**NJ Counts 2015 Quick Reference Guide**

**DEFINITIONS**

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

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

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

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

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

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

A household is considered homeless if that household spent the night in:
- On the street, under a bridge, abandoned building, public building, car, traveling on a bus or camping out;
- Emergency Shelter;
- Youth Shelter;
- Hotel/Motel Paid By Agency
- Domestic Violence Shelter

**NOT Homeless** - Designation given to any household that spent the night in:
- Permanent Housing;
- Psychiatric Hospital;
- Medical Hospital;
- Jail;
- Juvenile Detention Center;
- Farm Labor Housing;
- Hotel/Motel You Paid For
- Substance Abuse Treatment Facility;
- Temporarily with Friends or Family;

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

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

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

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

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

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

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

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

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

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

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

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

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

**Transitional Housing** – program designed to provide housing and supportive services to homeless persons to facilitate movement to independent living within 24 months Veteran – person who has served within the Armed Forces of the U.S. or any of the states or who has been deployed for at least one day of active duty (including National Guard and Reserves)

**Victim of Domestic Violence** – individual whose family member, partner or ex-partner attempts to physically or psychologically dominate them through physical violence, sexual abuse, emotional abuse, intimidation, economic deprivation, stalking, or threats of violence.

**Youth Shelter** – emergency housing for homeless youth (18 and younger) who need services like counseling, mediation, education, and structured treatment programs
Before completing the survey with the respondent, please confirm that they have not completed the survey at any other location already to prevent duplication of survey.

1. Where did you spend the night of Tuesday, January 27th? (Check ONE only)
   Please only read the bold text to ask question 1, and do not read the answer list to the respondent. Check only ONE box on the answer list that best corresponds to the answer given.

2. In what town did you spend the night?
   Write legibly the town, county, and state where the respondent stayed. If the respondent was housed through a program, record the agency and program name that provided shelter to the household.

3. How long have you been in your current living situation?
   Please only read the bold text to ask question 3; do not read the answer list to the respondent. Then, check the box that best corresponds to the answer given.

4. If you have been homeless less than 1 year, has there been another time within the past 12 months when you were homeless?
   Check ‘Yes’ if the respondent has been homeless for less than 1 year and has had a previous episode of homelessness in that past 12 months. This does not apply to persons that have had one continuous episode (multiple consecutive nights) of homelessness that has lasted less than one year. If a respondent has experienced multiple consecutive nights of homelessness for less than one year, check ‘No.’ If a respondent is not homeless, or has been homeless for more than 12 months, choose ‘N/A.’

5. Have you been homeless at least 4 separate times within the past 3 years (since January 27, 2012)?
   Check ‘Yes’ or ‘No.’ If the respondent is not homeless, choose ‘N/A.’

6. Household Information

A. How many adults and children were homeless in your household on the night of January 27th?
   Adults – household members 18+ (Children – 17 & under); enter a numerical value. Remember to count the respondent.

B. Who was homeless with you on the night of January 27th? (Check all that apply to each person)
   Respondent’s information must be entered in line 1 as ‘Self’ for the Head of Household. If the respondent gives no ‘Age,’ ‘Gender,’ ‘Race,’ or ‘Ethnicity,’ surveyor should take his/her best guess to complete the fields; do not guess other household members.

   Relationship to Head of Household – list every member of the household by their relationship to the respondent; you must select one of the following possible answers:
   • ‘Self’
   • ‘Parent’
   • ‘Child’
   • ‘Friend’
   • ‘Spouse’
   • ‘Sibling’
   • ‘Relative’
   • ‘Unknown’

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

   Gender – enter ‘M’ for ‘male;’ ‘F’ for ‘female;’ ‘TMF’ for ‘transgender male to female;’ ‘TFM’ for ‘transgender female to male’

   Race – Please enter one of the following options:
   • ‘AI’ for ‘American Indian/Alaska Native’
   • ‘B’ for ‘Black/African-American’
   • ‘AS’ for ‘Asian’
   • ‘PI’ for ‘Pacific Islander/Native Hawaiian’
   • ‘WH’ for ‘White’

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

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

   Ethnicity – enter ‘H’ for ‘Hispanic,’ or ‘NH’ for ‘Non-Hispanic’

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

9. Which of the following do you, or anyone in your household receive? (Check ALL that apply)
   For this question, ask respondents if they have each Source of Income and each Non-Cash Benefit on the answer list and check ALL that apply. Please be sure to read each option to the respondent and refer to the ‘Definitions’ section if further clarification on the options is needed. If the respondent’s answer is not listed, check ‘Other’ and describe.

10. What is your monthly household income? – Enter a numerical value.
       Enter the respondent’s monthly household income—this should be the total income of all household members.

11. Would you, or anyone in your household, like to receive any of the following services? (Check all that apply)
       Check all answers that apply, and read each option to the respondent. If respondent’s answer is not listed, check ‘Other’ and describe.