. This housing may be section 8 vouchers, Public Housing Authority (PHA) units, Single Room Occupancies (SROs), and other long-term housing assistance. This is very important, please ONLY include permanent housing designed to serve persons who are coming from emergency shelters, transitional housing, or homeless AT THE TIME OF ENTRY INTO the permanent housing. By support services I mean (services to increase the stability and independence of individuals or families (e.g., independent living training).

PHA - Public Housing Authority
SRO - Single Room Occupancy (consists of private living/sleeping rooms and shared kitchens and bathrooms facilities. An SRO unit does not have a complete and private kitchen and bathroom facilities for each resident. One or two adults may occupy an SRO unit. Each living/sleeping room is considered one dwelling unit.

[ ] Yes
[ ] No

The next questions asks about food programs.

2d1. **Do you offer soup kitchen or meal distribution programs?** - This includes 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. These programs may or may not have a place to sit and eat the meal. Needy people are....

[ ] Yes
[ ] No

2e. **Do you offer a food pantry program?** - By food pantry program, I mean a program which distributes uncooked food in boxes or bags.

[ ] Yes
[ ] No

2f. **Do you offer a mobile food program?** - This includes programs for homeless persons which visit designated street locations for the primary purpose of providing food.

[ ] Yes
[ ] No

2g. **Do you offer an outreach program?** - This includes programs in which homeless persons are contacted in non-traditional settings (for example, on streets, in subways, under bridges, in parks) to offer food, blankets, or other necessities; to assess needs and attempt to engage them in services; to offer medical, mental health and/or substance abuse services; and/or to offer other assistance on a regular basis for the purpose of improving their health, mental health, or social functioning, or increasing their utilization of human services and resources. By regular I mean at least once a week; and services may be during the day or at night.

[ ] Yes
[ ] No

2h. **Do you offer a physical health care program?** - This includes programs that provide health care to homeless persons, such as medical, dental, and other health care.

[ ] Yes
[ ] No

2i. **Do you offer a mental health program for homeless persons?** - This includes services provided to improve mental or psychological health or the ability to function well in social settings. Specific services include intervention or hospitalization during a moment of crisis, counseling, psychotherapy, psychiatric services, and psychiatric medication monitoring.

[ ] Yes
[ ] No

2j. **Do you offer alcohol or other drug programs for homeless persons?** - This includes services that are provided in a supervised setting to ensure that an individual safely reduces his/her level of alcohol or other drug intoxication to zero. The supervision may be provided by medically trained staff and may include the use of medication to control withdrawal.

[ ] Yes
[ ] No

2k. **Do you offer HIV/AIDS programs for homeless persons?**

[ ] Yes
[ ] No

2l. **Do you offer a drop-in center program?** - Drop-in centers provide daytime services primarily for homeless persons other than facilities serving meals, which are included in SOUP KITCHENS. When thinking about drop-in centers, do not include those centers that only serve meals. If only meals are served, please include them under soup kitchens. (help screen) - If soup kitchen go back to soup kitchen question Q2d1.

[ ] Yes
[ ] No

2m. **Do you have migrant housing that is used to house homeless people in the off season?** -

[ ] Yes
[ ] No

2n. Do you offer housing in exchange for vouchers? - Please include hotels, motels, or other facilities that are not shelters, for which vouchers are given out OR which operate under contact to provide shelter to homeless people.

[ ] Yes
[ ] No

2o. Does your office distribute vouchers for shelter? - Include offices which distribute vouchers for shelter to homeless people.

[ ] Yes
[ ] No

2p. Do you offer other programs which serve homeless clients? - Include those facilities which provide services for homeless persons, such as education, clothing distribution centers, and/or employment skills training.

[ ] Yes [ ] No

-2aspec-

Can you specify the other types of programs that you offer?

_____
_____
_____

This next set of questions are asked for any program that the facility offers. That is, nay question 2a. through 2p. marked 'Yes'. For illustrative purposes, the following questions refer to the emergency housing program.

BEGIN LOOP

I'm now going to ask you some questions about your emergency shelter program.

3a1. **Think ahead to February 1996, on what days will you operate the emergency shelter program in February 1996? When answering these questions, only consider the emergency shelter program.** - (MARK "X" EACH DAY THAT APPLIES. If open every day enter "E" for every day.)
@EVERYDAY [if @EVERYDAY EQ E THEN goto Q3WK ELSE goto 3a2.)

__Every day [goto 3WK]

___Th FEB1	___Fr FEB2	___St FEB3	___Sn FEB4
___Mn FEB5	___Tu FEB6	___Wd FEB7	___Thur FEB8
___Fr FEB9	___St FEB10	___Sn FEB11	___Mn FEB12
___Tu FEB13	___Wd FEB14	___Th FEB15	___Fr FEB16
___St FEB17	___Sn FEB18	___Mn FEB19	___Tu FEB20
___Wd FEB21	___Th FEB22	___Fr FEB23	___St FEB24
___Sn FEB25	___Mn FEB26	___Tu FEB27	___Wd FEB28
___Th FEB29			

3WK. **I would like to verify that you are open on Saturdays and/or Sunday during the weekend. Is this correct?**

[ ] Yes [Goto 3a2]
[ ] No [Go to 3a1]

3a2. On those days in February when the emergency shelter program operates, how many ADULTS, aged 18 years or older, does the program serve at this location?

_____

3a3. Of these ADULTS, approximately what percent are homeless now or were homeless prior to participating in this program?

_____%

3a4. Of the adults, approximately what percentage use the program 10 or more days a month?_____%

3a5. I'm now going to ask about the numbers of children and youth that the program serves. We consider 'youth' to be aged 12 to 17. On those days in February when the emergency shelter program operates, how many YOUTH does the program serve at this location?

_____ [If 0, goto 3a6]

3a5b. Of these YOUTH, aged 12 to 17 approximately what percent are homeless now or were homeless prior to participating in this program?

_____%

3a6. I'm now going to ask about the numbers of children that the program serves. We consider 'children' to be under the age of 12 years. On those days in February when the emergency shelter program operates, how many CHILDREN does the program serve at this location?

_____ [If 0, goto 3a7]

3a6b. Of these CHILDREN, under the age of 12, approximately what percent are homeless now or were homeless prior to participating in this program?

_____%

Now I am going to ask you some questions about the percentages of different groups of people who use your facility.

3a7. On an average day that you are open in February, do you serve -

(a) both unaccompanied single persons and couples or families?

[ ] Yes [Goto 3a8]
[ ] No [Goto 3a7b]

(b) Do you have only unaccompanied single persons or just couples and families?

[ ] Unaccompanied persons [Goto Q3a8]
[ ] Couples and families [Goto Q3a11]

Now I'm going to ask more about the unaccompanied single persons that use your program. I want to find out what percent are adults, what percent are youths, and what percent are children.

3a8a. What percentage of your unaccompanied single persons are adults, 18 years of age or older?

____% adults

3a8b. What percentage of your unaccompanied persons are youths? Youths are 12 to 17 years old.

____% youths

3a8b. What percentage of your unaccompanied persons are children? Children are under 12 years old.

____% children?

The next questions ask about unaccompanied ADULTS that use your program.

3a9. Of these unaccompanied adults what percentage are male and what percentage are female?

_____% Male

_____% Female

Now I am going to be asking about the unaccompanied youths that use your program. Youths are ages 12 to 17.

3a10a. What percentage of your unaccompanied youths are male and what percentage are female?

(a) _____% Male

(b) _____% Female

Now I am going to be asking about the unaccompanied children that use your program. Children are under the age of 12.

3a10b. What percentage of your unaccompanied children are male and what percentage are female?

(a) _____% Male

(b) _____% Female

3a11a. I'm going to ask you about the couples or families that the program serves. There are 3 groups of these - (1) single parent families with children, (2) two-parent families with children, (3) adults couples without children. Considering these groups, what percentage of the couples and families are -

(a) Single-parent families with children? _____%

(b) Two-parent families with children? _____%

(c) Adult couples without children? _____%

3a12. Is this program a -

Mark (X) only one box.

(1) [ ] **Nonprofit, religious affiliated program?**

(2) [ ] **Non-profit, non-sectarian program?**

(3) [ ] **Private, for profit agency?**

(4) [ ] **Government agency?**

3a13a. What percentage of your funding for this program comes from private funding such as donations, foundation grants, United Way, individual's contributions?

_____%

3a13b. What percentage of your funding for this program comes from Federal, State, or local Government funding?

_____%

3a13c. What percentage of your funding for this program comes from another source?

_____%

-3a13csp-

Please specify the source of this other funding.

_____

3a14a. Does this program focus on any of the following population groups

- needy or impoverished people?

[ ] Yes
[ ] No

3a14b. victims of domestic violence, abused women?

[ ] Yes
[ ] No

3a14c. runaway or homeless children or youth?

[ ] Yes
[ ] No

3a14d. people with mental health problems?

[ ] Yes
[ ] No

3a14e. people with (only) drug or alcohol problems? (no mental health problems)

[ ] Yes
[ ] No

3a14f. people with drug (including every drug except alcohol?) and mental health problems?

[ ] Yes
[ ] No

3a14g. people with HIV/AIDS?

[ ] Yes
[ ] No

3a14h. veterans?

[ ] Yes
[ ] No

3a14i. Is any one else served by this program?

[ ] Yes [Goto 3a14isp]
[ ] No [Goto 3a14j]

3a14isp. Please specify who else is served by this program.

_____

3a14j. You told me that you focus on [fill Q3a114a-Q3a14isp where entry EQ 1]. Which of these, if any, would you consider to be the PRIMARY population group that you serve?

_____

The following questions are asked if 3a14h is 'Yes'. That is, is veterans are a focus group for the program.

3a15. **You told me that one of the groups this program serves is veterans. Of all the clients that you serve in this program, what percent are veterans?**

_____

3a16. **Among these veterans, what percent are eligible for service-connected benefits?**

_____%

3a17. **Is this program sponsored by VA?**

[ ] Yes [Goto 3a17a]

[ ] No [Goto 3a18]

3a17a. **Is this a domiciliary program?**

[ ] Yes

[ ] No

3a17b. **Is this an HCMI contracted program?**

(Homeless Chronically Mentally Ill)

[ ] Yes

[ ] No

3a17a. **Is this a VA grant or per diem program?**

[ ] Yes

[ ] No

3a18. **Is this program sponsored by state or local government?**

[ ] Yes

[ ] No

3a19. **Is this program sponsored by any government agency, other than VA, state or local?**

[ ] Yes [Goto 3a19b]

[ ] No [Goto conta]

13

3a19b. What government agency is this?

_____

The following question is asked to all respondents, as part of the loop.

-conta-

We will be sending a brief questionnaire to a sample of providers which asks some more detailed questions about the programs. If you are selected, who is the best person to contact about the emergency shelter program?

@CONTACTA --->_____

@ADDRESS --->_____

@CITY --->_____

@ST --->_____ @ZIP --->_____

@PHONE --->_____

END LOOP

The following questions will be included at the beginning of the loop for soup kitchens:

2d3. Do you offer breakfast?

[ ] Yes
[ ] No

2d4. Do you offer lunch?

[ ] Yes
[ ] No

2d5. Do you offer dinner?

[ ] Yes
[ ] No

2d6. Within the past 30 days, did you receive any USDA-donated foods, that is food that was donated by the United States Department of Agriculture, for your feeding program?

[ ] Yes [Goto 2d8]
[ ] No [Goto 2d7]

2d7. Does your program ever receive USDA-donated foods?

[ ] Yes [Goto 2d8]
[ ] No [Goto 2d9]

2d8. On average, how often do you receive USDA foods? Would you say that it is -

[ ] Every month?
[ ] Every quarter?
[ ] Less often than once each quarter?

2d9. About what proportion of the total foods used in your feeding program does the USDA-donated food account for?

[ ] 5 percent or less
[ ] 5 - 10 percent
[ ] 10-25 percent
[ ] 25-50 percent
[ ] more than 50 percent

15

After all loops are completed, the following question will be asked. Please note that this is identical to the question asked if question 1 is 'No'.

-List-

We will be sending you a list of service providers in your county. We ask that you help us to compile a more complete list of service care providers in your county so that we may better conduct our survey. Please give me the name, address and telephone number of the best person to send our list of service providers to.

@PROVIDER --->_____

@CONTACT --->_____

@STREET --->_____

@CITY --->_____

@ST --->_____ @ZIP --->_____

@PHONE --->_____

HPWUS-100B
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Attachment B

EMERGENCY SHELTER PROGRAMS

This questionnaire contains some detailed questions about your emergency shelter program. We are interested in information about:

* services that might be needed by the clients who use this program;
* the capacity and utilization of your facility, and
* where your clients go when they leave your facility.

If you operate more than one program from your location, please consider only your emergency shelter program when answering these questions.

1

1 a. Is the provision of food and/or clothing needed by the typical client in this program? *Answer b and c for each 'Yes'*		b. How often are your clients able to get this need met . . . *MARK (X) ONE BOX*			c. Where is this service available . . . *MARK ALL THAT APPLY*		
		Usually	Some-times	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Food	[ ] Yes ---- [ ] No						
(2) Clothing	[ ] Yes ---- [ ] No						

2 a. Are the following 'life skills' services needed by the typical client in this program? *Answer b and c for each 'Yes'*		b. How often are your clients able to get this need met . . . *MARK (X) ONE BOX*			c. Where is this service available . . . *MARK ALL THAT APPLY*		
		Usually	Some-times	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Money management or budgeting	[ ] Yes ---- [ ] No						
(2) Household skills – cooking, cleaning, maintenance	[ ] Yes ---- [ ] No						
(3) Personal relations counseling – conflict resolution	[ ] Yes ---- [ ] No						
(4) Parenting training	[ ] Yes ---- [ ] No						

3 a. Are the following 'case management' services needed by the typical client in this program? *Answer b and c for each 'Yes'*		b. How often are your clients able to get this need met . . . *MARK (X) ONE BOX*			c. Where is this service available . . . *MARK ALL THAT APPLY*		
		Usually	Some-times	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Needs assessment	[ ] Yes ---- [ ] No						
(2) Development of individual goals and service plans	[ ] Yes ---- [ ] No						
(3) Referral or assistance with entitlements	[ ] Yes ---- [ ] No						
(4) Followup after client leaves	[ ] Yes ---- [ ] No						

4 a. Are the following 'housing' services needed by the typical client in this program? *Answer b and c for each 'Yes'*		b. How often are your clients able to get this need met . . . *MARK (X) ONE BOX*			c. Where is this service available . . . *MARK ALL THAT APPLY*		
		Usually	Some-times	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Locating housing	[ ] Yes ---- [ ] No						
(2) Applying for rental assistance	[ ] Yes ---- [ ] No						
(3) Assistance with landlord/tenant relations	[ ] Yes ---- [ ] No						
(4) Financial assistance with utilities and/or rent	[ ] Yes ---- [ ] No						

2

5 a. Are the following 'education' services needed by the typical client in this program? *Answer b and c for each 'Yes'*		b. How often are your clients able to get this need met . . . *MARK (X) ONE BOX*			c. Where is this service available . . . *MARK ALL THAT APPLY*		
		Usually	Sometimes	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Help children enroll in school/ liason with school district	[ ] Yes ---- [ ] No						
(2) Head Start	[ ] Yes ---- [ ] No						
(3) Other chilhood education	[ ] Yes ---- [ ] No						
(4) Tutoring for school children	[ ] Yes ---- [ ] No						
(5) English as a Second Language courses	[ ] Yes ---- [ ] No						
(6) GED courses	[ ] Yes ---- [ ] No						
(7) Family literacy services (e.g. Even Start/Family Literacy)	[ ] Yes ---- [ ] No						
(8) Basic literacy training	[ ] Yes ---- [ ] No						
(9) Basic skills training/adult education courses	[ ] Yes ---- [ ] No						

6 a. Are the following 'employment' services needed by the typical client in this program? *Answer b and c for each 'Yes'*		b. How often are your clients able to get this need met . . . *MARK (X) ONE BOX*			c. Where is this service available . . . *MARK ALL THAT APPLY*		
		Usually	Sometimes	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Assessment of job skills	[ ] Yes ---- [ ] No						
(2) Job Finding/Retention skills (e.g. training for job interviews)	[ ] Yes ---- [ ] No						
(3) Job referral or placement	[ ] Yes ---- [ ] No						
(4) Training for specific jobs	[ ] Yes ---- [ ] No						
(5) Vocational rehabilitation	[ ] Yes ---- [ ] No						
(6) Placement in volunteer jobs	[ ] Yes ---- [ ] No						

7 a. Are the following 'general health care' services needed by the typical client in this program? *Answer b and c for each 'Yes'*		b. How often are your clients able to get this need met . . . *MARK (X) ONE BOX*			c. Where is this service available . . . *MARK ALL THAT APPLY*		
		Usually	Sometimes	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Health care assessment -- health history	[ ] Yes ---- [ ] No						
(2) Primary care -- physical exam, etc.	[ ] Yes ---- [ ] No						
(3) Emergency/acute care	[ ] Yes ---- [ ] No						
(4) Prenatal care	[ ] Yes ---- [ ] No						
(5) Immunizations	[ ] Yes ---- [ ] No						
(6) HIV/AIDS services	[ ] Yes ---- [ ] No						
(7) TB testing	[ ] Yes ---- [ ] No						
(8) TB treatment	[ ] Yes ---- [ ] No						
(9) Dental care	[ ] Yes ---- [ ] No						
(10) Hospice care	[ ] Yes ---- [ ] No						
(11) Health education/prevention	[ ] Yes ---- [ ] No						

3

8 a. Are the following 'substance abuse' services needed by the typical client in this program? *Answer b and c for each 'Yes'*		b. How often are your clients able to get this need met . . . *MARK (X) ONE BOX*			c. Where is this service available . . . *MARK ALL THAT APPLY*		
		Usually	Sometimes	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Alcohol/drug testing -- (saliva, urine or blood)	[ ] Yes ---- [ ] No						
(2) Alcohol/drug dependence assessment	[ ] Yes ---- [ ] No						
(3) Detoxification	[ ] Yes ---- [ ] No						
(4) Outpatient treatment	[ ] Yes ---- [ ] No						
(5) Inpatient treatment	[ ] Yes ---- [ ] No						
(6) Alcoholics/Cocaine/Narcotics Anonymous	[ ] Yes ---- [ ] No						

9 a. Are the following 'mental health' services needed by the typical client in this program? *Answer b and c for each 'Yes'*		b. How often are your clients able to get this need met . . . *MARK (X) ONE BOX*			c. Where is this service available . . . *MARK ALL THAT APPLY*		
		Usually	Sometimes	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Mental health assessment	[ ] Yes ---- [ ] No						
(2) Medication administration/monitoring	[ ] Yes ---- [ ] No						
(3) Crisis intervention	[ ] Yes ---- [ ] No						
(4) Outpatient therapy/counseling	[ ] Yes ---- [ ] No						
(5) Inpatient treatment	[ ] Yes ---- [ ] No						
(6) Peer group/self help -- (other than AA/NA/CA)	[ ] Yes ---- [ ] No						

10 a. Are the following other services needed by the typical client in this program? *Answer b and c for each 'Yes'*		b. How often are your clients able to get this need met . . . *MARK (X) ONE BOX*			c. Where is this service available . . . *MARK ALL THAT APPLY*		
		Usually	Sometimes	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Outreach	[ ] Yes ---- [ ] No						
(2) Child care	[ ] Yes ---- [ ] No						
(3) Domestic violence counseling	[ ] Yes ---- [ ] No						
(4) Legal assistance	[ ] Yes ---- [ ] No						
(5) Veteran's special services	[ ] Yes ---- [ ] No						
(6) Other required services Specify: _____	[ ] Yes ---- [ ] No						

11 Is transporation or transportation assistance provided as part of this program?

[ ] Yes -- *ANSWER QUESTION 12*

[ ] No -- *SKIP TO QUESTION 14, on the next page*

12 For which of the following services is transportation provided to clients?

MARK ALL THAT APPLY

[ ] Food and/or clothing

[ ] Life skills counseling, such as money management, household skills, parental training

[ ] Case management, such as needs assesment, assistance with entitlements, followup

[ ] Housing search services

[ ] Education -- classes for adults or children

[ ] Employment services, such as vocational rehabilitation, sheltered workshop, training

[ ] Health care

[ ] Substance abuse services

[ ] Mental health services

[ ] Child care

[ ] Domestic violence counseling

[ ] Legal assistance

[ ] HIV/AIDS services

[ ] Veteran's special services

13 By which of the following methods are the transportation services provided?

MARK ALL THAT APPLY

[ ] Reimbursement of client expenses (e.g. voucher, cash, tokens)

[ ] Program vehicles

[ ] Volunteers

[ ] Local government or public transportation

[ ] Other -- What? _____

5

14 **Does this program serve unaccompanied single persons?**

1 [ ] Yes -- CONTINUE WITH QUESTION 15

2 [ ] No -- SKIP TO QUESTION 21

15 **What is the maximum number of single persons you can shelter in your facility per day or night?**

_____ Persons

16 **During each of the months below, at what PERCENT OCCUPANCY for single persons do you usually operate?**

17 **For each month that you usually operate at full capacity (100%), please indicate the NUMBER of eligible persons you had to turn away. In the first column, enter the NUMBER of persons who were turned away on any one day or night. In the second column, enter the TOTAL NUMBER usually turned away during the entire month.**

Month	Percent		Number turned away on a typical day/night	Number turned away altogether during the month
January	_____%	If 100% -----	____	____
February	_____%	If 100% -----	____	____
March	_____%	If 100% -----	____	____
April	_____%	If 100% -----	____	____
May	_____%	If 100% -----	____	____
June	_____%	If 100% -----	____	____
July	_____%	If 100% -----	____	____
August	_____%	If 100% -----	____	____
September	_____%	If 100% -----	____	____
October	_____%	If 100% -----	____	____
November	_____%	If 100% -----	____	____
December	_____%	If 100% -----	____	____

If there are NO periods when you are full -- SKIP to Question 19
If there are periods when you are full -- CONTINUE with Question 17 above

UNACCOMPANIED SINGLE PERSONS -- Continued 6

18 For the periods that you operated at FULL capacity, or had to turn persons away, what were the reasons that demand for your services or facilities increased?

Never full [ ] -- SKIP TO 19

MARK ALL THAT APPLY WHEN FULL

1 [ ] Increase in need

2 [ ] Seasonal changes

3 [ ] Change in program participation criteria

4 [ ] Facilites closed elsewhere

5 [ ] Economic/job market changes

6 [ ] Change in program funding or capacity

7 [ ] Just filled to the maximum

8 [ ] Other -- WHAT?

_____

_____

19 For the periods that you operated at LESS than full capacity, what were the reasons that demand for your services or facilities decreased?

Never less than full [ ] -- SKIP TO 20

MARK ALL THAT APPLY

1 [ ] Decline in need

2 [ ] Seasonal changes

3 [ ] Change in program participation criteria

4 [ ] New facilites added elsewhere

5 [ ] Economic/job market changes

6 [ ] Change in program funding or capacity

7 [ ] Other -- WHAT?

_____

_____

20 This question asks about where your clients go when they are no longer served by your program.

Of the persons that you served last year, please estimate what PERCENT of the single persons went to the following destinations:

	Percent
The streets or other outside locations	_____%
Other emergency shelter	_____%
Transitional housing	_____%
Family or friend's housing	_____%
Private unsubsidized housing	_____%
Government subsidized housing, e.g Section 8, Public or Rural Rental Housing	_____%
Special permanent housing for disabled homeless (mentally ill, developmentally disadvantaged, HIV)	_____%
Hospital	_____%
Jail or prison	_____%
Other -- Where? _____	_____%
Don't Know	_____%
The above should total to --------	100%

7

21 **Does this program serve couples/families -- two or more persons living as a unit?**

1 [ ] Yes -- CONTINUE WITH QUESTION 22

2 [ ] No -- INTERVIEW COMPETED *Thank you!*

22 **What is the maximum number of couples/families you can shelter in your facility per day or night?**

_____ Couples/Families

23 **During each of the months below, at what PERCENT OCCUPANCY do you usually operate for shelter space for couples/families?**

24 **For each month that you usually operate at full capacity (100%), please indicate the NUMBER of eligible couples/families you had to turn away. In the first column, enter the NUMBER of couples/families who were turned away on any one day or night. In the second column, enter the TOTAL NUMBER usually turned away during the entire month.**

Month	Percent		Number turned away on a typical day/night	Number turned away altogether during the month
January	_____%	If 100% -----	____	____
February	_____%	If 100% -----	____	____
March	_____%	If 100% -----	____	____
April	_____%	If 100% -----	____	____
May	_____%	If 100% -----	____	____
June	_____%	If 100% -----	____	____
July	_____%	If 100% -----	____	____
August	_____%	If 100% -----	____	____
September	_____%	If 100% -----	____	____
October	_____%	If 100% -----	____	____
November	_____%	If 100% -----	____	____
December	_____%	If 100% -----	____	____

If there are NO periods when you are full -- SKIP to Question 26
If there are periods when you are full -- CONTINUE with Question 24 above

FAMILIES/COUPLES -- Continued 8

25 For the periods that you operated at FULL capacity, or had to turn families/couples away, what were the reasons that demand for your services or facility increased?

Never full [ ] -- SKIP TO 26

MARK ALL THAT APPLY WHEN FULL

1 [ ] Increase in need

2 [ ] Seasonal changes

3 [ ] Change in program participation criteria

4 [ ] Facilites closed elsewhere

5 [ ] Economic/job market changes

6 [ ] Change in program funding or capacity

7 [ ] Just filled to the maximum

8 [ ] Other -- WHAT?

_____

_____

26 For the periods that you operated at LESS than full capacity for couples/families, what were the reasons that demand for your services or facility decreased?

Never less than full [ ] -- SKIP TO 27

MARK ALL THAT APPLY

1 [ ] Decline in need

2 [ ] Seasonal changes

3 [ ] Change in program participation criteria

4 [ ] New facilites added elsewhere

5 [ ] Economic/job market changes

6 [ ] Change in program funding or capacity

7 [ ] Other -- WHAT?

_____

_____

27 This question asks about where your clients go when they are no longer served by your program.

Of the families/couples that you served last year, please estimate what PERCENT went to the following destinations:

	Percent
The streets or other outside locations	_____%
Other emergency shelter	_____%
Transitional housing	_____%
Family or friend's housing	_____%
Private unsubsidized housing	_____%
Government subsidized housing, e.g Section 8, Public or Rural Rental Housing	_____%
Special permanent housing for disabled homeless (mentally ill, developmentally disadvantaged, HIV)	_____%
Hospital	_____%
Jail or prison	_____%
Other -- Where? _____	_____%
Don't Know	_____%
The above should total to -----	**100%**

HPWUS–100F
7/21/95

Attachment F

ALCOHOL/DRUG PROGRAMS

This questionnaire contains some detailed questions about your alcohol/drug program. We are interested in information about services that might be needed by the clients who use this program. If you operate more than one program from your location, please consider only your alcohol/drug program when answering these questions.

1

1 a. Is the provision of food and/or clothing needed by the typical client in this program? *Answer b and c for each 'Yes'*		b. How often are your clients able to get this need met . . . *MARK (X) ONE BOX*			c. Where is this service available . . . *MARK ALL THAT APPLY*		
		Usually	Sometimes	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Food	[ ] Yes ---- [ ] No						
(2) Clothing	[ ] Yes ---- [ ] No						

2 a. Are the following 'life skills' services needed by the typical client in this program? *Answer b and c for each 'Yes'*		b. How often are your clients able to get this need met . . . *MARK (X) ONE BOX*			c. Where is this service available . . . *MARK ALL THAT APPLY*		
		Usually	Sometimes	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Money management or budgeting	[ ] Yes ---- [ ] No						
(2) Household skills – cooking, cleaning, maintenance	[ ] Yes ---- [ ] No						
(3) Personal relations counseling – conflict resolution	[ ] Yes ---- [ ] No						
(4) Parenting training	[ ] Yes ---- [ ] No						

3 a. Are the following 'case management' services needed by the typical client in this program? *Answer b and c for each 'Yes'*		b. How often are your clients able to get this need met . . . *MARK (X) ONE BOX*			c. Where is this service available . . . *MARK ALL THAT APPLY*		
		Usually	Sometimes	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Needs assessment	[ ] Yes ---- [ ] No						
(2) Development of individual goals and service plans	[ ] Yes ---- [ ] No						
(3) Referral or assistance with entitlements	[ ] Yes ---- [ ] No						
(4) Followup after client leaves	[ ] Yes ---- [ ] No						

4 a. Are the following 'housing' services needed by the typical client in this program? *Answer b and c for each 'Yes'*		b. How often are your clients able to get this need met . . . *MARK (X) ONE BOX*			c. Where is this service available . . . *MARK ALL THAT APPLY*		
		Usually	Sometimes	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Locating housing	[ ] Yes ---- [ ] No						
(2) Applying for rental assistance	[ ] Yes ---- [ ] No						
(3) Assistance with landlord/tenant relations	[ ] Yes ---- [ ] No						
(4) Financial assistance with utilities and/or rent	[ ] Yes ---- [ ] No						

2

5 a. Are the following 'education' services needed by the typical client in this program? *Answer b and c for each 'Yes'*		b. How often are your clients able to get this need met . . . *MARK (X) ONE BOX*			c. Where is this service available . . . *MARK ALL THAT APPLY*		
		Usually	Sometimes	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Help children enroll in school/ liason with school district	[ ] Yes ---- [ ] No						
(2) Head Start	[ ] Yes ---- [ ] No						
(3) Other chilhood education	[ ] Yes ---- [ ] No						
(4) Tutoring for school children	[ ] Yes ---- [ ] No						
(5) English as a Second Language courses	[ ] Yes ---- [ ] No						
(6) GED courses	[ ] Yes ---- [ ] No						
(7) Family literacy services (e.g. Even Start/Family Literacy)	[ ] Yes ---- [ ] No						
(8) Basic literacy training	[ ] Yes ---- [ ] No						
(9) Basic skills training/adult education courses	[ ] Yes ---- [ ] No						

6 a. Are the following 'employment' services needed by the typical client in this program? *Answer b and c for each 'Yes'*		b. How often are your clients able to get this need met . . . *MARK (X) ONE BOX*			c. Where is this service available . . . *MARK ALL THAT APPLY*		
		Usually	Sometimes	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Assessment of job skills	[ ] Yes ---- [ ] No						
(2) Job Finding/Retention skills (e.g. training for job interviews)	[ ] Yes ---- [ ] No						
(3) Job referral or placement	[ ] Yes ---- [ ] No						
(4) Training for specific jobs	[ ] Yes ---- [ ] No						
(5) Vocational rehabilitation	[ ] Yes ---- [ ] No						
(6) Placement in volunteer jobs	[ ] Yes ---- [ ] No						

7 a. Are the following 'general health care' services needed by the typical client in this program? *Answer b and c for each 'Yes'*		b. How often are your clients able to get this need met . . . *MARK (X) ONE BOX*			c. Where is this service available . . . *MARK ALL THAT APPLY*		
		Usually	Sometimes	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Health care assessment -- health history	[ ] Yes ---- [ ] No						
(2) Primary care -- physical exam, etc.	[ ] Yes ---- [ ] No						
(3) Emergency/acute care	[ ] Yes ---- [ ] No						
(4) Prenatal care	[ ] Yes ---- [ ] No						
(5) Immunizations	[ ] Yes ---- [ ] No						
(6) HIV/AIDS services	[ ] Yes ---- [ ] No						
(7) TB testing	[ ] Yes ---- [ ] No						
(8) TB treatment	[ ] Yes ---- [ ] No						
(9) Dental care	[ ] Yes ---- [ ] No						
(10) Hospice care	[ ] Yes ---- [ ] No						
(11) Health education/prevention	[ ] Yes ---- [ ] No						

3

8 a. **Are the following 'substance abuse' services needed by the typical client in this program?** *Answer b and c for each 'Yes'*		b. **How often are your clients able to get this need met . . .** *MARK (X) ONE BOX*			c. **Where is this service available . . .** *MARK ALL THAT APPLY*		
		Usually	Some-times	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Alcohol/drug testing -- (saliva, urine or blood)	[ ] Yes ---- [ ] No						
(2) Alcohol/drug dependence assessment	[ ] Yes ---- [ ] No						
(3) Detoxification	[ ] Yes ---- [ ] No						
(4) Outpatient treatment	[ ] Yes ---- [ ] No						
(5) Inpatient treatment	[ ] Yes ---- [ ] No						
(6) Alcoholics/Cocaine/Narcotics Anonymous	[ ] Yes ---- [ ] No						

9 a. **Are the following 'mental health' services needed by the typical client in this program?** *Answer b and c for each 'Yes'*		b. **How often are your clients able to get this need met . . .** *MARK (X) ONE BOX*			c. **Where is this service available . . .** *MARK ALL THAT APPLY*		
		Usually	Some-times	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Mental health assessment	[ ] Yes ---- [ ] No						
(2) Medication administration/monitoring	[ ] Yes ---- [ ] No						
(3) Crisis intervention	[ ] Yes ---- [ ] No						
(4) Outpatient therapy/counseling	[ ] Yes ---- [ ] No						
(5) Inpatient treatment	[ ] Yes ---- [ ] No						
(6) Peer group/self help -- (other than AA/NA/CA)	[ ] Yes ---- [ ] No						

10 a. **Are the following other services needed by the typical client in this program?** *Answer b and c for each 'Yes'*		b. **How often are your clients able to get this need met . . .** *MARK (X) ONE BOX*			c. **Where is this service available . . .** *MARK ALL THAT APPLY*		
		Usually	Some-times	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Outreach	[ ] Yes ---- [ ] No						
(2) Child care	[ ] Yes ---- [ ] No						
(3) Domestic violence counseling	[ ] Yes ---- [ ] No						
(4) Legal assistance	[ ] Yes ---- [ ] No						
(5) Veteran's special services	[ ] Yes ---- [ ] No						
(6) Other required services Specify: _____	[ ] Yes ---- [ ] No						

4

11 Is transporation or transportation assistance provided as part of this program?

[ ] Yes -- *ANSWER QUESTION 12*

[ ] No -- *INTERVIEW COMPLETE -- Thank You!*

12 For which of the following services is transportation provided to clients?

MARK ALL THAT APPLY

[ ] Food and/or clothing

[ ] Life skills counseling, such as money management, household skills, parental training

[ ] Case management, such as needs assesment, assistance with entitlements, followup

[ ] Housing search services

[ ] Education -- classes for adults or children

[ ] Employment services, such as vocational rehabilitation, sheltered workshop, training

[ ] Health care

[ ] Substance abuse services

[ ] Mental health services

[ ] Child care

[ ] Domestic violence counseling

[ ] Legal assistance

[ ] HIV/AIDS services

[ ] Veteran's special services

13 By which of the following methods are the transportation services provided?

MARK ALL THAT APPLY

[ ] Reimbursement of client expenses (e.g. voucher, cash, tokens)

[ ] Program vehicles

[ ] Volunteers

[ ] Local government or public transportation

[ ] Other -- What? _____

HPWUS–100K
7/21/95

Attachment K

OUTREACH PROGRAMS

This questionnaire contains some detailed questions about your outreach program. We are interested in information about services that might be needed by the clients who use this program. If you operate more than one program from your location, please consider only your outreach program when answering these questions.

1

1 a. Is the provision of food and/or clothing needed by the typical client in this program? *Answer b and c for each 'Yes'*		b. How often are your clients able to get this need met . . . *MARK (X) ONE BOX*			c. Where is this service available . . . *MARK ALL THAT APPLY*		
		Usually	Sometimes	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Food	[ ] Yes ---- [ ] No						
(2) Clothing	[ ] Yes ---- [ ] No						

2 a. Are the following 'case management' services needed by the typical client in this program? *Answer b and c for each 'Yes'*		b. How often are your clients able to get this need met . . . *MARK (X) ONE BOX*			c. Where is this service available . . . *MARK ALL THAT APPLY*		
		Usually	Sometimes	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Needs assessment	[ ] Yes ---- [ ] No						
(2) Development of individual goals and service plans	[ ] Yes ---- [ ] No						
(3) Referral or assistance with entitlements	[ ] Yes ---- [ ] No						
(4) Followup after client leaves	[ ] Yes ---- [ ] No						

3 a. Are the following 'housing' services needed by the typical client in this program? *Answer b and c for each 'Yes'*		b. How often are your clients able to get this need met . . . *MARK (X) ONE BOX*			c. Where is this service available . . . *MARK ALL THAT APPLY*		
		Usually	Sometimes	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Locating housing	[ ] Yes ---- [ ] No						
(2) Applying for rental assistance	[ ] Yes ---- [ ] No						
(3) Assistance with landlord/tenant relations	[ ] Yes ---- [ ] No						
(4) Financial assistance with utilities and/or rent	[ ] Yes ---- [ ] No						

2

4 a. **Are the following 'employment' services needed by the typical client in this program?** *Answer b and c for each 'Yes'*		**b. How often are your clients able to get this need met . . .** *MARK (X) ONE BOX*			**c. Where is this service available . . .** *MARK ALL THAT APPLY*		
		Usually	Some-times	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Assessment of job skills	[ ] Yes ---- [ ] No						
(2) Job referral or placement	[ ] Yes ---- [ ] No						

5 a. **Are the following 'general health care' services needed by the typical client in this program?** *Answer b and c for each 'Yes'*		**b. How often are your clients able to get this need met . . .** *MARK (X) ONE BOX*			**c. Where is this service available . . .** *MARK ALL THAT APPLY*		
		Usually	Some-times	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Health care assessment -- health history	[ ] Yes ---- [ ] No						
(2) Primary care -- physical exam, etc.	[ ] Yes ---- [ ] No						
(3) Emergency/acute care	[ ] Yes ---- [ ] No						
(4) Prenatal care	[ ] Yes ---- [ ] No						
(5) Immunizations	[ ] Yes ---- [ ] No						
(6) HIV/AIDS services	[ ] Yes ---- [ ] No						
(7) TB testing	[ ] Yes ---- [ ] No						
(8) TB treatment	[ ] Yes ---- [ ] No						
(9) Dental care	[ ] Yes ---- [ ] No						
(10) Health education/prevention	[ ] Yes ---- [ ] No						

3

6 a. Are the following 'mental health' services needed by the typical client in this program? *Answer b and c for each 'Yes'*		b. How often are your clients able to get this need met . . . *MARK (X) ONE BOX*			c. Where is this service available . . . *MARK ALL THAT APPLY*		
		Usually	Some-times	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Mental health assessment	[ ] Yes ---- [ ] No						
(2) Medication administration/monitoring	[ ] Yes ---- [ ] No						
(3) Crisis intervention	[ ] Yes ---- [ ] No						
(4) Outpatient therapy/counseling	[ ] Yes ---- [ ] No						
(5) Inpatient treatment	[ ] Yes ---- [ ] No						

7 a. Are the following other services needed by the typical client in this program? *Answer b and c for each 'Yes'*		b. How often are your clients able to get this need met . . . *MARK (X) ONE BOX*			c. Where is this service available . . . *MARK ALL THAT APPLY*		
		Usually	Some-times	Seldom	Here, at this address	Elsewhere in the community	Not at all
(1) Domestic violence counseling	[ ] Yes ---- [ ] No						
(2) Legal assistance	[ ] Yes ---- [ ] No						
(3) Veteran's special services	[ ] Yes ---- [ ] No						
(4) Other required services Specify: _____	[ ] Yes ---- [ ] No						

8 **Is transporation or transportation assistance provided as part of this program?**

[ ] Yes -- *ANSWER QUESTION 9*

[ ] No -- *INTERVIEW COMPLETE -- Thank You!*

9 **For which of the following services is transportation provided to clients?**

MARK ALL THAT APPLY

[ ] Food and/or clothing

[ ] Life skills counseling, such as money management, household skills, parental training

[ ] Case management, such as needs assesment, assistance with entitlements, followup

[ ] Housing search services

[ ] Education -- classes for adults or children

[ ] Employment services, such as vocational rehabilitation, sheltered workshop, training

[ ] Health care

[ ] Substance abuse services

[ ] Mental health services

[ ] Child care

[ ] Domestic violence counseling

[ ] Legal assistance

[ ] HIV/AIDS services

[ ] Veteran's special services

10 **By which of the following methods are the transportation services provided?**

MARK ALL THAT APPLY

[ ] Reimbursement of client expenses (e.g. voucher, cash, tokens)

[ ] Program vehicles

[ ] Volunteers

[ ] Local government or public transportation

[ ] Other -- What? _____

ATTACHMENT M

FORM HPWUS-100M
7/20/95

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

LIST UPDATE FORM

THE SURVEY OF SERVICES FOR HOMELESS PERSONS

Regional office	PSU (State/County)	Identification number

NAME AND ADDRESS OF FACILITY:

Name

Street

City | State | ZIP Code

Contact name | Telephone No. ( )

RETURN COMPLETED FORM TO:

BUREAU OF THE CENSUS
105 S 7th Street, NW
First Floor
Philadelphia, PA 19106-3395

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

We have developed an initial list of service providers and organizations offering services to the homeless in your county. As you review the attached list, please note that our list may not include some providers. We are especially concerned that the list may not include homeless programs for domestic violence centers, runaway and homeless youth shelters, programs issuing vouchers for homeless person, and transitional living shelters. If you know the names and addresses for providers of these services and any others not listed, please add them to the list on the back of this form. Any providers that you are affiliated with should be added to the end of the questionnaire, Form HPWUS-100B(X), included in this package. We want the survey to show all available programs and services in your county/city being provided to homeless people. Identification of all service providers is important to us. Below is a summary of the steps to follow in reviewing the list of service providers.

A. Instructions

1. Look over the attached list of service providers and knowledgeable persons or organizations. Also, review the descriptions below of various types of service providers that we may have missed on our list.
2. Add any service providers, local knowledgeable persons or organizations not included on the list to attached HPWUS-L1A form. These organizations and persons should not be affiliated with your program. (Organizations and persons affiliated with your program should be recorded on the last pages of the questionnaire, Form HPWUS-100B(X), included in your package.) We can use any information you have about services to the homeless in your area.
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.

B. Description of Types of Service Providers

Listed below are detailed descriptions of the types of service providers to include in your listing.

1. **Regularly Scheduled Outreach Programs** for the homeless which, on a regular schedule, visit designated street locations offering homeless people food, blankets or other necessities.
2. **Drop-In Centers** that provide daytime services primarily for the homeless (other than facilities serving meals that should be included under soup kitchens).
3. **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.
4. **Transitional Housing** (maximum stay up to two years) which offer augmented services to promote self-sufficiency and to gain permanent housing.
5. **Permanent Housing** for homeless people with support services may include Section 8 vouchers, FHA units, SROs, and other long-term housing assistance.
6. **Voucher Arrangements** for 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.
7. **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 sit and eat the meal.
8. **Food Pantry** distributes uncooked food in boxes or bags.
9. **Health Care Providers** provide health care services to homeless people. This includes medical, dental, and other health problems.
10. **Mental Health Programs** for homeless persons not mentioned previously.
11. **Alcohol or other Drug Programs** for homeless persons not mentioned previously.
12. **HIV/AIDS Programs** for homeless persons not mentioned previously.
13. **Migrant Housing** for homeless persons in the off season.
14. **Other Facilities** which provide services for the homeless, such as clothing distribution centers, education and/or employment skills training.

Public reporting burden for this collection of information is estimated to average 15 minutes per response. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden to the U.S. Department of Housing and Urban Development, 451 7th Street, S.W. Washington, DC, 20410, and to the Office of Management and Budget, Paperwork Reduction Act 2528-0187, Washington, DC 20503. Do not send this completed form to either of these address.

Please list service providers, local knowledgeable persons, or organizations providing services that are not affiliated with your organization. (Make entries for providers affiliated with your organization on the last pages of the questionnaire, Form HPWUS-100B(X), included in your package.) Make up to seven entries for providers and three entries for knowledgeable persons. If more than seven providers or three persons, send an attached handwritten or printed listing.

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

☐No new names to add.

Name of Facility (Provider or organizations providing services) *(List by all names known)*	Address	Physical Location *(List cross streets, etc.)*	Telephone number
Other people knowledgeable about homeless programs	Address	Physical Location *(List cross streets, etc.)*	Telephone number
Your name		Title	

FORM HPWUS-11A (2-21-95)

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